

**Marshall County Emergency Payment
COVID-19 Assistance Program Application**
Administered by Bel-O-Mar Regional Council



This program will provide Emergency Payment Assistance to Low-to-Moderate Income homeowners and renters living in Marshall County, who are experiencing financial hardship as a direct result of the COVID-19 pandemic and need payment assistance with delinquent bills for mortgage, rent and utility payments. **You can apply for assistance as far back as January 21, 2020.** If you meet the following requirements, you could be eligible for assistance:

- 1) Are a homeowner or renter living in Marshall County.
- 2) Have not received any other mortgage/rent/utility assistance for which you are applying.
- 3) Difficulty/inability to pay mortgage/rent/utilities is a direct result of the COVID-19 pandemic.
- 4) Total household income is at or below 80% of Marshall County's median income based on household size. (Please see below chart for eligible income levels based on household size.)

| Household Size | Income Level must not exceed: |
|----------------|-------------------------------|
| 1 | \$36,700 |
| 2 | \$41,950 |
| 3 | \$47,200 |
| 4 | \$52,400 |
| 5 | \$56,600 |
| 6 | \$60,800 |
| 7 | \$65,000 |
| 8 | \$69,200 |

*Based on HUD FY 2021 Median Household Income Limits. These limits are subject to change.

Please read the following statements regarding the Emergency Payment Assistance application and certify that you understand the following:

- 1. All persons living in the household will be included in the application.
- 2. All persons living in the household that receive income from any source (Employment, Social Security, Disability, Unemployment, etc.) will list that income in the application.
- 3. All residents living in the household receiving income will list their employers name and address on the application. Use additional sheets of paper if necessary.
- 4. Any children (age 18 and above) living in the household, who are not full-time students and are employed must be included in income.
- 5. All assets are required to be listed in the application.

Any questions regarding the application can be directed to Natalie Hamilton, Community Development/Grants Administrator at Bel-O-Mar Regional Council by phone (304-242-1800) or by email (nhamilton@belomar.org).

For additional rental, mortgage and utility assistance, you can also contact Change, Inc. (Moundsville Office) at 304-845-8269.

Language assistance for persons who have Limited English Proficiency will be available upon request, and special accommodations will be made upon request. Belomar Regional Council and Marshall County do business in accordance with the Fair Housing Act with equal access to all persons regardless of race, color, national origin, religion, sex, familial status, and disability.



**Marshall County Emergency Payment
 COVID-19 Assistance Program Application
 (CDBG-CV1)
 Administered by Bel-O-Mar Regional Council**

| | Applicant | | Co-Applicant |
|--------------------------------|---|--------------------------------|---|
| Name: | | Name: | |
| Address: | | Address: | |
| Phone Number: | | Phone Number: | |
| Social Security Number: | | Social Security Number: | |
| Age: | | Age: | |
| Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race/Ethnicity: | <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic (of any race) <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Asian and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Native Hawaiian/Pacific Islander and White <input type="checkbox"/> Black/African American and American Indian/Alaska Native <input type="checkbox"/> Other Multi-racial | Race/Ethnicity: | <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic (of any race) <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Asian and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Native Hawaiian/Pacific Islander and White <input type="checkbox"/> Black/African American and American Indian/Alaska Native <input type="checkbox"/> Other Multi-racial |
| Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced | Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced |

Gross Monthly Income (continued)

| | Applicant: | Co-applicant: | Other Household Occupant: | Other Household Occupant: |
|---|-------------------|----------------------|----------------------------------|----------------------------------|
| Veterans Administration (VA) Benefits (exclude deferred disability benefits: | | | | |
| Adoption Assistance Payments: | | | | |
| Court Ordered Alimony/Spousal Maintenance: | | | | |
| Child Support | | | | |
| Re-occurring cash gifts from private/nonprofit/charity or friends/family who do not reside in unit | | | | |

Monthly Unemployment Income

Please provide all unemployment income received by each household occupant. Unemployment income categories include Regular Unemployment, Pandemic Unemployment Assistance and Pandemic Unemployment Compensation. **DO NOT INCLUDE** the following types of unemployment: IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week), Lost Wages Supplemental Payment Assistance (up to \$400 per week), income of a live-in-aid, children of live-in-aids, foster children, foster adults, or the income of minors.

