



Application Checklist

Emergency Solutions Grant (ESG-CV) Utility and Rent Emergency Assistance

Up to \$3000 total and up to 6 months' consecutive assistance is available to qualifying families impacted by COVID-19 for emergency payments. To request assistance, you must meet the program requirements, submit required documentation, and certify this form.

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

1. Completed Application
2. Photo ID for Head of Household
3. Proof of income/pay stubs/unemployment claim
4. Proof of delinquency / letter eviction notice / foreclosure notice/shut off notice
5. Proof of primary residence
6. Statement/Proof of Need directly/indirectly related to COVID-19 pandemic

Please submit the above documents for review. Submit them via email, drop box or mail. We will review within 48 hours or receipt. Based on the documentation provided we will connect with you to determine if we are able to assist with your need.

Email: rrhelp@rchawv.org

Drop Box: Located at the Randolph County Housing Authority – 2280 Randolph Ave, Elkins

Mail: Randolph County Housing Authority
Attn: RRHELP Program
PO BOX 1579
Elkins, WV 26241

If you have any questions on the forms, please reach out to us at 304-642-1414.

RAPID REHOUSING PROGRAM – ESG-CV

In be considered for participation, applicants must submit this completed application, prior to an oral interview. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. Please attach photocopies of all of the items listed below

Please include the following information for each adult along with the completed Rapid Rehousing application:

- Social Security Card (for all people living in the home including the children.)
- Proof of income and employment (2 most recent paystubs) – if applicable
- Court Orders, if applicable (i.e.: custody orders, child support orders, etc.)
- Eviction Notice
- Restraining Order, if applicable
- Photo ID for adults

Date: _____ Referred by: _____

FAMILY PROFILE

1st Adult Name _____ Phone # _____

2nd Adult Name _____ Phone # _____

COMPLETE FOR ALL CHILDREN/DEPENDENTS OF APPLICANT – Under Age of 18

1. Has your family ever been evicted? Yes No Reason: _____
 - a. Please list the date(s) of your previous eviction(s): _____
2. How many times has your family moved in the last 3 years? _____
3. How long have you resided in West Virginia? _____ County? _____
4. Is your family on a HUD or Section 8 housing list? Yes No

Please Describe How COVID-19 has affected your family?

EMPLOYMENT

Please note: Employers will not be contacted

1. Are you employed? Yes No If no, please list last employer information
2. Employer's Name _____ Job Title _____
3. Address _____ Phone Number _____
4. How long have you been there? _____ Supervisor's Name _____
5. Rate of Pay _____ Hours per week _____ Chance of Advancement? Yes No
6. Previous Employer _____ How long were you there? _____
7. Rate of Pay _____ Hours per week _____

2nd Adult:

1. Are you employed? Yes No IF NOT, please list last employer information
2. Employer's Name _____ Job Title _____
3. Address _____ Phone Number _____
4. How long have you been there? _____ Supervisor's Name _____
5. Rate of Pay _____ Hours per week _____ Chance of Advancement? Yes No
6. Previous Employer _____ How long were you there? _____
7. Rate of Pay _____ Hours per week _____

Please list all forms of income and the amounts you receive:

Sources of Income	Name	Name	Name	Name
Indicate the amount of GROSS income per household member (monthly or weekly)				
Earned income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
SSI/SSDI/SDI/Social Security	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$
DHHR/Cash Aid	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Worker's Comp	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Spousal Support	\$	\$	\$	\$
Self-Employment Profits	\$	\$	\$	\$
General Relief	\$	\$	\$	\$
Other (rental income, student aid...)	\$	\$	\$	\$
Total Each Column	\$	\$	\$	\$

FINANCES

- Does anyone else pay any or all of your bills? Yes No
 a. If yes, who and what are they paying? _____
- Do you have a savings account at this time? Yes No If yes, what is the balance? _____
- Do you have any other accounts in your name at this time (i.e.: pension, 401k, stocks, bonds,) and what are the balances?
 Yes No Balance _____
- Are you current with your state and federal taxes? Yes No
 a. If not, how much do you owe? _____ Are you making payments? _____
- Do you owe current or back child support? Yes No If yes, how much? _____
- Do you owe any back utilities? Yes No If yes, how much? _____

