



# Community & Economic Development

P.O. Box 1609, Mammoth Lakes, CA, 93546

(760) 965-3630

www.townofmammothlakes.ca.gov

## TOWN OF MAMMOTH LAKES CARES COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM PROGRAM APPLICATION

Applications must be submitted via one of the following methods prior to the application deadline of 5:00PM on Friday, November 13, 2020.

- **Online:** <https://mammothlakeshousing.org/rental-assistance-program/>
- **In-Person:** Mammoth Lakes Housing at 587 Old Mammoth Road, Suite #4 in the **secure drop-box**
- **Mailed Applications:** Mammoth Lakes Housing, PO Box 260, Mammoth Lakes, CA 93546

For technical assistance on the application, please reach out to Mammoth Lakes Housing via one the following methods:

- **Email:** [info@MammothLakesHousing.org](mailto:info@MammothLakesHousing.org)
- **Phone:** (760) 934-4740

### PART 1 – Applicant Information

Applicant(s): \_\_\_\_\_

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

Rental Unit Address: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Name of tenant(s) on lease (if different than applicant): \_\_\_\_\_

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

Landlord Name/Mgt. Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Landlord Mailing Address: \_\_\_\_\_

### PART 2 – Determine Your Eligibility for the Program (Must check all items below to be eligible)

- This is my only and primary residence.
- I am a renter residing in a rental housing unit located in Mammoth Lakes.
- I am within the U.S. Department of Housing and Urban Development HUD) established “Moderate-Income” limits. Please check pages 4-7 of the Program Guidelines (based on household size and income).
- I have been economically impacted during the COVID-19 pandemic period beginning March 18, 2020 to present causing loss of income and inability to pay rent.
- I have attached a copy of my Rental or Lease Agreement.
- I currently do not receive any other forms of Federal or State rental assistance payments (e.g., Housing Choice Voucher – Section 8).

**A. What is your current monthly rent:** \$ \_\_\_\_\_

(This will be confirmed by the Lease/Rental Agreement)

**B. Are you current on your rent payments?**  Yes  No

If no, how much are you behind for the following months:

April	\$ _____	August	\$ _____
May	\$ _____	September	\$ _____
June	\$ _____	October	\$ _____
July	\$ _____		

Total Amount of Outstanding Rent: \$ \_\_\_\_\_

**C. Are you receiving unemployment payments?**  Yes  No

**D. Amount of rent Applicant can pay:** \$ \_\_\_\_\_

**E. Have you provided evidence of economic impact due to COVID-19?** (Must be attached)  Yes  No

Proof of applicant's loss of or reduction in income/employment due to COVID-19 pandemic can be provided by:

- A copy of the household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 18, 2020 to present); **OR**
- A copy of household member(s) notification of furlough from employer during the eligible pandemic period (March 18, 2020 to present); **OR**
- A copy of the household member(s) notification confirming reduction in hours and/or pay during the eligible pandemic period (March 18, 2020 to present); **OR**
- A copy of the household member(s) application during the pandemic period (March 18, 2020 to present) and/or approval for Unemployment Insurance benefits; **OR**
- A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period (March 18, 2020 to present); **OR**
- A signed self-certification that you were unable to work and/or have extensive medical expenses due to contracting COVID-10.

**F. What is your total annual gross household income for all adult members of the household?** \$ \_\_\_\_\_  
(See Household Income [Part 3] certification and Income Worksheet [Attachment A] for assistance)

**G. How many people live in the household?** \_\_\_\_\_

**H. Confidential Participant / Beneficiary HUD Demographic Information**

**1) Ethnicity (Select One)**  Not Hispanic  Hispanic

**2) Race (Select One)**

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

**3) Other Demographic Data (Select all that Applies)**

- |   |  |
|---|--|
| <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Single / Non-Elderly    |
| <input type="checkbox"/> Participant Disable      | <input type="checkbox"/> Related / Single-Parent |
| <input type="checkbox"/> Veteran                  | <input type="checkbox"/> Related / Two-Parent    |
| <input type="checkbox"/> Elderly                  | <input type="checkbox"/> Other _____             |

**PART 3 – Household Income and Completed Application Certification (REQUIRED)**

**INSTRUCTIONS:** This is a written statement documenting the Annual Income, the number of members in the family or household, and relevant characteristics of each member for the purposes of income determination.

To complete this statement, fill in the blank fields below. The applicant Head of Household(s) must then sign this statement to certify that the information is complete and accurate, and that source documentation is provided.

**Must list all household members and income for all members of the household, including roommates, etc.**

Name:	Total Annual Income:	HH	CH	DIS	S ≥ 18	< 18	< 15

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person w/ Disabilities; **S ≥ 18** = Full-time Student Age 18 or Over; **< 18** = Child Under the Age of 18 Years; **< 15** = Minor Under the Age of 15 Years

**Annual Gross Income** (total of all members)\* = \$ \_\_\_\_\_

\* The following can be excluded from the Annual Gross Income:

- Income from the employment of children under the age of 18 years
- Income of full-time students age 18 or over that are attending school or vocational training (excluding the head of household and spouse)

“I certify that the information is complete and accurate to the best of my knowledge and agree to provide documentation on all income sources to the Town of Mammoth Lakes CARE COVID-19 Emergency Rental Assistance Program administrator.

<b>HEAD OF HOUSEHOLD</b>		
Signature	Printed Name	Date
<b>CO-HEAD OF HOUSEHOLD</b>		
Signature	Printed Name	Date

**WARNING:** The information provided on this form is subject to verification by the Town and/or the State or Federal Government(s) at any time. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by State or Federal personnel as part of compliance monitoring.