| Household Occupant receiving Unemployment Income | Please check box for the type of unemployment assistance each household occupant receives | | | Monthly Amount |
|---|--|--|--|-----------------------|
| 1. | <input type="checkbox"/> Regular Unemployment | <input type="checkbox"/> Pandemic Unemployment Assistance | <input type="checkbox"/> Pandemic Unemployment Compensation | |
| 2. | <input type="checkbox"/> Regular Unemployment | <input type="checkbox"/> Pandemic Unemployment Assistance | <input type="checkbox"/> Pandemic Unemployment Compensation | |
| 3. | <input type="checkbox"/> Regular Unemployment | <input type="checkbox"/> Pandemic Unemployment Assistance | <input type="checkbox"/> Pandemic Unemployment Compensation | |
| 4. | <input type="checkbox"/> Regular Unemployment | <input type="checkbox"/> Pandemic Unemployment Assistance | <input type="checkbox"/> Pandemic Unemployment Compensation | |

Household Occupant Information

| Name of other household occupants: | Relationship to Applicant: | Age: | Disabled (Y/N): |
|------------------------------------|----------------------------|------|-----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Gross Monthly Income

Report all current income and income expected to be received in the next 12 months for all household members earning income, including unemployment compensation. Please report pre-deduction amounts.

| | Applicant: | Co-applicant: | Other Household Occupant: | Other Household Occupant: |
|--|------------|---------------|---------------------------|---------------------------|
| Employment, including Overtime: | | | | |
| Self-employment: | | | | |
| Income from rental property: | | | | |
| Income amounts received by or on behalf of a minor (current or prior year 1099): | | | | |
| Social Security (Include supplemental/disability; gross amount before Medicare premiums: | | | | |
| Retirement/Pension/Insurance Policy/Annuities: | | | | |
| Disability Compensation or Death Benefits: | | | | |
| Worker's Compensation: | | | | |
| Severance Pay: | | | | |
| Welfare Assistance Payments: | | | | |
| Temporary Assistance to Needy Families (TANF): | | | | |
| Regular Pay, Special Pay and Housing Allowance for the Armed Forces (exclude military hazard pay: | | | | |

Income from Assets/Dividends

Please include income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. Asset categories include: Mutual funds, Money Market Account; Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, CD's, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum-inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)

| Type of Account | Household Member who owns Account | Cash Value of Asset | Income Derived from Asset (report annual amounts only; if no income from asset, report zero) |
|-----------------|-----------------------------------|---------------------|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Bank Accounts

Please list all checking and savings accounts for each household occupant.

| Type of Account (Checking or Savings) | Household Occupant who owns Account | Account Value |
|---------------------------------------|-------------------------------------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

Request for Assistance

For which items are you requesting assistance?

| | | |
|--|--------------------------|-------------------------------------|
| Rent Payment | <input type="checkbox"/> | Number of months behind ____ |
| Mortgage Payment | <input type="checkbox"/> | Number of months behind ____ |
| Utilities | | |
| Gas | <input type="checkbox"/> | Number of months behind ____ |
| Electric | <input type="checkbox"/> | Number of months behind ____ |
| Water | <input type="checkbox"/> | Number of months behind ____ |
| Waste water (Sewer) | <input type="checkbox"/> | Number of months behind ____ |
| Phone (land line only) | <input type="checkbox"/> | Number of months behind ____ |
| Internet* | <input type="checkbox"/> | Number of months behind ____ |
| <p><small>*Internet must be separate from cable and phone bill. A flat fee of \$100 is available to applicants as long as applicant certifies that internet is/was needed to engage in one of the following: 1) distance learning, 2)telework/telemedicine, 3) to obtain government services, 4) to seek employment, or 5) for other vital purposes during the pandemic.</small></p> | | |
| Total Amount Requested: | | \$ _____ |

Contact Information for Landlord Lending Institution

| | |
|---|--|
| Name: | |
| Address: | |
| Phone Number: | |
| Monthly Rent or Mortgage Payment Amount: | |

Contact Information for Utility Company

| | |
|--------------------------------|--|
| Name: | |
| Address: | |
| Phone Number: | |
| Utility Payment Amount: | |

Contact Information for Utility Company

| | |
|--------------------------------|--|
| Name: | |
| Address: | |
| Phone Number: | |
| Utility Payment Amount: | |

Contact Information for Utility Company

| | |
|--------------------------------|--|
| Name: | |
| Address: | |
| Phone Number: | |
| Utility Payment Amount: | |

Property Tax Information

Are you current with property taxes owed to the County? (Please circle) Yes or No
If no, please provide explanation as to why you are not current with your property taxes?