This would be for Electric, Gas, Water, Sewer etc

List all of your monthly payment requirements such as credit card payments, car payments, etc. Include money owed to utility companies, student loans, etc. _____

MISCELLANEOUS

1. Do you have a storage unit? _____ What is your monthly payment? _____
 - a. Are you current on your payments? Yes No
 - b. If not, how much do you owe? _____
 - c. What are you storing? _____
2. Do you have childcare established?
 - a. Where is the location? _____
 - b. How much do you pay? _____
 - c. Do you receive any childcare subsidies? Yes No
 - i. If yes, who do you receive assistance from? _____
3. Are you able and willing to perform cleaning to maintain your residence in good condition? Yes No
4. Do you have any pets? Yes No If yes, please list: _____

LEGAL

Discuss any legal issues such as warrants, pending lawsuits, child support situations, restraining orders, 51A guardianship, legal custody of children, physical custody of children, tax liens, spousal support, etc.

1. Anyone in family convicted of a felony? Yes No
 - a. If yes, was it a drug charge? _____, Please explain: _____
 - b. If yes, did the family member serve jail time? Yes No Prison Time? Yes No
 - c. Is he/she on parole? Yes No Length of parole? _____ Probation? Yes No
 - d. Please discuss if still on parole or probation: _____
 - e. Are you required to be registered on as a sex offender? YES NO
 - f. Are there any pending criminal proceedings? YES NO

This funding is to be used to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus.

Please list the how COVID-19 has affected you and your family and this funding would assist you to prevent, prepare for, and respond to coronavirus.

What Assistance are you needing/wanting us to provide or provide a referral for you and your family?

Services:

SSI-Disability Attainment	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Rental Search	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Food	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Daycare	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Counseling	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Financial

Eviction Prevention Rent	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Eviction Prevention Utility Payment	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Deposit for Rental Unit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
1st Months Rent	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2nd Months Rent	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Utility Deposit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Amount Requesting

Personal Needs

Clothing	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Shoes	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Personal Hygiene Products	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Furniture	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Bed/s	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Sheets/Blankets	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Other? Please Describe

By Signing you are attesting this information is true and accurate.

Signature

Date

Best Reach Phone Number:

Alternate Phone:

Email Address:

APPLICANT CERTIFICATIONS:

Head of Household Name: _____

Address: _____

IMPORTANT: READ THIS BEFORE SIGNING

Penalty for False or Fraudulent Statement: U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both.

Data Privacy Act: The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the Randolph County CDBG-CV COVID Housing and Utility Assistance Program. Failure to provide the requested information may jeopardize the application for mortgage or rent assistance.

- I/We understand that verification of the information provided may be obtained from any source.
- I/We understand, if I/We provide false information or fail to disclose full information as to any material facts, that this application may be rejected, may be terminated, and that I/We may be liable in a civil action or other legal remedy at the option of the Randolph County Commission and Randolph County Housing Authority.
- I/We fully understand that it is a federal crime if I/We knowingly make any false statements for the purpose of obtaining financial assistance, and that it is punishable by fine or imprisonment, or both.
- I/We certify that all information in the application is true and complete to the best of my/our knowledge and belief.
- I/We certify that I/We and all listed occupants occupy the address above.
- I/We certify that this application for housing assistance is submitted because one of the following applies to my household and has resulted in a loss of monthly income:
 - Job Loss, furlough, or lay-off due to COVID-19
 - Reduction in work hours due to COVID-19
 - Reduction or stop in work hours due to being sickened by COVID-19
 - Inability to work outside of the home due to a household member being diagnosed with COVID-19
 - Inability to work due to having to care for a vulnerable person in the home
 - Inability to work due to having to stay home with minor children, as they were virtual learning
 - Other COVID-19 related circumstances (will need to explain)
- I /We certify that I/We are not receiving any other source of assistance to pay for the household related expenses listed in the application.
- I/We certify that I unable to make the payments owed because of the public health emergency due to unemployment, illness, or another COVID-19 related issue.