Attachment A – Income Documentation Worksheet		
Source of Income	Gross Monthly Income in Dollars	Supporting Documentation
Salary	\$	<ul style="list-style-type: none"> <li>Copies of two paycheck stubs for January, February and/or March 2020; OR</li> <li>2019 Federal income tax returns; OR</li> <li>2018 Federal income tax return AND 2019 W-2 forms (if 2019 tax return not filed yet).</li> </ul>
Self-Employed Profits	\$	<ul style="list-style-type: none"> <li>A copy of 2018 or 2019 IRS Form 1040/1040A (tax return), OR</li> <li>An affidavit signed by the applicant that includes the name of the household member who is self-employed, the name of the business, and the prior year's estimated annual income (Self-Employment Income Self-Certification Form attached.)</li> </ul>
Social Security Income (SS)	\$	<p>The following must not be older than one year unless noted:</p> <ul style="list-style-type: none"> <li>Copy of applicant's monthly award check; OR</li> <li>Copy of applicant's benefit verification letter (applicant can request from local Social Security office); OR</li> <li>Form SSA-2458 (applicant can request from local Social Security office); OR</li> <li>Form SSA-1099 (yearly benefit statement that may not be older than one (1) year); OR</li> <li>Written certification from awarding agency verifying monthly benefits; OR</li> <li>Copy of bank statement showing direct deposit of applicant's award check.</li> </ul>
Supplemental Security Income (SSI)	\$	
Social Security Disability (SSD)	\$	
California Work Opportunity and Responsibility for Kids (CalWORKs)	\$	
Temporary Assistance for Needy Families (TANF)	\$	<ul style="list-style-type: none"> <li>Award letter stating the amount of applicant's benefit; OR</li> <li>Copy of applicant's most recent bi-monthly award check(s); OR</li> <li>Written statement from Caseworker stating the applicant's benefit amount; OR</li> <li>Written certification from awarding agency verifying monthly benefits.</li> </ul>
Pension	\$	<ul style="list-style-type: none"> <li>Copy of applicant's most recent pension check/payment stubs; OR</li> <li>Copy of pension award letter showing monthly benefits; OR</li> <li>Bank statement showing direct deposit of applicant's award check.</li> </ul>
Alimony	\$	<ul style="list-style-type: none"> <li>Copy of applicant's weekly or monthly check; OR</li> <li>Court decree establishing payments, (divorce papers); OR</li> <li>Notarized affidavit of child support certifying amount received.</li> </ul>
Child Support	\$	
Unemployment Insurance	\$	<ul style="list-style-type: none"> <li>Copy of award notice stating applicant's benefit; OR</li> <li>Payment booklet.</li> </ul>
Interest from Bank Accounts and Cash Funds	\$	<ul style="list-style-type: none"> <li>Letter from bank manager stating interest earned; OR</li> <li>Bank statements showing last twelve (12) months of interest; OR</li> <li>Most recent Federal income tax return showing interest earned; OR</li> <li>Investment statements indicating the amount of dividends earned.</li> </ul>
Rental Property Income (income you receive from a rental property you own)	\$	<p>At least two (2) from the following:</p> <ul style="list-style-type: none"> <li>Copy of property rental agreement signed by current tenant showing monthly rent; OR</li> <li>Copy of recent rent check; OR</li> <li>Copy of applicant's income tax return declaring earned rental income (not older than one year); OR</li> <li>Rent receipt book.</li> </ul>

<b>Other Income not shown above- List Sources</b>	\$ _____	• Attach documentation to support declaration.
<b>TOTAL INCOME</b>	\$ _____	

**INCOME LIMITS** (EFFECTIVE 7/1/2020)

Number of Persons	Very Low-Income (≤ 50% AMI)	Low-Income (51% - 60% AMI)	Moderate-Income (61% - 80% AMI)
1	\$17,000	\$34,020	\$45,300
2	\$19,400	\$38,800	\$51,800
3	\$21,850	\$43,740	\$58,250
4	\$24,250	\$48,540	\$64,700
5	\$26,200	\$52,440	\$69,900
6	\$28,150	\$56,340	\$75,100
7	\$30,100	\$60,240	\$80,250
8	\$32,050	\$64,080	\$85,450

<b>TOWN (OR DESIGNEE) USE ONLY</b>	
Date Received: _____ Received By: _____	
<b>ACTION TAKEN</b>	
Lottery Result: _____ Beneficiary Name: _____ <input type="checkbox"/> Rental Unit is within Service Area	
<input type="checkbox"/> Application and all Required Documentation Provided Public Service Funded by: Grant # _____	
Income Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____	
Effective Date of the Income Limit Chart Being Used to Verify Income: _____ (Attach current HCD CDBG Income Limit chart for Mono County w/ the applicable household size and annual income limit circled)	
Household is: <input type="checkbox"/> 30% or less (Extremely Low Income) <input type="checkbox"/> 31% - 50% (Low Income) <input type="checkbox"/> 51% - 80% (Moderate Income) <input type="checkbox"/> Over 80% of Median Income ( <b>Not Eligible for CDBG Assistance</b> )	
<input type="checkbox"/> Approved Amount per Month Recommended for Rental Assistance: \$ _____ <input type="checkbox"/> Denied	
Notes: _____	
<b>PROGRAM OPERATOR CERTIFICATION:</b> I certify that the Participant / Beneficiary information is true and correct, to the best of my knowledge. I certify that, using the current HCD annual income publication compared to the stated family size and income, the income level shown above is true and correct, to the best of my knowledge.	
_____ Signature	_____ Printed Name
_____ Job Title, Agency	_____ Date
<input type="checkbox"/> Completed Landlord Grant Acceptance Forms Rental Assistance Pymt. Date: _____ Amt. Paid \$ _____	