



Klickitat-Skamania Community Development Block Grant Program (CDBG) COVID-19 Program

The Klickitat-Skamania CDBG COVID-19 Program provides assistance for households that are at or below 80% Area Median Income and have experienced a loss of income related to COVID-19. Payments are for no more than six consecutive months and are intended to prevent cutoff of utility service, eviction, foreclosure or other essential short-term need. A maximum payment of \$6,000 can be requested per household.

Funds are available for the following past due expenses incurred 03/27/20-present:

- Rent payments
- Mortgage payments
- Utility payments

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 and statement that shows past due rent, mortgage or utilities.
3. **Return the completed application packet to Mid-Columbia Housing Authority by mail, fax, email, or drop box outside our office.** A lottery system will be used to select applicants to receive funds.
4. After MCHA receives your application, MCHA will review it and will call you with follow up questions if needed.
5. Payment will be made directly to your landlord, mortgage company or utility company on your behalf.

Checklist required for your completed application:

- Application
- Income verification (paystubs or tax documents)
- Statement from landlord, mortgage company or utility company that shows past due amounts
- Self-Certification Form
- Release of Information Form

Please contact 541-296-5462 or info@mid-columbiahousingauthority.org if you have any questions or need help filling out this application.

Application due: 12/31/21



Mid-Columbia Housing Authority
Klickitat-Skamania
Community Development Block Grant Program (CDBG) COVID-19
Utility/Rent/Mortgage Subsistence Payment - Application and Verification Form

Up to \$6,000.00 total is available to qualifying households in Klickitat and Skamania counties impacted by COVID-19 for emergency subsistence payments. To request assistance, you must meet the program requirements, submit required documentation, and certify this form before December 31, 2021.

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

Name(s)					
Residential Address			Phone		
Email			Total Amount Requested	\$	
Make payment on my behalf to:					
Name			Phone or Email		
Address/Account#					
Proposed Use of Funds	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Other: _____				
Month(s) to Cover			Amount	\$	
Name			Phone or Email		
Address/Account#					
Proposed Use of Funds	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Other: _____				
Month(s) to Cover			Amount	\$	
			Data	YES	NO
<i>DUPLICATION OF BENEFIT</i> – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above, and would the total amount received exceed the total need for those costs?				<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> – Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If YES , provide details: _____			EST. % loss of revenue from one year previous: _____%	<input type="checkbox"/>	<input type="checkbox"/>
<i>SUBSISTENCE/EMERGENCY STATUS</i> – Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment need?			Number of months unable to pay: _____	<input type="checkbox"/>	<input type="checkbox"/>
LMI Household Income Qualification Questions					
Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living					

in the household. Consult the program if unsure.

Total Household Income anticipated during the next 12 months

Name List <u>all</u> household members, including yourself.	Age	Check if Applicable			Annual Gross (Pre-Tax) Income	Source of Income
		Head of House- hold	Co-Head of House- hold	Full Tm Student 18 Yrs. or Older		
					\$	
					\$	
					\$	
					\$	
					\$	
<i>Add rows as applicable</i>					\$	
Total Anticipated Annual Household Income:					\$	

CIRCLE the number of household members, including yourself:

1	2	3	4	5	6	7	8+
Klickitat: \$37,700	Klickitat: \$43,100	Klickitat: \$48,500	Klickitat: \$53,850	Klickitat: \$58,200	Klickitat: \$62,500	Klickitat: \$66,800	Klickitat: \$71,100
Skamania: \$51,600	Skamania: \$59,000	Skamania: \$66,350	Skamania: \$73,700	Skamania: \$79,600	Skamania: \$85,500	Skamania: \$91,400	Skamania: \$97,300

Is your **anticipated** total household income **LOWER** or **HIGHER** than the \$ amount listed directly below the number of people circled above?
If **LOWER**, attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements).

LOWER	HIGHER
<input type="checkbox"/>	<input type="checkbox"/>

Ethnicity (select one) **Not Hispanic** **Hispanic**

Race (select one)

White	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	Other or Multi-Racial	<input type="checkbox"/>

Applicant Certification: *I certify information given 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.*

Client Name (Verbal Consent Allowed): _____ Date: _____

Agency Staff please print and sign here: _____ Date: _____

For Program Office Use Only

Household LMI Qualification Verified: _____ Staff initials/date: _____
 Duplication of Benefit Prevented: _____ Staff initials/date: _____
 Funding Approval: _____ Manager initials/date: _____
 Account Number: _____ Approved Amount: _____



**Mid-Columbia Housing Authority
Klickitat-Skamania
Community Development Block Grant Program (CDBG) COVID-19
Utility/Rent/Mortgage Subsistence Payment – Self-Certification Form**

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

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

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

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

_____ I am not receiving duplicate benefits for the same costs I am requesting from the CDBG-CV1 Program from any other source.

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 (Verbal Consent Allowed)

Date

Staff Signature

Date





**AUTHORIZATION TO
RELEASE INFORMATION
for the**

**Klickitat-Skamania
Community Development Block Grant Program (CDBG) COVID-19 Program**

I, _____, applicant for the Mid-Columbia Klickitat-Skamania CDBG-CV1 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 further authorize the Mid-Columbia Housing Authority and specified PSA to release the same information to the Washington State Department of Commerce (Commerce) and US Housing and Urban Development (HUD). I understand that the Mid-Columbia Housing Authority and PSA may release this information to Commerce 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, Commerce, 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, Commerce and HUD to release descriptive profile information about me and my household relating to these funds.

SIGNATURE:

Head of Household

Date

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

