



Shelby County COVID-19 Mortgage & Utility Assistance Program



About the Program

Shelby County Division of Community Services and the Memphis & Shelby County Department of Planning and Development are accepting applications for the Community Development Block Grant (CDBG-CV2) COVID-19 Mortgage and Utility Assistance Program. This program is designed to provide financial assistance to people residing in any municipal jurisdiction within Shelby County with the exception of the City of Memphis. Jurisdictions include **Arlington, Bartlett, Collierville, Germantown, Lakeland, Millington, and Unincorporated Shelby County.**

This program is available to applicants in need of financial assistance due to COVID-19 impacts on or after March 13, 2020. Eligible households may receive up to six consecutive months of mortgage and/or utility payments, including forbearance, past due balances, and late fees. Assistance will be offered with principal, interest, taxes, and insurance on a rolling basis in order of applications received until all funds have been committed.

Assistance requests will be processed as quickly as possible. Due to the widespread impact of the pandemic on our local community, we anticipate a high volume of requests. Staff will contact you with the status of your request as the review process is conducted. Please be patient as this takes time.

Are You Eligible?

Only one application per individual/family household that meets the following guidelines:

- Your residence must be located in an area **outside** the City of Memphis. These areas include Arlington, Bartlett, Collierville, Germantown, Lakeland, Millington, and Unincorporated Shelby County.
- You must need assistance with a first- or second-lien (primary or secondary mortgage), and the property must not be listed for sale.
- You must show a loss of income directly due to COVID-19 (after March 13, 2020).
- Your household income must be at or below 80% AMI (see income chart on next page). All income of household members ages 18 and over will be taken into account.

# of people in household	1	2	3	4	5	6	7	8
Monthly Income	3,208	3,667	4,125	4,579	4,946	5,313	5,679	6,046
Annual Income	38,500	44,000	49,500	54,950	59,350	63,750	68,150	72,550

What Documents Are Needed to Apply?

- Proof of COVID-19 impact / loss of income due to COVID-19:
 - Unemployment determination letter or history log, showing Federal pandemic unemployment received
 - Dated layoff or furlough notice from employer and paystub showing the name of business, applicant name, and date.
 - Dated notice from employer of reduction in workforce/salary/hourly wage and paystub showing the name of the business, applicant name, and date.
 - Dated documentation that the employer’s office or place of business has closed and a paystub showing the name of business, applicant name, and date.
 - Dated documentation showing job resignation to stay home and provide childcare
 - If self-employed, two consecutive bank statements pre-COVID and two consecutive bank statements during COVID from all business and personal accounts.
 - If third-party documentation is not available, self-certification of qualifying COVID-19 impact form must be completed and certified by Shelby County Government.
- Proof of identification for applicant/co-applicant and other household members age 18 and older
- Proof of residence outside the City of Memphis within Shelby County (ID, utility bill, etc).
- Proof of current income for most recent two months for each household member 18+. Income must not exceed levels indicate on Income Chart.
- Bank Statements for the most recent two months.
- Mortgage Statement in name of applicant/co-applicant showing need for assistance, with contact information for the mortgage lender. (if applying for mortgage assistance)
- Utility Statement in name of applicant/co-applicant showing need for assistance (if applying for utility assistance)

How Much Assistance is Available?

Total amount of assistance (past due, current, and future payments) may not exceed \$8,400 for mortgage assistance and \$2,500 for utility assistance.

Application

Please complete for the household member listed on the mortgage statement:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Co-Applicant: If the loss of household income is associated with another member of the household, please complete the following information for the co-applicant. You must provide proof that the co-applicant resides at the property.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Household Composition: List each individual living in the home, including children

#	Name	Relationship (child, mother, etc.)	Sex	Date of Birth	SS# (optional)
1.					
2.					
3.					
4.					
5.					
6.					

Is the Head of Household Female?

_____ Yes _____ No

Is your ethnicity Hispanic or Latino?

_____ Yes _____ No

Race: (check below)

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	
Other multi-racial	

Documentation of Household Income:

List all sources of income for everyone in the household.

Sources of Income include your job, unemployment check, SS, SSI, TANF, SNAP, child support, & other.

Names of People in Household Earning Income	Source of Income	Monthly \$ Amount	If Employed, provide name & address of employer	Proof of income attached (y/n)

Lead-Based Paint Visual Assessment Determination

- 1) Was your house built before 1978? _____ Yes _____ No
- 2) Are you or someone in your household pregnant? _____ Yes _____ No
- 3) Is there at least one (1) child under the age of six who
either lives in or frequently visits your home? _____ Yes _____ No

If you answered yes to one of these questions, you may be required to have a Lead-Based Visual Assessment on your home to receive assistance covering more than 3 months.

