



The Salvation Army of the Quad Cities – (563) 324-4808
Please call for an appointment to process your completed application.

City of Moline, IL – (309) 524-2044
COVID-19 Community Development Block Grant (CDBG)
Emergency Rental and Utility Assistance Program

Program Overview & Application
Revised – November 20, 2020

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 COVID-19 CDBG Emergency Rental and Utility Assistance Program provides assistance to the City of Moline's (city limits only) residents who are in danger of becoming displaced due to the effects of the COVID-19 Pandemic and their inability to pay their monthly rent/utilities (gas and electric). Rent and utility aid is a **temporary** limited housing assistance program designed to prevent homelessness and increase housing stability for Moline residents. This program offers assistance to tenants that are either behind in rental payments or have been displaced as a result of COVID-19 related loss of employment or income. This program will be provided on a first come first served basis until program funds are exhausted.

Program Eligibility

This is a **grant** program, if you are eligible and approved, you will not have to pay back any of the money that is awarded to you. This is a one-time assistance program and if eligible, it can assist you with a new Moline rental unit security deposit up to \$1,000 and monthly household rent (and utilities) up to \$1,000 per month for 2 months (maximum of \$3,000 in assistance, including utility assistance). For tenants behind in rent, the program can provide up to 3 months of monthly household rent up to \$1,000 per month (maximum of \$3,000 in assistance). **Please note: Water bill assistance is not an eligible expense under this program and will need to be deducted from any lease rental (assistance) amounts where they have been included.**

The program eligibility will be based on a COVID-19 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 current valid signed lease. Each application is reviewed and approved or denied on a case by case basis.

Eligibility Requirements

- Are you able to document a COVID related loss of income due to lost or reduced employment due to COVID or medically unable to work due to COVID-19?
- Was your last permanent residence in the City of Moline, IL or are you currently residing in Moline, IL?
- Have you been displaced from your rental unit or are you currently behind in rent?
- Were you current on your rent prior to the COVID related loss of income?
- Are you currently receiving other direct federal housing assistance?

- Has your household applied for and/or received rent assistance from any private or governmental agency in the last twelve months? ___ Yes ___ No

If so, when did you apply? _____ Agency _____

Where you provided funding? ___ Yes ___ No ___ I haven't received a response

- Is your total gross household's income under the following?

2020 HUD Annual Income Limits (subject to change)

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

(contact our office for more than 8 household members)

Completing and Submitting the Application

- Review consents, any member of the household 18 years of age and older needs to sign the application and HUD Eligibility Release Form.
- Provide complete information regarding any employers, household members, and income information. Every household member age 18 and over needs to submit income information.
- Complete the Student Affidavit for any members of the household 18 years of age or older who are attending college. This form must be completed and signed by the Head of Household even if there are no students in the household.
- Submit a photocopy of the Social Security Card and current Government Photo ID for every member of the household 18 years of age and older.
- Submit documentation of COVID-19 related loss of income or decrease in wages. (Unemployment documentation, letter from employer).
- Submit your (current) Lease Agreement.
- Submit the applicable signed Landlord Affidavit along with a completed W-9 from your landlord.
- Documentation of displacement if applicable (Eviction Notice, Quit or Cure, Landlord Statement or Affidavit)

*****You must submit a complete application to be eligible for review. Please review the below Application Checklist before submitting your application and supporting documentation.***



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Application Checklist

- COMPLETED APPLICATION** – Complete all sections of the application and provide income form for **EVERY** member of the household 18 years of age & older
- SIGNED APPLICATION** – Must be signed by all household members 18 years of age & older
- SIGNED HUD PROGRAM ELIGIBILITY FORM** - Must be signed by all household members 18 years of age & older
- SIGNED STUDENT SELF STATUS FORM** – Even if there are **no students** in the household, you must check the appropriate box and sign the form
- SIGNED LANDLORD AFFIDAVIT** – Landlord must complete this form **Please note that there are two separate Landlord Affidavits, you must have your landlord complete the one that applies to your assistance application*
- W-9 COMPLETE WITH LANDLORD INFORMATION**
- SOCIAL SECURITY CARDS/PROOF OF LEGAL US RESIDENCY** – Required for all household members 18 years of age & older
- GOVERNMENT PHOTO ID** – Copy of Photo ID/Driver's License for all members of the household 18 years of age & older
- UNEMPLOYMENT VERIFICATION** – Head of Household must provide unemployment verification documenting loss of employment or decrease in wages or hours due to COVID-19

