
Program Overview

Please provide the following information.



Millville Emergency Rental/Mortgage Assistance Program

City of Millville
Department of Community
Development
Program Contact: Yazmin Moreno
Yazmin.moreno@millvillenj.com
856.825.7000

The City of Millville Emergency Rental/ Mortgage Assistance Program (CDBG-CV3) will assist eligible households with up to three consecutive months of rent or mortgage payments, including past due balances, and late fees. Grants will be awarded via a first come first serve basis.

PROGRAM ELIGIBILITY

Only one application per property is eligible. The application must meet the following guidelines.

1. The applicant must have a valid lease/mortgage and be currently occupying the Rental/ Mortgage unit or home in Millville.
2. The applicant must occupy the Rental/ Mortgage unit or home as his or her primary residence.
3. Rent must have been current as of June 22, 2021.
4. The household of the applicant must demonstrate a loss of income due to COVID-19.
5. The household of the applicant must have a maximum household income at or below 80 percent Area Median Income by family size (see below).

Eligibility criteria for both Tenant and Landlord are outlined in the two sets of criteria below. Before proceeding, it is recommended that both parties discuss and agree that they are both willing and able to proceed and that both will complete the online application, provide all required items, and abide by all required terms. The Township will use its discretion to determine whether providing financial assistance to a Landlord would violate the spirit or intent of the provided program criteria or any related funding limitations.

The City will use its discretion to determine whether providing financial assistance to a Landlord would violate the spirit or intent of the provided program criteria or any related funding limitations.

Eligibility Criteria for Rental /Mortgage Assistance

Applicants must provide:

1. A copy of a valid government-issued ID.**
2. Evidence they are a Millville resident, residing in the property that is in arrears as primary residence.
3. A fully executed and valid lease in the Applicant's name.
4. Evidence the applicant is at least two months behind on rent since April 1, 2020.
5. Documentation or self-attestation of involuntary loss of income due to COVID-19 between after April 1, 2020.
6. Proof of income before and after April 1, 2020.

Household Income Limit

The total gross income of the applicant's household must fall below these limits by household size:

Household Size	1	2	3	4	5	6	7	8
Income	\$43,150.00	\$49,300.00	\$55,450.00	\$61,600.00	\$66,550.00	\$71,500.00	\$76,400.00	\$81,350.00

Eligibility Criteria for Landlord and Mortgage Lenders

Landlords and Lenders must:

1. Agree to accept the approved amount and apply them against, to cover the rent or mortgage payments due and release Tenant from any obligation to pay rent due for all months for which assistance is provided.
2. Not have any history of financial mismanagement, including any conviction(s) for financial crimes within last 3 years.
3. Confirm the outstanding rent or mortgage owed by the Applicant.
4. Provide a W-9 for payment.

NOTE: Much of the correspondence for this Program is done via email. Please check your Spam email folder for any emails from neighborlysoftware.com.

A. Eligibility

A. Eligibility

The City is accepting applications for the Emergency Rental/ Mortgage Assistance Program. This program is designed to provide funds to renters delinquent on rent payments due to COVID-19 impacts. Funds will be provided for up to six months of delinquent rent and utility payments to approved applicants.

A.1. Is your gross household income below the 80% area median income limits below?

Household Size	1	2	3	4	5	6	7	8
Income	\$43,150.00	\$49,300.00	\$55,450.00	\$61,600.00	\$66,550.00	\$71,500.00	\$76,400.00	\$81,350.00

A.2. Are you delinquent on your rent payments?

A.3. As of March 1, 2020, were you current on your rent payment?

A.4. Are you a resident of the City of Millville?

A.5. Were you and/or the COVID-19 impacted co-applicant employed on or before March 1, 2020?

A.6. Do you and/or the COVID-19 impacted co-applicant have proof of loss or reduction of employment income or proof of significant costs due to COVID-19 impacts on or after March 1, 2020?



IF YOU ANSWERED NO; TO ANY OF THESE QUESTIONS, YOU ARE NOT BE ELIGIBLE FOR RENTAL ASSISTANCE FROM THIS PROGRAM.

Before proceeding – please have the following documents in an electronic form ready to upload:

- Proof of Qualifying COVID-19 Impact / Proof of Loss of Income
- Proof of Identification for applicant/co-applicant
- Proof of income (most recent 2 months) for each household member 18+
- Bank Statements (most recent 2 months)

B. Applicant Information

B. Applicant Information

Please provide the following information.

