



Required Documentation

Please provide the listed documentation pertaining to the type of assistance being requested. All documents must be submitted at one time. Applications with any missing documents will not be accepted. You may submit your application via Email emergencyfoodandshelter@hrcapinc.org or Fax (757)586-5250 Office 757-247-0379 opt1.

Rent Relief:

- Valid lease in the head of household's name
- Landlord affidavit (includes a W-9 IRS form) required from landlord when approved for
- assistance RMRP Landlord and Renter Household Agreement (see Attachment C) once approved
- Proof of income (paystubs, unemployment, benefit letters, child support etc.)
- Valid Driver's license or State Issued Photo I.D.
- Proof of past due balance (late letter, eviction notice, or court summons)

Mortgage Relief:

- Mortgage Statement in the head of household's name
- Documentation that the household has applied for and been denied forbearance from their lending institution
- W-9 IRS form from lending institution (only required once approved)
- Proof of income (paystubs, unemployment, benefit letters, child support etc.)
- Valid Drivers license of photo I.D

Please refer any questions regarding your application to (757)247- 0379 opt 1. You can also email emergencyfoodandshelter@hrcapinc.org Thank you!

Rent must be at/below 150% FMR (Fair Market Rent)

| 150% FMR by Unit Size | | | | |
|-----------------------|-----------|------------|------------|------------|
| 0 Bedrooms | 1 Bedroom | 2 Bedrooms | 3 Bedrooms | 4 Bedrooms |
| 1,428.00 | 1,437.00 | 1,704.00 | 2,404.50 | 2,991.00 |

Gross Household Income at/below 80% AMI (Area Median Income)

| | | | | |
|--|-----------------|-----------------|-----------------|-----------------|
| 50% AMI (PRIORITIZED THROUGH 7/20/20) | <u>1 Person</u> | <u>2 People</u> | <u>3 People</u> | <u>4 People</u> |
| | \$28,900 | \$33,00 | \$37,150 | \$41,250 |
| | <u>5 People</u> | <u>6 People</u> | <u>7 People</u> | <u>8 People</u> |
| | \$44,550 | \$47,850 | \$51,150 | \$54,450 |
| 50% AMI (PRIORITIZED THROUGH 7/20/20) | <u>1 Person</u> | <u>2 People</u> | <u>3 People</u> | <u>4 People</u> |
| | \$28,900 | \$33,00 | \$37,150 | \$41,250 |
| | <u>5 People</u> | <u>6 People</u> | <u>7 People</u> | <u>8 People</u> |
| | \$44,550 | \$47,850 | \$51,150 | \$54,450 |

| | | | | |
|---------|-----------------|-----------------|-----------------|-----------------|
| 80% AMI | <u>1 Person</u> | <u>2 People</u> | <u>3 People</u> | <u>4 People</u> |
| | \$46,200 | \$52,800 | \$59,400 | \$66,000 |
| | <u>5 People</u> | <u>6 People</u> | <u>7 People</u> | <u>8 People</u> |
| | \$71,300 | \$76,600 | \$81,850 | \$87,150 |

*Hourly Wage x Hours per week x 52 week = Annual Income

Does not include 1-time stimulus

NOT ELIGIBLE IF...

Already receiving rent assistance (Section 8, Public Housing, Other Assistance) Income did not decrease (Fixed income), even if expenses increased due to COVID-19 Rent amount is not past due or current due

*Section 8 under federal eviction moratorium until July 25, 2020.



RMRP Income Declaration

(Individuals applying for assistance must be facing eviction or displacement due to COVID related hardship. Cases are approved on a case by case basis)

Please check ALL that apply:

- I have a valid lease or mortgage statement in my name
- I have experienced loss of income due to Covid-19
- I have been laid off due to Covid-19
- My place of employment has closed due to Covid-19
- I have experienced a reduction in work hours due to Covid-19
- I must stay home to care for children due to closure of day care and or school
- I have lost child or spousal support
- I have been unable to find work due to Covid-19
- I am unwilling or unable to participate at my place of employment due to a high risk of exposure to COVID-19 and have a rent or mortgage amount that is at or below 150 percent Fair Market Rent (FRM)
- I have a gross household income at or below 80 percent Area Medium Income (AMI)

I certify that I have been counseled about other programs available to me to about rental and mortgage assistance. I have spoken with _____ from HRCAP on _____, 2020.

