

**CITY OF EDEN, NORTH CAROLINA
COMMUNITY DEVELOPMENT BLOCK GRANT – CORONAVIRUS (CDBG-CV) PROGRAM
APPLICATION FOR CDBG-CV ASSISTANCE
INFORMATION STATEMENT**

The City of Eden Community Development Block Grant-Coronavirus Program, sponsored by the NC Department of Commerce, Rural Economic Development Division, is designed to assist low-moderate income households during a time of economic distress created by the COVID-19 pandemic.

Provided below is information about program eligibility requirements:

- Household income (total income of all household members 18 or over) must be considered low to moderate (80% or less of the Rockingham County median income). Households must provide proof of income. See table below for income limits:

Household income must be at or below the following amounts to meet income eligibility.				
1-person household	\$32,800		5-person household	\$50,550
2-person household	\$37,450		6-person household	\$54,300
3-person household	\$42,150		7-person household	\$58,050
4-person household	\$46,800		8-person household	\$61,800

- Households may apply for assistance if they have been unable to pay mortgage/rent and/or electricity/natural gas payments due to layoff, furlough, and loss of income during the COVID-19 pandemic since April 1, 2020.
- Households may apply for assistance with unpaid mortgage/rent/electricity/natural gas payments for **up to six months**.
- Household members must be residents of the City of Eden.
- Payment assistance will be made directly to the mortgage or rent provider, or to the electricity/natural gas provider. **No payments will be made directly to the applicant.**
- Assistance will be provided based on the availability of funding.
- Applicant will be required to furnish the City of Eden or its agents any necessary information requested in order to determine program eligibility, such as current mortgage lender information/ mortgage statements, lease agreements, electricity/natural gas provider bills, etc.
- Households must provide documentation from the mortgage lender that the owner did not qualify for mortgage forbearance or suspension of mortgage payment, or from the rental property owner that no evictions were pending prior to April 1, 2020.
- Applicant must certify that no other organization has provided the same assistance for which CDBG-CV funds are being requested. Duplicated benefits will not be allowed. *Any applicant who receives duplicated benefits will be required to have the amount of duplication deducted from the CDBG-CV payment, or to pay the amount of duplicated assistance back to the City of Eden.*
- Applicant must provide all requested documentation at the time of application. Applications will be reviewed on a first come first served basis, taking into consideration completeness of the application and availability of funds.

Date Application Received (City to fill in): _____

File #CV-_____

**CITY OF EDEN, NORTH CAROLINA
COMMUNITY DEVELOPMENT BLOCK GRANT – CORONAVIRUS PROGRAM
APPLICATION FOR CDBG-CV ASSISTANCE**

This application provides the City of Eden with information for potential assistance under the City’s Community Development Block Grant – Coronavirus (CDBG-CV) Program. The program is designed to assist low-moderate income households during a time of economic distress created by the COVID-19 pandemic. ***Please note that if any information provided in this application is found to be false or misleading, either the application will be rejected, or if the application has been accepted and information is later found to be false or misleading, repayment of any assistance under this program will be required by the applicant to the City of Eden. In addition, an investigation into duplication of benefits will be conducted and if it is found that the applicant was paid for the same assistance provided under this program, the amount of the duplicated benefits will either be deducted from the total subsistence payment, or, if payment has already occurred under the CDBG-CV Program, the amount of duplicated benefits payment must be returned to the City of Eden.***

Date: _____

Name: _____

Address: _____

Mailing Address if different from above: _____

Telephone Number(s): _____

Email Address: _____

Reason for Inability to Pay Mortgage/Rent/Electricity or Natural Gas Provider Bill:

(e.g., layoff, furlough, loss of income during COVID-19 pandemic)

Attach documentation of substantial decrease in household income related to COVID-19 impacts, such as termination notice, payroll check or pay stubs-before and after, bank statements, medical bills, signed letter from employer explaining applicant’s changed financial circumstances, unemployment award letter.

Type of Assistance Payment Requested: ___ Mortgage ___ Rent ___ Electricity ___ Natural Gas
(You may check more than one).

Dollar Amount of Assistance Requested: _____

Household Member Information: The CDBG-CV Program requires that certain protected class information be reported for all individuals who are assisted by the program. Please **provide the following information about every individual** who lives in your household:

Name	Relationship to Head of Household (son, daughter, mother, father, grandson, etc.)	Age	Gender	Race *	Disabled? Yes or No
(Row #1 reserved for head of household): 1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

*Race that household member most closely identifies with: White, Black/African American; Asian; American Indian/Alaskan Native; Native Hawaiian/Other Pacific Islander; American Indian/Alaskan Native & White; Asian & White; Black/African American & White; American Indian/Alaskan Native & Black/African American; or Other Multi-Racial.

