

# COVID-19 RELIEF ASSISTANCE APPLICATION

The Applicants understand this pre-qualification application is a screening document to ensure that potential applicants meet the minimum requirements. This pre-qualification does not guarantee the applicant has or will qualify for assistance.

Applicant's Signature: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

## A. APPLICANT INFORMATION

Applicant's Name (Last, First MI): \_\_\_\_\_

Address (Address, City State Zip): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_

Gross Income: (Check one)

\_\_\_ Annual \$ \_\_\_\_\_

\_\_\_ Monthly \$ \_\_\_\_\_

\_\_\_ Weekly \$ \_\_\_\_\_

\_\_\_ Hourly \$ \_\_\_\_\_

E-Mail: \_\_\_\_\_



**D. HOUSEHOLD INCOME & BENEFITS**

Income received in the Last 12 months Applicant, Co-App., Other Adults (18 or older)

No Income	_____	_____	_____	_____
Employment (Part-time)	_____	_____	_____	_____
Employment (Full-time)	_____	_____	_____	_____
Self-Employed	_____	_____	_____	_____
Social Security/SSA	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
Social Security Disability SSDI/SSI	_____	_____	_____	_____
Retirement, Survivors & Disability (RSDI)	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
SNAP	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Veterans Benefit	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Workman Compensation	_____	_____	_____	_____
Township	_____	_____	_____	_____
Pension	_____	_____	_____	_____
Interest/Dividends	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>Total Income</b>	_____	_____	_____	_____
<b>Future Income</b> (Total Income Anticipated in Next 12 months)	_____	_____	_____	_____



Assistance requested (Provide proof of need-account statement/history, disconnect notice, 5-day eviction notice, foreclosure notice, lease agreement, mortgage/note, and payment history)

Gas and Electric:	Yes	No	Rental Assistance:	Yes	No
			Mortgage Assistance:	Yes	No

**E. ASSETS and ACCOUNTS**

Financial Institution	Balance
Saving Accounts _____	\$ _____
Saving Accounts _____	\$ _____
Saving Accounts _____	\$ _____
Saving Accounts _____	\$ _____
Checking Accounts: _____	\$ _____
Checking Accounts: _____	\$ _____
Checking Accounts: _____	\$ _____
Checking Accounts: _____	\$ _____
Mutual Funds: _____	\$ _____
Cash on Hand: _____	\$ _____
Other Properties: _____	
Other Properties: _____	

F. HOUSING INFORMATION (Fill out)

Address: \_\_\_\_\_ (Single-Family Unit/Residential Unit)  
(Street, City, State, Zip)

\_\_\_\_\_  
Lease Date

\_\_\_\_\_  
Number of Bedrooms

\_\_\_\_\_  
Lease Payment Due

\_\_\_\_\_  
Monthly Rent

\_\_\_\_\_  
Number of Months Delinquent

\_\_\_\_\_  
Landlord/Owner

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Landlord's Address

\_\_\_\_\_  
Lending Institution

\_\_\_\_\_  
Loan Officer/Collection Officer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Payment Due Date

\_\_\_\_\_  
Number of Months Delinquent

\_\_\_\_\_  
Monthly Payment

\_\_\_\_\_  
Lender's Address

\_\_\_\_\_  
Phone Number

G. SIGNATURES

I certify all the information I provided is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Date

FOR OFFICIAL USE:

Action Taken: \_\_\_ Approved \_\_\_ On Hold - Pending Verification of Information \_\_\_ Not Approved /Denied

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewing Official

\_\_\_\_\_  
Date

**PRIVACY NOTICE TO APPLICANTS**

This Notice to you as required by the Right to Financial Privacy Act of 1978 that the City of Decatur, Department of Community Development and DOVE Financial Assistance (DFA) has a right of access to financial records held by any financial institution relating to the consideration or administration of the participation CDBG-CV funds for which you have applied.

Financial records involving your transactions will be available to the Department of Community Development, City of Decatur, Illinois and DFA during the grant period and five (5) years thereafter without further notice or authorization, but will not be disclosed or released to another government agency or department without your written consent except as required or permitted by law.

\_\_\_\_\_  
**Homeowner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

**CONFLICT OF INTEREST STATEMENT**

I certify that there is no KNOWN conflict of interest between me and the City of Decatur and DOVE, Inc.

This Conflict of Interest Provision applies to any applicant or recipient of CDBG-CV funds who is related to an employee, agent, consultant, officer or elected official or appointed official of the City or DOVE, Inc., by birth, marriage or adoption and resides within the same household. This would refer specifically to members of the Neighborhood Services Division of the City of Decatur and DFA of DOVE, Inc.

If I am found to have an association, I will immediately notify the DFA of this relationship and understand it will be reviewed internally and a decision will be made after formal review.

\_\_\_\_\_  
**Homeowner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

**WAIVER – CDBG-CV PROGRAM**

**PROPERTY ADDRESS**

As Owner/Agent of the premises described above, I do hereby authorize entry onto said premises for inspection for safety and sanitary conditions. I agree to release the DFA, the City of Decatur and/or its agents and employees from any liability or damages arising from such action.