Tie-Back to COVID-19 pandemic Explanation and Certification

Please explain below that your need for assistance is direct result of the COVID-19 Pandemic.

Community Development Block Grant – COVID (CDBG-CV) Program

Self-Certification of Non-Duplication of Benefits

Date: _____ Assistance Type: _____

Applicant(s) Name: _____

Applicant Address: _____

Names of Persons in Household: _____, _____,
_____, _____, _____.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed to provide immediate and direct response to the COVID-19 global pandemic crisis. CDBG-CV funding is only available for eligible activities that address the prevention of preparation for, or response to the Coronavirus, particularly to benefit low to moderate income persons. To comply with the Stafford Act and prevent a DOB, West Virginia Development Office (WVDO) will account for and verify all assistance received by CDBG-CV applicants before awarding CDBG-CV funds to a project. Eligible Applicants for these funds must have previously provided the following required information to the Subrecipient (City or County Official) of WVDO funds:

- Income Documentation- listed on pages 13 and 14 in the CDBG-CV Policy and Procedures*.
- Program specific Applicant Certification Form provided by Subrecipient.
- Required Eligibility Documentation for specific assistance listed on pages 15-22 of CDBG-CV Policy and Procedures*.

***The CDBG-CV Policy and Procedures can be found on the WVCAD website**

<https://wvcad.org/resources>

I, the undersigned, hereby certify that no members of the household are currently receiving assistance and has not received assistance from any other source, such as gifts, federal money, local non-profits, or churches for rental expenses for the month of (insert month and year). The use of this assistance for any other expense shall constitute an inappropriate use of program funds which will be subject to repayment by Applicant up to the full amount of the optional relocation assistance received. Proof of eligible rental, utility, and mortgage expenses and/or receipts are due before additional assistance will be provided. In the event that I receive duplicated benefits, I will repay them to the CDBG-CV Program. In addition, The Stafford Act has been explained to me and I understand that a gap exists between funding sources I have received and the CDBG-CV-CV benefit that I would otherwise qualify for.

I certify that the completed form below is an accurate disclosure and understand that falsifying documents to obtain assistance is a criminal offense.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Self-Certification of Non-Duplication of Benefits

| FUNDING SOURCES | RENTAL <i>or</i> MORTGAGE <i>and</i> UTILITY AMOUNT | SPECIFY TYPE OF ASSISTANCE AMOUNT (i.e. rental + utility) | TIME PERIOD OF FUNDS RECEIVED OR REQUESTING | COMMENTS |
|--|---|--|---|-----------|
| Monthly Assistance Needed | \$ | | | |
| Local Funds: Non-profits | | | | |
| County Funds | | | | |
| Private Funds: (private insurance, private funding or fundraising) | | | | |
| Other State Funds: (State housing agencies and other entities, West Virginia Public Service Commission Utility Reimbursement Fund, WV Department of Health and Human Resources Housing Programs) | | | | |
| Other Federal Funds: (Treasury, FEMA, SBA, CDBG, CDBG-CV, ESG, ESG-CV, HOPWA, HOPWA-CV, CoC grants, Other Federal CARES Act Funding, HOME, particularly tenant based rental assistance (TBRA)) | | | | |
| CDBG-CV Program Total | \$ | | | REQUESTED |
| TOTAL EMERGENCY ASSISTANCE CURRENTLY REQUESTING | \$ | | | |

Certification by Applicant(s)

Please read the following statement. If you do not understand any part of it or have any questions about what you are about to sign, please call Belomar Regional Council at 304-242-1800 and ask for assistance.

I certify that the household for which I am applying assistance for is my primary residence.

I certify that my need for assistance is a direct result of the COVID-19 pandemic.

I certify that all the information in this application is true and complete to the best of my knowledge.

I understand this information is subject to verification.

I authorize Belomar Regional Council to verify the financial information I have provided.

This is notice to you as required by the Right to Financial Privacy Act of 1978, that the Department of Housing and Urban Development and the State of West Virginia have a right of access to financial records, in connection with the consideration or administration of the CDBG-CARES funding for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development (HUD), Marshall County and the State of West Virginia Development Office (WVDO) without further notice or authorization but will not be disclosed or released to another government agency or department without your consent, except as required or permitted by law.