Household Income Information: The CDBG-CV Program also requires that it benefit low-moderate income households only. Please provide the following information for **every individual aged 18 or over** who lives in your household:

Name	Income Source (wages, Social Security, SSI, other) – include <u>all</u> income	Amount	W=Weekly M=Monthly A=Annual
(Row #1 reserved for head of household): 1.		\$	
2.		\$	
3.		\$	
4.		\$	
Attach income documentation (tax return).			

Request for Assistance: Provide complete information below for any and all providers for which you are requesting assistance for unpaid bills.

Mortgage or Rent Provider			
Name:	Contact Person/Number	Account Number	Amount Requested: \$
Address:			
		Subtotal	\$
<i>Attach unpaid bills/invoices/statements – up to six (6) months</i>			

Electricity Provider			
Name:	Contact Person/Number	Account Number	Amount Requested: \$
Address:			
		Subtotal	\$
<i>Attach unpaid bills/invoices/statements – up to six (6) months</i>			

Natural Gas Provider			
Name:	Contact Person/Number	Account Number	Amount Requested: \$
Address:			
		Subtotal	\$
<i>Attach unpaid bills/invoices/statements – up to six (6) months</i>			

TOTAL AMOUNT REQUESTED			\$
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Applicant Certifications:

- I certify that the information provided in this Application for CDBG-CV Assistance is true to the best of my knowledge and belief.
- I understand that if my application qualifies for assistance, eligible benefits will be paid directly to the providers for which I have requested assistance, **and I authorize such payments** to be made directly to the appropriate providers.
- I understand that submitting this application does not guarantee that requested benefits will be paid on my behalf. I also understand that the City of Eden will process this application and issue payments to the providers so long as funds are available from the CDBG-CV Program.
- I agree to have any duplicated benefits deducted from the amount of assistance paid, and I understand that if duplicated benefits are discovered, I will repay the City of Eden the full amount of any assistance that is duplicated.
- ***I understand that if any information provided in this application is found to be false or misleading, either the application will be rejected, or if the application has been accepted and information is later found to be false or misleading, I will be required to reimburse the City of Eden for any assistance provided under this program.***

Signature of Head of Household

Date

Please make sure your application is completely filled out and all requested documentation attached. Return application via mail or in person by December 30, 2021, to:

**Kelly Stultz, Director
Eden Planning and Community Development
308 E. Stadium Drive
Eden, NC 27288**

If you have any questions regarding this application, please contact the City of Eden Planning and Community Development Department at (336) 623-2110.

Documentation checklist:

- Completed application
- Documentation of decrease of income due to COVID
- (Homeowners) Documentation from mortgage lender that applicant did not qualify for mortgage forbearance of suspension of mortgage payment prior to April 1, 2020
- (Renters) Documentation from rental property owner that there was no pending eviction prior to April 1, 2020
- (Renters) Copy of current lease agreement
- Current income documentation
- Copies of unpaid bills/invoices/statements for EACH type of assistance applicant is requesting

**CITY OF EDEN CDBG-CV PROGRAM
LANDLORD VERIFICATION FORM**

File # CV- _____

Tenant's (Applicant's) Name: _____

Tenant's (Applicant's) Address: _____

Property Owner/Landlord/Property Manager's Name: _____

Property Owner/Landlord/Property Manager's Address: _____

Property Owner/Landlord/Property Manager's Phone #: _____

Property Owner/Landlord/Property Manager's Email: _____

Monthly Rent Amount: \$ _____ Amount of Last Payment Received: \$ _____

Date of Last Payment: _____

Lease Start Date: _____ Lease End Date: _____

Is the tenant in arrears? Yes No If yes, how much does the tenant owe? \$ _____

When did tenant become in arrears in rental payments? _____

Are you currently receiving any other form of rental assistance for this household? Yes No

If yes, how much have you received? \$ _____ per _____

Address to which check should be written if different from above:

The undersigned certifies that to the best of his or her knowledge the dwelling referenced above contains no health or safety violations that threaten the health or safety of the tenant. The undersigned certifies that they have not received rent payments from the City of Eden CDBG-CV Program or any other program that covers the unpaid rent listed above. The undersigned agrees that they will not evict the tenant, provide the tenant with a five-day notice, or in any way ask the tenant to leave for the duration of this assistance. The undersigned agrees that if the tenant is facing eviction, the undersigned will only accept payment arrears if the eviction will be avoided. The undersigned confirms that the above information is true and accurate to the best of his or her knowledge and that providing false representations herein constitutes an act of fraud.

Name Title

Signature Date