Client Signature

Date



HRCAP Confidentiality Statement and Privacy Policy

Types of information that we gather about you:

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage
- Information we receive from a credit reporting agency, such as your credit history

You may opt-out of certain disclosures:

- You have the option to “opt out” of disclosures (direct us not to make those disclosures) of your non-public personal information to third parties such as your creditors.
- If you choose to “opt out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision regarding your “opt-out”, you may call us at (757)247-0379 and do so.

Release of your information to third parties:

- So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

Please CHECK the appropriate box:

I have read the above agreement and **I DO NOT** wish to opt out at this time.

I have read the above agreement and **I WANT TO** opt out at this time.

ACCEPTED AND AGREED:

By: _____ Date: _____

By: _____ Date: _____



Applicant(s) Information

Date: _____

Last Name _____ First Name _____ MI _____

Street Address: _____

City _____ State: _____ Zip: _____

DOB: _____ SS# _____

Phone: _____ Email: _____

Marital Status _____ (if married please provide spouse name, DOB)

Spouse Information

Last Name _____ First Name _____ MI _____

DOB: _____ SS# _____

The following information is collected for data purposes and will not affect the outcome of your application.

RACE More than one race is permitted. *[All clients]*

| | |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native/ Hawaiian/Pacific Islander |
| <input type="checkbox"/> Multi-Race (any two or more) | <input type="checkbox"/> Other: _____ |

ETHNICITY *[All clients]*

| | |
|---|---|
| <input type="checkbox"/> Non-Hispanic/ Non-Latino | <input type="checkbox"/> Hispanic/ Latino |
|---|---|

GENDER *[All clients]*

| |
|---------------------------------------|
| <input type="checkbox"/> Female |
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Other: _____ |

HEALTH INSURANCE *[All clients]*

Yes No

DISABLING CONDITION *[All clients]*

Yes No

VETERAN STATUS *[All adults]*

Yes No

HOUSING STATUS *[All clients]*

Homeless Rent Live with family

Own Risk of Losing Housing

INCOME AND SOURCES *[All clients]*

Have you received any income from any source over the last 30 days?

Yes No

[IF YES] Please state whether you have received income from the following sources within the last 30 days. If you have received income from a source, state the amount of income you received in the last 30 days.

| Source of Income | | Amount from Source (round to nearest dollar) |
|-----------------------------------|--|--|
| Earned Income (employment income) | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Unemployment Insurance | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Supplemental Security Income | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Social Security Disability Income | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Veteran's Disability Payment | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Private Disability Insurance. | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Worker's Compensation | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| TANF | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Child Support | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Pension (any) | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Other Source | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Alimony or other Spousal Support | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Total Monthly Income | | |

NON-CASH BENEFITS [All clients]

Did you receive any non-cash benefits over the last 30 days?

No

Yes



[IF YES] Which of the following non-cash benefits have you received over the last 30 days?

Received benefit?

No

Yes

Source of non-cash benefit

| No | Yes | Source of non-cash benefit |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP) (Formerly known as Food Stamps) |
| <input type="checkbox"/> | <input type="checkbox"/> | MEDICAID health insurance program |
| <input type="checkbox"/> | <input type="checkbox"/> | MEDICARE health insurance program |
| <input type="checkbox"/> | <input type="checkbox"/> | State Children's Health Insurance Program (SCHIP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Administration (VA) Medical Services |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF Child Care services |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF transportation services |
| <input type="checkbox"/> | <input type="checkbox"/> | Other TANF-Funded Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Section 8, Public Housing, or other rental assistance |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Sources: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary Rental Assistance |

ASSISTANCE INFORMATION: (For Office Use Only)

Eligibility Verification: CSBG _____ TANF _____

| 2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA | | | |
|--|----------------------|------------------------------|---------------------------------|
| Persons in family/household | Poverty guideline | 125% of poverty (CSBG) | 200% of poverty (TANF) |
| For families/households with more than 8 persons, add \$4,480 for each additional person. | | | |

| | | | |
|---|----------|-------------|----------|
| 1 | \$12,760 | \$15,950.00 | \$25,520 |
| 2 | \$17,240 | \$21,550.00 | \$34,480 |
| 3 | \$21,720 | \$27,150.00 | \$43,440 |
| 4 | \$26,200 | \$32,750.00 | \$52,400 |
| 5 | \$30,680 | \$38,350.00 | \$61,360 |
| 6 | \$35,160 | \$43,950.00 | \$70,320 |
| 7 | \$39,640 | \$49,550.00 | \$79,280 |
| 8 | \$44,120 | \$55,150.00 | \$88,240 |