Penalty for false or fraudulent statement: U.S.C. Title 18, Sec 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signature of Applicant

Date

Signature of Co-Applicant

Date

**Marshall County Emergency Payment
COVID-19 Assistance Program
(CDBG-CV1 Program)**

Administered by Bel-O-Mar Regional Council

Applicant Release to Obtain Verification of Information

As an applicant for Marshall County's Emergency Payment COVID-19 Assistance Program, I do hereby give my permission to the Program Administrator (Belomar Regional Council), to contact my employer(s), bank(s), Social Services Agencies, lending institutions, landlords, utility vendors or any other appropriate person(s) or companies to verify information that I have supplied concerning my employment, income, assets, and/or any other applicable information as reported by me herein.

Each person listed on the application as receiving income must sign below and this form must be returned with your application.

Printed Name

Printed Name

Signature

Signature

Date

Date

Printed Name

Printed Name

Signature

Signature

Date

Date



**Marshall County Emergency Payment
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Conflict of Interest Declaration

In compliance with
CDBG Programs - 24 CFR 570.489(h)

Pursuant to 24 CFR 570.489(h) and 24CFR 92.356, I _____,
hereby declare that I, and anyone included in my household, is:

- _____ 1. Related to an employee of Marshall County or Belomar Regional Council.
- a.) Name of Relative: _____
- b.) Position Held: _____

- _____ 2. NOT related to an employee of Marshall County or Belomar Regional Council.

I delcare that the foregoing statement is true and correct to the best of my knowledge.

Applicant's Signature

Date



**Marshall County Emergency Payment
COVID-19 Assistance Program
(CDBG-CV1 Program)**

Administered by Bel-O-Mar Regional Council

Verification of Receipt of Fair Housing Booklet

My signature below acknowledges that I have received the Fair Housing Booklet. This form must be returned with your application.

Signature of Applicant

Date

Signature of Co-Applicant

Date



Application Checklist

All applicants must include the following:

- 1. Copies of your last two month's pay stubs, reflecting year-to-date total (if paid bi-weekly, submit six pay stubs; if paid weekly, submit twelve pay stubs)
- 2. Persons receiving Social Security or Disability Income must include a copy of the current year benefit statement. If you do not have this statement, contact the Social Security Office at 1-800-772-1213 to request benefit statement. This statement can also be requested online at www.ssa.gov.
- 3. Persons receiving Unemployment Income must provide a copy of their current Unemployment Benefit Statement.
- 4. Child Support must be included in income. Please include documentation of Child Support received from the West Virginia Department of Health and Human Services.
- 5. Copy of the most current bank account statement (savings, checking, CD's, stocks, etc.)
- 6. Copy of the most current year's federal income tax return.
- 7. The applicant, co-applicant and all persons in the household receiving income must sign the Applicant Release form. This form allows the Program Administrator to contact all employers, banks, social service agencies and any other appropriate person or company to verify the information supplied.
- 8. The applicant must sign and return the verification of Receipt of Fair Housing Brochure.
- 9. The applicant must sign and return the Duplication of Benefits Certification.
- 10. The applicant must sign and return the Tie-Back to COVID-19 Pandemic Certification Form.

Please see additional requirements for the type of assistance you are applying for:

For rental payment assistance, please also submit the following:

- 11. Copy of executed lease
- 12. Photocopy of personal ID of one household member that is on the lease to demonstrate occupancy (or a document that demonstrates occupancy through another identification method such as, a utility bill, voter registration, etc.)
- 13. Documentation of missed payments (ex. copy of missed payment ledger for rental arrears)

For mortgage payment assistance, please also submit the following:

- 14. A copy of a recent mortgage statement showing missed payment(s).
- 15. Photocopy of personal ID of one household member that is on the mortgage to demonstrate occupancy (or a document that demonstrates occupancy through another identification method such as, a utility bill, voter registration, etc.)
- 16. Documentation of missed payments (ex. copy of missed payment ledger for mortgage arrears)
- 17. Documentation that demonstrates this is the applicant's household is the primary residence

For utility payment assistance, please also submit the following:

- 18. Photocopy of personal ID of one household member that is on the utility bill to demonstrate occupancy (or a document that demonstrates occupancy through another identification method such as, a utility bill, voter registration, etc.)
- 19. Documentation of missed payments (ex. copy of missed payment ledger for utility arrears)
- 20. Copies of utility bills to be paid