Submit one of the following based on your assistance type

- COPY OF CURRENT LEASE AGREEMENT** – Lease Agreement must be signed by tenant and landlord and must document original move in date **Please note that the rental unit must be licensed (if applicable) in the City of Moline to be eligible for this program*

OR

- LETTER FROM LANDLORD** – Provide a letter from the landlord stating the amount owed for security deposit and rent. Must state that you will get the rental unit if the amount owed is paid. **Before payment can be processed a signed lease agreement is will be required*
- DOCUMENTATION OF RENT FROM PREVIOUS UNIT** – Provide documentation showing rent payments paid on time through March 2020 along with Eviction Notice, Cure or Quit, or Landlord Statement that caused displacement

IF YOU HAVE GATHERED EVERY ITEM ON THIS CHECKLIST, YOU ARE READY TO SUBMIT YOUR APPLICATION FOR ELIGIBILITY REVIEW



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City of Moline, IL
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Application for Assistance

For the purpose of this application, the Head of Household is the member of the household who has lost employment, or has had a reduction of at least **25%** of their monthly income due to COVID-19, resulting in non-payment of rent or displacement from rental housing. All members of the household that are/will be included on the lease (all members of the household over 18) must be included on this application.

Please check the appropriate box for the assistance you are seeking:

Current Tenant rental assistance to avoid eviction/displacement:

Displaced Tenant security deposit & rental assistance for re-housing:

Head of Household Name (First, M.I., Last):

Other Names Used (past or present):

Current Address (include City, State, Zip):

Last Permanent Address (include City, State, Zip):

How Long Did You Live at Last Address: _____ Date you Moved Out: _____

Marital Status (Circle One): Single / Married / Widowed / Divorced / Separated

Citizenship: (Circle One) US Citizen / Permanent Resident Alien / Other: _____

Contact Phone Number: _____ Email Address: _____

Were you current on your rent and utilities prior to March 2020: **Yes or No**

LANDLORD INFORMATION **To be eligible for this program you must have lived at your current/most recent permanent address since Jan 1, 2020*

Landlord Name (if displaced, please provide previous landlord information):

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Contact Number: _____

Landlord Email: _____

HOUSEHOLD MEMBERS: LIST ALL PEOPLE WHO ARE/WILL BE LIVING WITH YOU REGARDLESS OF AGE OR RELATIONSHIP, INCLUDING YOURSELF. INCOMPLETE INFORMATION WILL RESULT IN PROGRAM TERMINATION

Name <small>(Please print)</small>	D.O.B	Age	Social Security #	Relationship to Head of Household
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In order to be eligible for this program, this household must have suffered a COVID-19 related loss of income that impacted the ability to pay their rent payment (s). One or more adults in this household must have:

- **Been working full time (32+ hours per week in one full time or several part time jobs) as of January 1, 2020, and**
- **Have lost at least 25% of their income due to COVID-19, resulting in either**
 - o **Full unemployment**
 - o **Reduced hours and/or wages**
 - o **Medical inability to work during COVID-19 (either because of a pre-existing condition or having tested positive for COVID-19)**



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Emergency Rental and Utility Assistance Program

Certification of Emergency Rental and Utility Assistance Program Application

Under penalty of perjury you certify that the information presented in this certification is true and accurate to the best of your knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in program termination. **ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER MUST SIGN THE APPLICATION.**

_____ HEAD OF HOUSEHOLD SIGNATURE	_____ DATE	_____ PRINT NAME
_____ ADULT HOUSEHOLD MEMBER	_____ DATE	_____ PRINT NAME
_____ ADULT HOUSEHOLD MEMBER	_____ DATE	_____ PRINT NAME
_____ ADULT HOUSEHOLD MEMBER	_____ DATE	_____ PRINT NAME

Federal fair housing law and local civil rights ordinances bars discrimination in the sale, rental, or financing of dwellings based on race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, ancestry, sexual orientation, gender identity or disability. It also requires reasonable modification of dwellings and reasonable accommodation in policies for persons with disabilities. Interpretive services are available at no charge. **Servicios interpretativos libres estan disponibles.**

This application is not yet complete:

- You are required to list all income from all household members
- On the following pages are four copies of the required income certification form.
- Complete a separate (self-certification) income certification form for each household member. There must be a form completed for every household member age 18 and older.
- Each household member must complete and sign their own form.
- Benefits received for children under 18 (such as child support and/or disability) should be reported as income on the form of the parent receiving the support.
- If you need more than four copies of the income certification form, print additional copies.