Income Documentation - Income Verification

Income must be verified for all applicants using at least two months of source documentation (e.g. pay stubs, account statements, etc.). Where there is at least two months of source documentation, third party verification is not required. Third party verification (e.g. employer verification) is required and must be used in situations where source documentation is not available, such as a starting a new job.

Report all current income and income expected to be received in the next 12 months including long-term unemployment compensation and all hazards pay. **DO NOT INCLUDE:** IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week), Lost Wages Supplemental Payment Assistance (up to \$400 per week), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

All following sources are considered income:

- Unemployment Compensation
 - Include regular unemployment,
 - Pandemic Unemployment Assistance,
 - Pandemic Emergency Unemployment Compensation,
 - Exclude IRS Economic Impact Payments; Federal Pandemic Unemployment Compensation; Lost Wages Supplement Payment Assistance
 - Include current benefit letter with gross benefit amount;
- Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions);
- Net income from business and self-employment
 - Include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.
 - Include most recent tax return (1040 or 1040A), W-2 Forms, and/or
 - Current year profit and loss statement,
- Interest, dividends, and other net income of any kind from real or personal property;
 - Include rental income
 - Include amounts received by or on behalf of a minor (current statement or prior year 1099)
- Social Security;
 - Include disability/supplemental
 - Include gross amount prior to any Medicare premiums
 - Include current Social Security Benefits Letter (including benefits paid to minors)
- Retirement/Pension/Insurance policy/Annuities;
 - Include current Pension/Retirement Benefit Letter (if applicable), or prior year 1099
 - Include current Annuity Payment Letter (if applicable), or prior year 1099
- Disability or Death Benefits;
 - Include Disability compensation
- Worker's Compensation and Severance pay;
 - Include Welfare Assistance Payments
- Temporary Assistance to Needy Families;
- Regular Pay, Special pay, and Housing Allowance for the Armed Forces;
 - Exclude military hazard pay
- Veterans Administration (VA) Benefits;
 - Exclude deferred disability benefits

- Adoption Assistance Payments;
 - Exclude amount in excess of \$480
- Court Ordered Alimony/Spousal Maintenance;
 - Child Support: include only amounts expected
 - Include copy of court order documentation
- Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit;
- Asset Statement from listed categories (see below);
- Other (please describe):

Income from Assets:

Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested.

Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) the income derived from the assets (report annual figures only). If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals; include household member number, cash value of asset, and interest/dividends earned on assets.

Assets Categories:

Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401 (K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)

Required Documentation

- Pay stub(s) covering at least most 8 weeks (weekly, bi-weekly) or covering most recent two months (monthly, semi-monthly).
- 2019 Tax Return.
- Self-certification only for unemployment and disability compensation.
- Payments in lieu of unemployment and disability compensation, worker's compensation, and severance pay, and similar payments in lieu of earnings.
- Benefits statement from agency OR One month's bank statement demonstrating deposit(s) made from agency. Note: unemployment benefits should be included only for the period of time the applicant is actually eligible to receive those benefits.
- Asset Income statement of asset value.

DECLARATION OF INCOME STATEMENT WITHOUT DOCUMENTATION

State the gross income for household members, 18 years and older, who have no documentation of the income received in the 60-day period prior to the date of application for assistance:

#1 Household Member's Name _____
Gross Income Received _____

My household has no documented proof of income due to the following situation:

#2 Household Member's Name _____
Gross Income Received _____

My household has no documented proof of income due to the following situation:

#3 Household Member's Name _____
Gross Income Received _____

My household has no documented proof of income due to the following situation:

Signatures/Certification of True and Correct Information

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed to provide immediate and direct response to the COVID-19 global pandemic crisis. CDBG-CV funding is only available for eligible activities that address the prevention of preparation for, or response to the Coronavirus, particularly to benefit low to moderate income persons. To comply with the Stafford Act and prevent a DOB (Duplication of Benefit), Randolph County Commission, Randolph County Housing Authority or the West Virginia Development Office (WVDO) will account for and verify all assistance.