\_\_\_\_\_  
**Owner/Agent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Owner/Agent Signature**

\_\_\_\_\_  
**Date**

# Notice of Understanding

I \_\_\_\_\_ and \_\_\_\_\_, the

Applicant/Occupant \_\_\_\_\_ understand that I have

(Address)

applied for assistance from the COD COVID Relief Program. I have agreed to provide Dove Financial Assistance with all the correct and pertinent documentation to determine my eligibility. I also understand that although I am providing the documents required, it does not guarantee that I will receive assistance.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

I, \_\_\_\_\_, state the loss of household income was attributed to COVID-19. Loss of income occurred for at least one of the following reasons:

Job loss with employer, \_\_\_\_\_. Last date of employment: \_\_\_\_\_  
Permanent Temporary Employee's name: \_\_\_\_\_

Job loss with employer, \_\_\_\_\_. Last date of employment: \_\_\_\_\_  
Permanent Temporary Employee's name: \_\_\_\_\_

Reduced hours with employer, \_\_\_\_\_. Date reduced hours began: \_\_\_\_\_  
Permanent Temporary Employee's name: \_\_\_\_\_

Reduced hours with employer, \_\_\_\_\_. Date reduced hours began: \_\_\_\_\_  
Permanent Temporary Employee's name: \_\_\_\_\_

Illness due to COVID-19 quarantine and/or isolation:



I understand providing false and/or incorrect information may result in legal action. I further understand I will be required to repay funds to Dove Financial Assistance or the City of Decatur if I violate the requirements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

I \_\_\_\_\_ and \_\_\_\_\_,

the applicant(s) of \_\_\_\_\_ understand that I have  
(Address)

applied for assistance from the \_\_\_\_\_ Program. I have agreed to provide the

\_\_\_\_\_ with all the correct and pertinent documentation to determine my eligibility. I also understand that although I am providing the documents required, it does not guarantee that I will receive assistance.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

## Residential Code Self Certification

Code enforcement is defined as the maintenance and preservation of the appearance of residential, commercial, and industrial properties.

I certify the home located at \_\_\_\_\_, Decatur, Illinois, is suitable for human habitation. The unit is free from the accumulation of garbage or rubbish. Major Systems, such as: structural, roofing, windows, doors, siding, gutters, plumbing, electrical, and heating, ventilation, and air conditioning (HVAC) are maintained and in working order.

Heating system maintains the rooms to a temperature of 68 degrees. The house has electrical service with no known hazards. The plumbing is in accordance with the Illinois Plumbing Codes.

The home has working smoke alarms and carbon monoxide alarms in each story of the residential unit including the basement and outside of the bedrooms. I further certify the home of free of chip or peeling paint.

Windows, exterior doors, and sliding glass doors are weather-tight and fully operational. Interior doors and hardware function properly. Handrails and guardrails in good condition.

Steps, stairs, porches and decks are structurally sound and free from significant deterioration. The roof is sound and does not have any defects. If the home has a garage, the garage door should be functional and secure.

Please identify if the residential unit was built prior to 1978: \_\_\_\_\_

I further certified, I have been provided the pamphlet on Lead-Based Paint.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Program Eligibility Release Form

Organization requesting release of information:

Date Requested:

Purpose: Your signature on this Program Eligibility Release Form, authorizes the above-named organization to obtain information from a third-party to determine your eligibility and continued participation in the:

Rental Assistance Program

Homeowner Assistance Program

Utility Assistance

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in the Program and the amount of assistance necessary using CDBG-CV funds. This information will be used to establish level of benefit to be made available through the Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member (18 years or older) of the household must sign a Program Eligibility Release Form prior to the receipt of benefit.

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.**

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list)		
_____		
_____		

***Authorization:*** I authorize the above-named and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Program. By signing this authorization, I AUTHORIZE the Dove Financial Assistance, to verify the financial information provided on the application. This allows for the verification of employment, income history, bank and similar account balances, credit history, outstanding debts, and mortgage and/or rental payment delinquency. I understand this provides the agency to make the necessary verifications/inquiries to determine eligibility in the CDBG-CV funded programs. This authorization

allows the copy of this release for distribution to any party with which a financial or credit relationship exists. The copy of the authorization may be treated as an original.

Privacy Notice: This information is to be used by collecting it in determining the qualifications as a prospective beneficiary of the program. The information shall not be released outside of the City and/or the sub-recipient agency. Should the required not be provided, the application may be delayed or rejected.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members (18 and older) will sign this form and cooperate with the owner in this process.

X

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Head of Household—Signature, Printed Name, and Date:

Family/Household Member HEAD

X

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Other Adult Member of the Household—Signature, Printed Name, and Date:

Family/Household Member #2

X

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Other Adult Member of the Household—Signature, Printed Name, and Date:

Family/Household Member #3

X

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Other Adult Member of the Household—Signature, Printed Name, and Date:

Family/Household Member #4

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## REQUIRED DOCUMENTS FOR PROCESSING

- \_\_\_ Most recent tax return (2019 or 2020) and attachments
- \_\_\_ Identification for all household members 18 and older
- \_\_\_ Social Security cards for all household members (Document citizenship)
- \_\_\_ Documentation/proof of loss of income due to COVID-19
- \_\_\_ Documentation of household income for a minimum of 6 months
- \_\_\_ Copy of a signed and dated lease for the rental unit (if applicable)
- \_\_\_ Notice of Eviction (Rental Units)
- \_\_\_ Copy of the mortgage, note, and title policy (if applicable)
- \_\_\_ Mortgage late payment notice (Homeowner Units)
- \_\_\_ Proof of unpaid homeowner insurance \*If not included in the mortgage payment
- \_\_\_ Utility late payment notices and/or history
- \_\_\_ Disconnect notice
- \_\_\_ Bank Statements/Account Statements for the last 6 months
- \_\_\_ Residential Code Self Certification form

### NOTES:

- Please be sure to sign and date documents where required. Incomplete forms and missing documentation will prevent the application from being processed.
- Availability of funds is based on a first-come basis of completed applications