



# MID-COLUMBIA COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) COVID-19

The Mid-Columbia CDBG-CV Program provides residents of Hood River, Wasco, or Sherman county with rental, utility, or mortgage assistance for households that are at or below 80% Area Median Income and have a documented financial need and lack of resources related to COVID-19.

**Funds are available for up to six months of past due rent, utilities, or mortgage and must put the household into a current rent or mortgage status.**

**In order to access this assistance please:**

1. **Complete the entire application packet.** Please do not leave any black spaces or leave out information.
2. **To expedite this process, provide documentation verifying information certified in the application.** Specifically, provide proof of income and source for last 30 days, copy of current lease, or other documents connected to your housing status.
3. **Return the completed application packet to Mid-Columbia Housing Authority by mail, fax, email, or drop box outside our office.** Applicants will be considered in order of date and time the application is received.
4. After MCHA receives your application, MCHA will review it and complete any required verifications. MCHA will call you with follow up questions.
5. Payment will be made directly to your landlord, lender, or utility provider on your behalf.

**Checklist required for your completed application (if applicable):**

- Application
- Income from past 30 days
- Lease that shows rent amount / mortgage statement that shows monthly payment
- Statement from landlord/lender/utility provider that shows past due amount
- Statement signed by landlord or from mortgage company that shows household is current on all past due rent or mortgage payments
- MCHA Release of Information

Please contact MCHA at 541-296-5462 or [info@mid-columbiahousingauthority.org](mailto:info@mid-columbiahousingauthority.org) if you have any questions or need help filling out this application.





Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. **Household Composition:** List the head of household and all other members who live in your household. Give the relationship of each member to the head of household.

SSN	Last name	First name	Relation to Head	Birthdate	Race/Ethnicity

2. **Income:** List all current income for all adult household members over the age of 18. Do not list income earned by household members who are minors or full-time students. **Attach income verification for past 30 days (paystubs, SSI award letter, etc.). Failure to provide income documentation will result in a delay in funds.**

Household Member Name	Income Source	Amount Per Month

INCOME LIMITS	Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family 6	Family 7
Wasco	\$40,200	\$46,000	\$51,750	\$57,450	\$62,050	\$66,650	\$71,250
Hood River	\$47,150	\$53,850	\$60,600	\$67,300	\$72,700	\$78,100	\$83,500
Sherman	\$40,250	\$46,000	\$51,750	\$57,450	\$62,050	\$66,650	\$71,250





3. **COVID-19 Impact:** Please mark the box that best describes the impact COVID-19 has had on your household.

- Loss of income due to COVID-19 related factors
- Directly impacted by business closure related to COVID-19
- Diagnosed or exposed to COVID-19
- Compromised health status or elevated risk of infection or vulnerability to health as related to COVID-19
- Incurred significant cost or experienced a financial hardship due to 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)		
Type of Assistance	Months Requested	Amount Per Month	Late Fees	Total





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 and that my income is below income limits as described in the application. 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.

<b>Landlord Name:</b>	
<b>Mailing Address:</b>	
<b>Tenant Name:</b>	
<b>Tenant Property Address:</b>	
<b>Months Behind (From – To):</b>	
<b>Total Amount Behind:</b>	\$

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.