PRIMARY APPLICANT

B.1. Applicant First Name

B.2. Applicant Last Name

B.3. Home Address

B.4. Mailing Address

B.5. Telephone Number

B.6. E-mail

B.7. Emergency Contact Name

B.8. Emergency Contact Phone Number

B.9. Is any household member currently receiving unemployment compensation for at least 90 days?

CO-APPLICANT (IF APPLICABLE)

B.10. Co-Applicant First Name

B.11. Co-Applicant Last Name

B.12. Home Address

B.13. Telephone Number

B.14. E-mail

LEAD-BASED PAINT VISUAL ASSESSMENT DETERMINATION

B.15. Was your house built before 1978?

B.16. Are you or someone in your household pregnant?

B.17. Is there at least (1) child under the age of six who either lives in or frequently visits your home?

If you answered yes to B.16 or B.17, you may be required to have a Lead-Based Paint Visual Assessment on your home to receive assistance covering more than 3 months

C. Household Members

C. Household Members

List all household members, starting with the Head of Household (Primary applicant). Social Security number not required. If you elect not to share social security numbers, enter 000-00-0000 in SSN field. To enter your demographics, please click the "+" sign under Birthdate and SSN.

Total Household Members: 0

D. Income Verification

Household Income Verification

Enter income information for every household member reporting income for each applicable type of income following the instructions below. Note: You will need to upload supporting documents for all income reported.

Follow the instructions below to add **all sources of income for each household member reporting income.**

To add an income source:

1. Click the plus sign (+) to expand the menu.
2. Click the button that shows up titled "Add Source of Income."
3. Select the appropriate source of income using the drop down box for each income source. If other is selected, a written description is required in the "Additional Information" box.
4. Enter the expected income for the next 12 months specific to the source. The blue calculator (next to the income amount) can convert partial year income, hourly income and monthly income into an annual amount.
5. Upload the appropriate documentation as prompted.
6. Repeat for each source of income for each household member until **ALL** household income is entered.

Failure to include **ALL** income information for every household member may prevent assistance from being provided OR you may be required to **REPAY** assistance if you are found to be ineligible after assistance is granted.

Household Income Summary

Income Limits Used	2020 Income Limits	Total Household Income (Monthly)	\$0.00
# of Household Members	0	Total Household Income (Annual)	\$0.00
Approval Threshold	80.00 %	Asset Interest Income (Annual)	\$0.00
AMI @ Threshold	\$81,350.00	Total Combined Income (Annual)	\$0.00
		Percent of AMI	

AMI Table

AMI = Area Median Income

Household Size	1 people	2 people	3 people	4 people	5 people	6 people	7 people	8 people
AMI 100%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AMI 80%	\$43,150.00	\$49,300.00	\$55,450.00	\$61,600.00	\$66,550.00	\$71,500.00	\$76,400.00	\$81,350.00

Staff Certification

Applicant Signature

Co-Applicant Signature

E. COVID-19 Impact

E. COVID-19 Impact

E.1. Has the leaseholder or other members of the leaseholder household lost income due to the COVID-19 pandemic?

E.2. Please check each condition that applies to the leaseholder or other members of leaseholder 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 has closed.
- Reduction in hours of work.
- 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 contracting COVID-19.
- Unable to find work due to COVID-19.
- Are self-employed, and their business is no longer supplying them with income or such income has been reduced.
- Unable to participate in their previous employment due to their high risk of severe illness from COVID-19.

Other reduction in household income (please describe):

INCURRED SIGNIFICANT COSTS

- Reduction or elimination of child or spousal support.
- I had an unexpected COVID related medical or funeral expense.
- Child or Adult dependent care expenses increased due to COVID-19.
- Other Significant Costs.
- Other significant costs or financial hardship experienced due to the COVID-19 pandemic.

If you selected "Other," please describe below.

E.3. Supporting Documentation

Please upload COVID-19 Loss of income documentation such as letter from employer, description of loss of self-employment income, letter showing reduction in hours, or Self-Certification of Qualifying COVID-19 Impact Form (below).

[Self Certification of COVID Impact](#) *Required

***No files uploaded*

F. Rent Assistance Requested

F. Assistance Request

Use the form below to indicate the amounts of rent owed for each month. For instance, if you require assistance for \$1,000 of rent missed in November 2020, but only \$500 of rent missed in December 2020, then you would fill out \$1,000 in November 2020 and \$500 in December 2020.

NOTE: The amount must be listed in 3 months sequential order. For example March 2020, April 2020, May 2020.

RENTAL ASSISTANCE REQUESTED

F.1. Have you received an eviction notice from your landlord?

