



City of Portland
CARES: Emergency Income Payment Program
Application



The City of Portland has received funds from the federal government to prevent, prepare, and respond to COVID-19. The City has designed a rental assistance program to aid Portland residents that have had a loss or reduction of income due to COVID-19. Rental assistance is available for 3 consecutive months, but will require a monthly application or attestation of no change in income from date of application.

Return completed applications to Val Fitzgerald at the Opportunity Alliance; they can be returned by email, fax, or mail.

Email: Val.fitzgerald@opportunityalliance.org

Phone: 207.553.5937 **Fax:** 874-1182

Mailing Address: Valerie Fitzgerald
The Opportunity Alliance
222 St. John Street, Suite 302-B
Portland, ME 04102

Once an application is received it will be reviewed and you will be notified of approval or denial, payment will be provided directly to the landlord for approved applications. If you are in need of additional assistance after the first month of payment and your income has changed from the original application, please complete another application. If your income has not changed from the original application you can simply sign the Returning Applicant Certification and return it to Ronda Jones at REJ@portlandmaine.gov

PROGRAM GUIDELINES

- Must be a Portland Resident
- Must be a renter
- Rent payment was up to date through March 2020
- Must have a reduction in income due to COVID-19
- Current income must meet the income guidelines below

2020 CDBG INCOME GUIDELINES PORTLAND METRO AREA								
Number in household	1	2	3	4	5	6	7	8
Moderate Income 80% AMI	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650

DOCUMENTS REQUIRED FOR APPLICATION TO BE COMPLETE

- Application form
- Landlord signature page
- Copy of lease
- Back up documents for income verification for the last month and COVID-19 related event (see attached document list)



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Property/Address: _____ **Date of Application:** _____

I am requesting rental assistance for the month of: _____

Household Information: Complete the following information for each household member that occupies the unit:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Race* see box below	Latino (Yes/No)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

***HUD Race selections**

White	Native Hawaiian or Other Pacific Islander
Black or African American	Black or African American and White
Asian	Asian and White
American Indian or Alaskan Native	American Indian or Alaskan Native and White
American Indian or Alaskan Native and Black/African American	Others reporting more than one race

Primary Phone: () _____ **Alternate Phone:** () _____

Email Address: _____

Preferred Method of Contact: Phone Email Mailing Address

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?

Yes No

If YES, explain _____

2. What COVID-19 related event lead to inability to pay for rent

- Layoff/furlough
- Reduction in hours/pay
- Loss of childcare
- Inability to work to due being medical compromised or caring for someone who is medically compromised

3. Have you received funding for rental assistance from another source

Yes No

Funding Source _____

Amount _____

Date Received _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

I. Do you or any other household member expect any change in income in the next 3 months?

Yes No

If YES, explain: _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income

YES NO If YES, who? _____

Please complete the table below, listing household member's names and income source amounts

Income	Head of Household name:	Household Member name:	Household Member name:	Household Member name:	Household Member name:
Wages/ Salary					
Bonus Pay					
Unemployment					
Social Security					
Social Security Disability					
Veterans Benefits					
Alimony Received					
Business income (self employed)					
Real Estate Income					
Total:					

Total Household income (Office use only):

Asset Information:

List the value of any assets you hold. In addition, please include any monthly payment you receive from these assets, for example a monthly pension payment.

Please complete the table below, listing ALL household members names and asset source amounts

Asset	Head of Household name:	Household Member name:	Household Member name:	Household Member name:	Household Member name:
Checking/ Savings account					
CD's/ Money Market accounts					
Stocks/bonds/ securities					
Trust Fund/ Inheritance Payments					
Pensions/IRA s/401K and other retirement payments					
Cash on hand					
Life insurance payments					
Real Estate holdings					
Personal property as investment					
Total:					

Total Household Assets (Office Use Only):

All income and asset sources that were reported on this application will be verified. It will be your responsibility to provide the necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Household Expenses:

Please report expenses for the household.

A	FIXED MONTHLY PAYMENTS	Current
B	Rent	\$
C	Renters Insurance	\$
D	TOTAL HOUSING PAYMENT (Add lines B and C)	\$
E	MONTHLY EXPENSES	
F	Heating Type: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	\$
G	Electricity	\$
H	Water/Sewer	\$
I	Trash	\$

Signature Clause:

I understand that the City is relying on this information to prove my household’s eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I certify that I was in good standing with rental payment prior to March 2020

I certify that I have not received nor applied for any additional federal, State or Local assistance to pay for rental assistance or the amount of assistance I have received from federal, state, or local agencies is less than the rental expenses owed for the month in which I am applying. Furthermore, I understand I cannot receive more than 3 months in assistance payments through the CDBG-CV program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application may include but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant the City the right to process this application for the purpose of providing emergency assistance. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature Date

Signature Date

Signature Date

Signature Date

For Office Use Only
Application Date: _____ Time: _____
Is the application complete and all documentation included?
Missing Documentation:
Date Applicant notified: _____



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LANDLORD SIGNATURE PAGE

Payment Information
Pay to the order of: _____
Address to send payment to: _____
Tenant name: _____

I _____ am the owner and landlord of _____
(name) (address)

- I certify that the tenant applicant was up to date on payment through March 2020
- I certify that I have not received nor applied for any additional federal, State or Local assistance to pay the mortgage or other debt owed on the aforementioned property. Furthermore, I understand I cannot receive more than 3 months in assistance payments per qualified tenant through the CDBG-CV program.
- I understand that a W-9 will need to be provided to the City to process and receive payment, in turn I will receive a 1099 from the City at the end of the year

Signature _____ Date _____