



MID-COLUMBIA DESARROLLO COMUNITARIO SUBVENCIÓN BECA (CDBG) COVID-19

El Programa CDBG-CV de Mid-Columbia brinda a los residentes de los condados de Hood River, Wasco o Sherman asistencia para el alquiler, los servicios públicos o la hipoteca para los hogares que tienen un ingreso medio del área del 80% o menos y tienen una necesidad financiera documentada y falta de recursos relacionados. al COVID-19.

Los fondos están disponibles para hasta seis meses de alquiler, servicios públicos o hipoteca atrasados y deben poner al hogar en un estado actual de alquiler o hipoteca. Para acceder a esta asistencia, por favor:

1. **Complete todo el paquete de solicitud.** Por favor, no deje espacios en negro ni omita información.
2. **Para agilizar este proceso, proporcione documentación que verifique la información certificada en la solicitud.** Específicamente, proporcione prueba de ingresos y fuente de los últimos 30 días, copia del contrato de arrendamiento actual u otros documentos relacionados con su estado de vivienda.
3. **Devuelva el paquete de solicitud completo a la Autoridad de Vivienda de Mid-Columbia por correo, fax, correo electrónico o buzón fuera de nuestra oficina.** Los solicitantes serán considerados en orden de fecha y hora de recepción de la solicitud.
4. Después de que MCHA reciba su solicitud, MCHA la revisará y completará las verificaciones requeridas. MCHA lo llamará con preguntas de seguimiento.
5. El pago se realizará directamente a su arrendador o prestamista en su nombre.

Lista de verificación requerida para su solicitud completa (si corresponde):

- Solicitud
- Ingresos de los últimos 30 días
- Contrato de arrendamiento que muestra el monto del alquiler / estado de cuenta de la hipoteca que muestra el pago mensual
- Declaración firmada por el arrendador o por la compañía hipotecaria que muestre que el hogar está al día con todos los pagos atrasados de alquiler o hipoteca
- MCHA Liberación de información
- Estado de cuenta del arrendador/prestamista/proveedor de servicios públicos que muestre el monto vencido

Comuníquese con MCHA al 541-296-5462 o info@mid-columbiahousingauthority.org si tiene alguna pregunta o necesita ayuda para completar esta solicitud.





COLUMBIA HOUSING AUTHORITY

Nombre: _____

Dirección: _____

Teléfono: _____ Teléfono alternativo: _____

Correo electrónico _____

1. Composición del hogar: Indique el cabeza de familia y todos los demás miembros que viven en su familiar. Indique la relación de cada miembro con el jefe de hogar.

| Número de Seguro | Apellido | Primer nombre | Relación con dueño | Día nacimiento | Raza/Etnicidad |
|------------------|----------|---------------|--------------------|----------------|----------------|
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Ingresos: Enumere todos los ingresos actuales de todos los miembros adultos del hogar mayores de 18 años. No enumere los ingresos obtenidos por los miembros del hogar que son menores de edad o estudiantes de tiempo completo. **Adjunte la verificación de ingresos de los últimos 30 días (talones de pago, carta de otorgamiento de SSI, etc.). Si no proporciona la documentación de ingresos, se producirá un retraso en los fondos.**

| Nombre del miembro del hogar | Fuente de ingresos | Cantidad por mes |
|------------------------------|--------------------|------------------|
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3. **Impacto de COVID-19:** marque la casilla que mejor describa el impacto que COVID-19 ha tenido en su hogar.

- Pérdida de ingresos debido a factores relacionados con COVID-19
- Impactado directamente por el cierre de negocios relacionado con COVID-19
- Diagnosticado o expuesto a COVID-19
- Estado de salud comprometido o riesgo elevado de infección o vulnerabilidad a la salud en relación con COVID-19
- Incurrió en un costo significativo o experimentó dificultades financieras debido a COVID-19





4. **Request for Funds:** Please fill out the information about your landlord or mortgage lender and then fill out the type of assistance you are requesting. We need a copy of your lease, mortgage statement, or utility bills that shows your past due amount.

| Landlord/Utility/Mortgage Lender Name | | Contact Information (phone or email) | | |
|---------------------------------------|------------------|--------------------------------------|-----------|-------|
| | | | | |
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| | | | | |
| Type of Assistance | Months Requested | Amount Per Month | Late Fees | Total |
| | | | | |
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Applicant Certification: I understand that the above information is collected to determine if I am eligible to receive funding from the Mid-Columbia CDBG-CV Program. My signature provides self-certification of COVID-19 impact on my household and my current housing status. I authorize the Program Coordinator to verify all information provided on this application. I authorize the Program Coordinator, Mid-Columbia Housing Authority, or other local service agency to discuss my household as it pertains to this program.