F.2. If Yes, you must upload the eviction notice.

Eviction Notice

***No files uploaded*

F.3. What is your current monthly rent?

\$0.00

F.4. Rent request by month.

March 2020

\$0.00

April 2020

\$0.00

May 2020

\$0.00

June 2020

\$0.00

July 2020

\$0.00

August 2020

\$0.00

September 2020

Printed By: Yazmin Moreno on 6/21/2021

LANDLORD INFORMATION

F.5. Landlord/Entity Name

F.6. Landlord Phone Number

F.7. Landlord Email

\$0.00

October 2020

\$0.00

November 2020

\$0.00

December 2020

\$0.00

January 2021

\$0.00

February 2021

\$0.00

March 2021

\$0.00

April 2021

\$0.00

May 2021

\$0.00

June 2021

\$0.00

July 2021

\$0.00

August 2021

\$0.00

September 2021

\$0.00

October 2021

\$0.00

November 2021

\$0.00

December 2021

\$0.00

G. Prior Assistance Received

G. Prior Assistance Received

Assistance provided under the City of Millville Emergency Rental/ Mortgage Assistance Program for households economically impacted by COVID-19 may not exceed a household's monthly unmet housing cost needs. List all other sources of rent assistance received from local governments, the State, non-profit organizations, faith based organizations, or friends and family.

PRIOR HOUSING ASSISTANCE RECEIVED

G.1 Has anyone in your household applied for, or received any Rental/ Mortgage, or utility assistance from any source (local, state, federal, private) FOR THE MONTHS YOU ARE APPLYING TO MILLVILLE'S CDBG-CV3 FOR? If yes, proceed with this section. If no, mark this section "Complete and Continue" and proceed to the next section.

G.2. List the housing assistance that you have already received each month, where applicable. List all of the sources of financial and/or housing assistance (the name of the local, state, federal or private organization) **FOR ONLY THE MONTHS YOUR ARE APPLYING TO CHERAP FOR.**

March 2020

\$0.00

March Assistance Source

April 2020

\$0.00

April Assistance Source

May 2020

\$0.00

May Assistance Source

June 2020

\$0.00

June Assistance Source

July 2020

\$0.00

July Assistance Source

August 2020

\$0.00

August Assistance Source

September 2020

\$0.00

September Assistance Source

October 2020

\$0.00

October Assistance Source

November 2020

\$0.00

November Assistance Source

December 2020

\$0.00

December Assistance Source

January 2021

\$0.00

January Assistance Source

February 2021

\$0.00

February Assistance Source

March 2021

\$0.00

March Assistance Source

April 2021

\$0.00

April Assistance Source

May 2021

\$0.00

May Assistance Source

June 2021

\$0.00

June Assistance Source

July 2021

\$0.00

July Assistance Source

August 2021

\$0.00

August Assistance Source

September 2021

\$0.00

September Assistance Source

October 2021

\$0.00

October Assistance Source

November 2021

\$0.00

November Assistance Source

December 2021

\$0.00

December Assistance Source

H. Duplication of Benefits Certification

H. Duplication of Benefits Certification

Please provide the following information.

A duplication of benefits occurs when someone 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 reasonably 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 anyone 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/replace 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**

7. Other nonprofit, private sector, or charitable funding.

B. Further, this executed certification serves to acknowledge that I understand and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be a duplication of benefits.

Signature

***Not signed*

I. Required Documents

I. Required Documents

Please provide the following information.

Documentation

Valid Photo ID for Applicant ***Required**

***No files uploaded*

Lease or Mortgage Agreement ***Required**

***No files uploaded*

Most recent 2 months of checking and/or savings account statements ***Required**

***No files uploaded*

Submit

Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator. Please email Administrator at Yazmin.moreno@millvillenj.gov or call 856.825.7000 ext 7341 to have application re-opened.

- 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 City of Millville Emergency Rental/ Mortgage Assistance Program.
- I certify that the application information provided is true and complete to the best of my knowledge.
- I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.
- I further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.
- 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.
- I understand that no person shall knowingly make a false statement with the intent to mislead a public official in the performance of his or her official duties or else be subject to criminal and/or civil sanctions. I further understand that any willful misstatement of information will be grounds for disqualification.
- I understand that the collection of Social Security number(s) is for the purpose of personal identification and is imperative for the performance of the City's duties and responsibility as it relates to the verification of information disclosed on the application for the City of Millville Emergency Rental/ Mortgage Assistance Program.

Primary Applicant Signature

***Not signed*