COVID-19 Impact

Has the homeowner or have other members of the household lost income or incurred significant costs due to the COVID-19 pandemic? _____ Yes _____ No

Please check each condition that applies to the homeowner or other members of the household who have lost income due to the COVID-19 pandemic. Check all that apply:

- Reduction in income
- Laid-off; Receiving unemployment assistance
- Laid off; Not receiving unemployment assistance
- Place of employment closed permanently.
- Reduction in work hours.
- Must stay home to care for child/children due to closure of daycare or school
- Not able to work and/or missed hours due to illness from COVID-19.
- Unable to find work due to COVID-19.
- Self-employed; the business does not/did not supply enough income due to COVID-19
- Unable to participate in previous employment due to high risk of severe illness from COVID-19
- Other reduction in income (please describe below)

Other Significant Costs (check all that apply):

- Reduced child support due to COVID-10
- Unexpected COVID-related medical or funeral expense
- Other costs or financial hardship due to COVID-19 (please describe below)

I am applying for (check one):

- Mortgage Assistance Only** (fill out portion A below)
- Utility Assistance Only** (fill out portion B below)
- Both Mortgage and Utility Assistance** (fill out portions A and B below)

A. Mortgage Assistance Request

You may request up to six consecutive months of payments on your mortgage. If you owe past due payments dating as far back as March 13, 2020, the past due amount will count as your first month of assistance. **Total assistance (past, current, future) may not exceed \$8,400.**

Mortgage Company Name: _____
Mortgage Company Address: _____
Mortgage Company Phone Number: _____
Mortgage Company Email: _____
Mortgage Account Number: _____
Monthly Mortgage Payment: \$ _____
Past Due Amount Owed (if applicable): \$ _____
Present and/or Future Amount Requested: \$ _____

B. Utility Assistance Request

You may request up to six consecutive months of payments on your utilities. If you owe past due payments dating as far back as March 13, 2020, the past due amount will count as your first month of assistance. **Total assistance (past, current, future) may not exceed \$2,500.**

Utility Company Name: _____
Utility Company Address: _____
Utility Company Phone Number: _____
Utility Account Number: _____
Monthly Utility Payment (average): \$ _____
Past Due Amount Owed (if applicable): \$ _____
Number of months past due: _____
Present and/or Future Amount Requested: \$ _____

Check one:

- The utilities at this address are in my name or co-applicant's name
- The utilities at this address are in someone else's name

Duplication of Benefits Certification

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting responsibly to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

I hereby certify that:

- A. The Community Development Block Grant-CV Funds, awarded through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) does not duplicate any other funds, and/or any funds from the following sources:
 - 1. The Paycheck Protection Program
 - 2. Unemployment compensation benefits
 - 3. Insurance claims/proceeds
 - 4. Federal Emergency Management Agency (FEMA) funds
 - 5. Small Business Administration funds
 - 6. Other Federal, State, or local funding

AND

- B. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

Applicant Signature: _____

Date: _____

Required Documents

Please provide the following documentation with this application. The quality of images must be clear and visible. If selected for assistance, applicant must provide:

W-9 or 1098 from Lender (must match the name on the Mortgage Statement)

OR

I give permission for a representation from Shelby County Division of Community Services to contact the mortgage lender to obtain a W-9 or 1098 form.

Document Checklist:

- Proof of COVID-19 impact / loss of income due to COVID-19 (any checked box on page 5 must be accompanied by documentation)
- Proof of identification for applicant/co-applicant (person or persons listed on mortgage statement) and other household members age 18 and older
- Proof of residence outside the City of Memphis within Shelby County.
- Proof of current income for most recent two months for each household member 18+. Income must not exceed levels indicate on Income Chart.
- Bank Statements for the most recent two months
- Mortgage and/or Utility Statement in name of applicant/co-applicant showing need for assistance, with contact information for the mortgage lender.

Certification

I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the COVID-19 Mortgage Assistance Program.

_____ Initials

I grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

_____ Initials

I understand that supporting documentation may be requested at any time to confirm the veracity of statements made, and failure to provide documentation will result in a denial of assistance.

_____ Initials

I certify to the best of my knowledge and all information provided by me in this approval process is accurate and true. I am completely aware that anyone who knowingly covers up a material fact or gives false information for eligibility determinations is liable for prosecution under applicable criminal law.

_____ Initials

Grievance Procedures

As a client applying for assistance through Shelby County Division Community Services, you have the right to appeal and request a fair hearing. You must contact the agency at **SCAP@shelbycountyttn.gov** for the proper complaint form. A complaint form must be filled out in triplicates and completed within 30 days. After a decision has been made, you, the Agency and the State will retain a copy of the complaint form. The Administrator will contact the department of Human Services for a final decision if you are not satisfied after a local hearing.

_____ Initials

Follow Up Notification

I certify that I have been informed and understand that Shelby County Division of Community Services may conduct a follow-up assessment after my initial certification for services. I agree to provide all necessary requested information for assessment.

_____ Initials

Title VI Compliance

I certify that I have been informed of the Title VI Civil Rights Act of 1964 which states no person will be discriminated against based on age race, sex, color, religion, or national origin under any program provided by Shelby County Division of Community Services.

_____ Initials

Thank you for completing the
Shelby County COVID-19 Mortgage and Utility
Assistance Program Application

Please mail the application and supporting documents to:

Shelby County Division of Community Services

ATTN: Julie Meiman

1060 Madison Avenue

Suite 360J

Memphis, TN 38104

Or scan and email to: SCAP@shelbycountyttn.gov