



CITY OF MOLINE



COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT COMMUNITY DEVELOPMENT DIVISION

619 16th Street, Moline, Illinois 61265 • 309-524-2044



Community Development Block Grant (CDBG) CDBG Emergency Rental and Utility Assistance Program Program Overview & Application April 7, 2020



40 Years



Building Better Neighborhoods

Program Overview

Inability to pay rent and utilities has been identified as one of the main causes of homelessness throughout the United States. The City of Moline's Community Development Block Grant (CDBG), Emergency Rental and Utility Assistance Program provides assistance to Moline's (City limits only) residents who are in danger of becoming displaced due to their inability to pay their monthly rent. **An individual/household may receive assistance with a one-time rental assistance payment and/or a one-time utility (gas and/or electric) assistance payment within a 12-month (calendar) period.**

Program Eligibility

The program will be based on documented need and income (from everyone living in the household 18 years of age and older). In order to receive rent and/or utility assistance, a low to moderate income individual and/or family must have a valid signed lease. Each application is reviewed and approved or denied on a case by case basis.

These program eligibility requirements include, but not limited to:

- State issued photo Identification Card (ID or Driver's License) of tenant/renter. The ID address shall match the address of the property you are requesting assistance with;
- Must qualify as low to moderate income household. Proof of all income for the past two months for everyone over 18 years of age and older. (Pay stubs, unemployment benefits, child support statement), social security, SSI. If you were out of work for the past two months and received unemployment benefits, your last pay stub from the most recent job and a Zero Income form will need to be submitted;

2020 Annual Income Guidelines (75,400 Median Family Income)

Household Size AMI's	Limit	1	2	3	4	5	6	7	8
	80%	\$42,250	\$48,250	\$54,300	\$60,300	\$65,150	\$69,950	\$74,800	\$79,600

- Bank statements for both checking and savings accounts for the past 2 months (60 days); Must have a delinquency notice/letter/bill/statement from landlord or utility company;
- Documentation of financial hardship (ex: loss of income, unexpected medical bill, unexpected car repair, loss of hours, etc...);
- Documentation of future financial management - Must attend a mandatory financial educational meeting with staff or designee (class dates & times will be provided);
- Must be a Moline resident at least 3 of the previous 12 months prior to the request;
- Location of rental unit cannot be located outside the Moline city limits;
- This program will be set on a first come first served basis until the all the funds are utilized.



City Of Moline
619 16th Street
Moline, IL 61265
309-524-2037
arasso@moline.il.us
or
309-524-2044
kwhitley@moline.il.us

Case Number: _____
Date: _____
Amount Granted: _____
Approved/Denied By: _____
Staff signature: _____

Emergency Rental and Utility Assistance Program Application

Name of Applicant(s): _____

Address: _____ Moline, IL

Phone Number: _____

How long have you lived at the above address? _____

Do you have a lease? Yes _____ (Please provide a copy of your rental lease with your application)
No _____ Call 309-524-2037 or 309-524-2044

Number of people living in the rental unit? ____ Adults ____ Children ____

Landlord Name: _____

Landlord Address: _____

Landlord Phone: _____

What assistance are you applying for? _____ Rent _____ Utilities _____ Both

What is your monthly rent amount \$ _____ What date is your rent due
on _____ What date and amount did you pay your last payment?
Rent Date: _____ Rent Amount \$ _____

What is your monthly gas and/or electric amount \$ _____ What date is your
gas and/or electric due on _____ What date and amount did you
pay your last payment? What is your account number? _____ What
name is on the account _____

Gas and/or Electric Date: _____

Gas and/or Electric Amount \$ _____

Have you had a financial crisis recently? Please describe.

**CITY OF MOLINE'S EMERGENCY RENTAL AND UTILITY ASSISTANCE PROGRAM
ZERO INCOME VERIFICATION FORM**

(Must be completed by any person over the age of 18 who does not receive any income)

Applicant Name: _____

Address: _____

I _____ (name of person who does not receive income),
hereby certify that I do not receive income from any of the following sources:

1. Wages, salaries, tips, etc.
2. Taxable interest.
3. Dividends.
4. Taxable refunds, credits or offsets of State and local income taxes. There are some exceptions - refer to Form 1040 instructions.
5. Alimony (or separate maintenance payments) received.
6. Business income (or loss).
7. Capital gain (or loss).
8. Other gains (or losses) (i.e., assets used in a trade or business that were exchanged or sold).
9. Taxable amount of individual retirement account (IRA) distributions. (Includes simplified employee pension [SEP] and savings incentive match plan for employees [SIMPLE] IRA.)
10. Taxable amount of pension and annuity payments.
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc.
12. Farm income (or loss).
13. Unemployment compensation payments.
14. Taxable amount of Social Security benefits.
15. Other income. (Includes: prizes and awards; gambling, lottery or raffle winnings; jury duty fees; reimbursements for amounts deducted in previous years; income from the rental of property if not in the business of renting such property; and income from an activity not engaged in for profit).

Or any other sources and do not anticipate any source of income in the next twelve months.

Signature

Date

Printed Name of Household Member

Social Security Number

Date of Birth

Phone Number

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S. 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 use of any false writing or documents 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."



Emergency Rental and Utility Assistance Program Application

Landlord: Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with his/her utility cost. The information provided is confidential and will not be shared with any other organization or government agency. **Please use ink.**

APPLICATION INFORMATION

Applicant Name:	Date:
Address:	Phone:
City: Moline	State: IL
	Zip Code: 61265

UTILITY INFORMATION (to be completed by the Landlord; check appropriate lines)

Heating Costs are:	Electric costs are:
<input type="checkbox"/> Responsibility of the Landlord, including the monthly rent payment.	<input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment.
<input type="checkbox"/> Responsibility of the Renter, but in the Landlords name.	<input type="checkbox"/> Responsibility of the Renter, but in the Landlords name.
<input type="checkbox"/> Responsibility of the Renter.	<input type="checkbox"/> Responsibility of the Renter.

Primary Heat Source:

- Electric (furnace or baseboard-no space heaters)
- Natural Gas
- Kerosene, LP Gas, Oil, Wood, Coal, Pellets
- Primary Heat Source not working (in-operable)

How much does the tenant pay each month in rent? _____

I grant City of Moline Community Economic Development Department permission to obtain utility information on accounts status, energy cost and consumptions data on this property for the purpose of data consumption tracking. I testify that the above information is correct.	
Landlord Name (printed):	Landlord Name (signature):
Address:	Date:
City:	Phone:
State: Zip Code:	Email (optional):