I, the undersigned, hereby certify that no members of the household are currently receiving assistance and has not received assistance from any other source, such as gifts, federal money, local non-profits, or churches for rental expenses for the months requested. The use of this assistance for any other expense shall constitute an inappropriate use of program funds which will be subject to repayment by Applicant up to the full amount of the optional relocation assistance received. Proof of eligible rental, utility, and mortgage expenses and/or receipts are due before additional assistance will be provided. In the event that I receive duplicated benefits, I will repay them to the CDBG-CV Program. In addition, The Stafford Act has been explained to me and I understand that a gap exists between funding sources I have received and the CDBG-CV-CV benefit that I would otherwise qualify for.

I certify that the given and disclosure is accurate and understand that falsifying documents to obtain assistance is a criminal offense.

I/We understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me/us from consideration for participation in the assistance program, and may be grounds for termination of assistance.

I/We hereby certify all information given on this declaration is true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect my/our recertification unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this declaration.

Applicants Signature

Date

Applicants Signature

Date

Applicants Signature

Date



WV Balance of State Continuum of Care Release of Information for HMIS

The West Virginia Statewide Homeless Management Information System (HMIS) Network is a computerized database, which records information about people in West Virginia who are at risk of becoming homeless, are currently experiencing homelessness or were formerly homeless and the services they receive. The Balance of State (BoS) Continuum of Care (CoC) is a participant in the WV Statewide HMIS Network, a group of service providers working together to help homeless individuals and families.

Because this Network is made up of many service providers across West Virginia, you have the option to share your information with other service providers from which you might be seeking services. This may reduce the time spent answering basic questions regarding your situation, and allow that agency to focus on meeting your service needs. The computer program used for this purpose has industry standard security protocols, and is updated regularly to meet these security standards. The information you provide will only be shared with this agency, other service providers within the network, and the designated staff of the four Continua of Care across West Virginia. No personally identifying information will be shared by our network when reporting to offices and organizations that plan and fund homeless services. Information collected is housed in a secure server located at Mediware Information Systems in Shreveport, Louisiana. Limited staff persons of Mediware Systems have access to this server and the data housed there but only for network support and maintenance purposes.

You are not required to share your information in order to receive services from this agency. If you do provide permission to have your general client information shared with other agencies, within our Data Sharing Network, that provide services to you, you may revoke that permission in writing, at which point **no additional** general client information will be shared with other agencies.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the partner agencies in the Agency's Data Sharing Network and their representatives to share the following information regarding myself (or any persons for whom I have legal custody or guardianship). I understand that this information is being shared for the purposes of assessing our needs, making referrals and providing housing, case management, or other services.

The information about me that will be shared with the other agencies in the Data Sharing Network includes:

- Household Information
- Social Security Number
- Birth Date
- Race
- Ethnicity
- Gender
- Marital/Family Status
- Military Information
- Income & Benefits Information
- Public Assistance History
- Education & Vocational History
- Employment History
- Housing and Homelessness History
- Disability/ Health Status
- Services you receive
- Experience of Domestic Violence
- Reason for seeking services
- Pertinent Medical & Psychiatric Diagnoses

Client's Printed Name: _____
First
Middle
Last Name
Date of Birth

Please check (✓) the box below to include all household members in this release:

- This agency may share the same information listed in this form for any other members of my household (including household members age 17 or younger) who are being served with me at this time.

When you sign this form, it shows that you understand the following.

- We will **not** deny you help if you do not want us to share your personal information.
- If you permit us to share your data, the information will be shared electronically via a secure, encrypted, web-based system.
- If you permit us to share your data, this consent will expire in two years after the last date of service.
- If you permit us to share your data, you may change your mind and cancel this consent in writing at any time.
- The Balance of State Continuum of Care may use data derived from your information to report to funders, state agencies, and for advocacy purposes. No personally identifying information (name, social security number, birth date, etc.) will be shared for these purposes.

SIGNATURE OF CLIENT OR GUARDIAN **DATE**

Signature of agency **Witness** **DATE**