Applicant Signature: _____

Date: _____





Mid-Columbia CDBG-CV - Self-Certification Form

I, _____, declare the following to be true (**initial next to statements**):

_____ I have experienced a loss of income and have a financial need due to COVID-19.

_____ The income I listed on the Application is complete and accurate.

_____ Due to my loss of income due to COVID-19, my expenses exceed my income and therefore I have a financial need for the benefits requested.

_____ I lack other resources to pay for the expenses I am requesting from the Mid-Columbia CDBG-CV program.

_____ I am not receiving duplicate benefits for the same costs I am requesting from the Mid-Columbia CDBG-CV program from any other source.

Please provide a statement of how your household was affected by COVID-19 and how this assistance is needed as a response to COVID-19.

I certify that the information in this Self Declaration statement is complete and accurate to the best of my knowledge. I understand that I am signing this document under penalty of criminal prosecution if I knowingly give false information that results in assistance in which I am not eligible.

Client Signature

Date

Staff Signature

Date





Mid-Columbia CDBG-CV – Landlord/Lender Certification Form

Funds are available to qualifying households to assist with past due rent or mortgage. To qualify for these funds, the landlord or property management firms or lenders must complete this form and return it to the tenant to submit with their application. The form can also be submitted directly to MCHA. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

| | |
|-----------------------------------|----|
| Landlord Name: | |
| Mailing Address: | |
| Tenant Name: | |
| Tenant Property Address: | |
| Months Behind (From – To): | |
| Total Amount Behind: | \$ |

| | |
|--|--|
| Have you received financial assistance for the past due amounts listed above? If YES, provide additional information: Name of Source: _____ Amount Received: \$ _____ Time Period Covered By Benefit: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you issued or plan to issue an eviction notice to this tenant for past due rents? If YES, Date notice issued: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

I certify that the information on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize verification by government representatives, and I will provide additional supporting documentation upon request. I further acknowledge that receipt of Emergency Rental Assistance funds on behalf of the tenant identified herein will bring rents current and remove the threat of eviction.

 Signature Date

 Print Name and Title





**AUTHORIZATION TO
RELEASE INFORMATION
for the
Mid-Columbia CDBG-CV**

I, _____, applicant for the Mid-Columbia CDBG-CV Program hereby authorize Mid-Columbia Housing Authority or other local Public Service Agency (PSA) _____ and their authorized representatives and employees to share the identity, location, social services status, and any other pertinent information about my household. I also authorize my Mortgage company or Landlord, to release information about my loan, lease, or rental agreement to Mid-Columbia Housing Authority or other local Public Service Agency (PSA) _____ and their authorized representatives and employees as needed for verification my current financial status.

I further authorize the Mid-Columbia Housing Authority and specified PSA to release the same information to Business Oregon and US Housing and Urban Development (HUD). I understand that the Mid-Columbia Housing Authority and PSA may release this information to Business Oregon or HUD for the purpose of coordination, evaluation, and other activities associated with the administering of these funds.

I understand that neither Mid-Columbia Housing Authority, the PSA, Business Oregon, nor HUD will identify me or any other members of my household by name, address, or telephone number 1) to other social service agencies except to further the purpose of coordinating activities associated with administering these funds, or 2) to any other members of the public or press for any purpose whatsoever without my specific further approval. I do, however, authorize the Mid-Columbia Housing Authority, PSA, Business Oregon and HUD to release descriptive profile information about me and my household relating to these funds.

SIGNATURE:

_____ Head of Household

_____ Date

Last 4 digits of Social Security # _____

This Release of Information is valid for one year from the date of signature, or until otherwise rescinded.