Verification of Eviction: Yes No Landlord's Name: _____

Telephone #: _____

Electric: _____ Gas: _____ Water: _____

Total amount of past due payments: \$ _____ # of months past due: _____

Name on Account: _____ Account Number: _____

Amount Allowed: \$ _____

REMITTANCE INFORMATION (For Office Use Only):

| Type of Assistance | Documentation provided | Client Account #/Entered into Database |
|--------------------|------------------------|--|
| | | |

| Vendor Name | Vendor Address | Tax I.D. # or SSN | Phone & Fax #'s | Amount of Check |
|-------------|----------------|-------------------|-----------------|-----------------|
| | | | | |

| | | | | | |
|-------------------|--|-----------|---------------|---------------------|--|
| Authorization By: | | | Processed by: | | |
| Date of Payment | | Check No. | | Invoice/Voucher No. | |

Virginia RMRP Household Eligibility Certification Form

Tenant's Full Name: _____

Overall Minimum Requirements

In order to receive financial assistance through the Virginia Rent and Mortgage Relief Program, households must meet the following minimum requirements:

- The Tenant or Homeowner has a valid lease or mortgage statement in their name.
- The household has experienced a loss of income due to the Coronavirus pandemic (Head of household must complete the self-certification of loss of income below).
- The household's total rent or mortgage payment is at or below 150% FMR.
- The household's current gross income is equal to or less than 80 percent Area Median Income for household size and location (supporting documentation required). For the time period of June 29, 2020 through July 20, 2020 household's current gross income must be at or below 50 percent AMI.

Household Size (all adults/children): _____

50% of Area Median Income for Household Size: _____ Total

\$ Household Annual Gross Income: \$ _____

To be completed by the head of household: Self-certification of loss of income.

Please describe your loss of income due to the Coronavirus pandemic including circumstance(s) resulting in loss of income. (Statement may be provided verbally and documented by staff completing form.)

I certify that the information I have provided in applying for RMRP assistance is true, accurate, and complete. Additionally, I certify that I have not received any other form of subsidy or financial assistance for the same time period and cost type. (Consent may be given verbally)

Print name of Tenant/Homeowner

Tenant signature

Determination of eligibility completed by: _____

Date Completed: _____

Print name of staff person

Staff person signature

CONSENT TO EXCHANGE INFORMATION



HAMPTON ROADS COMMUNITY ACTION PROGRAM
Emergency Services
2410 Wickham Ave
Newport News, VA 23607

Authorization to Release Information

I certify that all of the information provided is correct and true to the best of my knowledge. I understand that false or misleading information will affect my ability to access HRCAP Housing Counseling Program Services. I understand that the information obtained is to be used in assessing my eligibility for programs in the HRCAP Housing Counseling Program and that the completion of this form in no way guarantees assistance with housing services. I authorize HRCAP Housing Counseling Program staff to request information from other individuals and organizations in order to help meet my housing/financial needs. I authorize HRCAP Housing Counseling Program staff to give information concerning my financial or personal situation to mortgagees, landlords, creditors or other involved parties when HRCAP staff is in negotiation with others on my/our behalf.

I understand that HRCAP receives funding from such agencies as the U.S. Department of Housing and Urban Education (HUD), Virginia Housing Development Authority (VHDA), Neighbor Works America, the Department of Housing and Community Development (DHCD), the United Way, local governments, foundations, and/or their representatives for purposes of program monitoring, compliance and evaluation. I also, certify that I acknowledge that such agencies monitor the performance of HRCAP and in doing so my file may be released in whole or in part for their review. I understand that program administrators/funders and/or representatives may follow up with me between now and three years following the close-out of my file for monitoring purposes.

*Authorization expires 12 months from the date signed (*Unless another date is specified*): _____

Address: _____ **City:** _____

State _____ **Zip Code** _____

Loan Number and/or Social Security Number: _____ / _____

List all Household Members to be included in this Authorization:

Print Client Name **Client Signature** **Date**

Print Client Name (Co-Applicant) **Signature (Co-Applicant)** **Date**

Counselor/Case Manager Name **Signature** **Date**