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City of Moline, IL
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Owner or Managing Agent Affidavit (Current Tenant)

Dear Building Owner or Managing Agent:

Your tenant is applying for the City of Moline’s federally funded Emergency Rental and Utility Assistance Program in response to COVID-19. Eligible applicants receiving rental assistance through this program would receive up to \$1,000 per month (not to exceed monthly rent identified in the current lease agreement) for up to 3 months. This affidavit is part of the application process. No eligibility determination has been made at this time and there is no guarantee of funding. In order to complete the application for the tenant, the owner and/or managing agent must attest to the following. This will only take effect if/when the tenant receives program approval and a program agreement is signed by both you and the tenant.

Do you have a valid, current rental license for this property with the City of Moline? _____ YES _____ NO

Is the tenant related to you? _____ YES _____ NO

If yes, what is the relationship? _____

Has the tenant requesting the assistance occupied the unit since January 1, 2020? _____ YES _____ NO

Do you have a current lease with the tenant since January 1, 2020? _____ YES _____ NO

Has the tenant been current with rent through March 2020? _____ YES _____ NO

If no, how many months of rent is the tenant delinquent? _____

Have you started eviction proceedings on this tenant? _____ YES _____ NO

If yes, are these proceedings on hold due to COVID-19? _____ YES _____ NO

Due to federal funding the owner or managing agent must agree with the following terms. If the tenant is approved for funding these requirements will be present in the program agreement that you will be required to sign. Please review these terms as they are required in whole to participate and certify below your willingness to participate in the City of Moline’s federally funded Emergency Rental and Utility Assistance Program Assistance Program.

Program Requirements

Eviction Proceedings – The owner or managing agent will not begin eviction proceedings for nonpayment during the term dates of the signed program agreement

Late Fees – The owner or managing agent must waive all late fees incurred from April 1, 2020 on as the tenant should be current on rent through March 2020 through program end.

W-9 Completion – The owner or managing agent is required to submit a W-9 to the City of Moline at the time this affidavit is submitted

City Rental License – The owner or managing agent is required to have the rental unit registered (if applicable) with the City of Moline

If the tenant is approved for federal funding, these requirements will be included in the program agreement signed by the owner or signing management agent and the tenant. Failure to meet any one of these requirements will result in the repayment of federal funds.

I hereby certify that all information is true and correct to the best of my knowledge. I understand that any and all information is subject to verification.

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Owner or Managing Agent

Date



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Owner or Managing Agent Affidavit (Displaced Tenants)

Dear Building Owner or Managing Agent:

Your prospective tenant is applying for the City of Moline's federally funded Emergency Rental and Utility Assistance Program in response to COVID-19. Eligible applicants receiving security deposit & rental assistance through this program would receive up to \$1,000 for a move-in security deposit and up to \$1,000 per month (not to exceed monthly rent identified in the lease agreement) for up to 2 months. This affidavit is part of the application process. No eligibility determination has been made at this time and there is no guarantee of funding. In order to complete the application for the prospective tenant, the owner and/or managing agent must attest to the following. This will only take effect if/when the prospective tenant receives program approval and a lease and program agreement is signed by both you and the tenant.

Do you have a valid, current rental license for this property with the City of Moline? ____ YES ____ NO

Is the prospective tenant related to you? ____ YES ____ NO

If yes, what is the relationship? _____

Due to federal funding the owner or managing agent must agree with the following terms. If the prospective tenant is approved for funding these requirements will be present in the program agreement that you will be required to sign. Please review these terms as they are required in whole to participate and certify below your willingness to participate in the City of Moline federally funded Emergency Rental and Utility Assistance Program.

Program Requirements

- Eviction Proceedings – The owner or managing agent will not begin eviction proceedings for nonpayment during the term dates of the signed program agreement
- W-9 Completion – The owner or managing agent is required to submit a W-9 to the City of Moline at the time this affidavit is submitted
- City Rental License – The owner or managing agent is required to have the rental unit registered with the City of Moline

If the prospective tenant is approved for federal funding, these requirements will be included in the program agreement signed by the owner or signing management agent and the tenant. Failure to meet any one of these requirements will result in the repayment of federal funds.

I hereby certify that all information is true and correct to the best of my knowledge. I understand that any and all information is subject to verification.

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Owner or Managing Agent

Date



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HUD Program Eligibility Release Form

Purpose: Your Signature on this HUD Program Eligibility Release Form, and the signature of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Housing Rehabilitation programs administered by the City of Moline.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HUD Program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household over 18 years of age must sign a Program Eligibility Release Form prior to the receipt of benefits.

Authorization: I authorize the above-named HUD Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation Program.

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- 3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household-Signature, Printed Name, and Date: Family Member: HEAD OF HOUSEHOLD X	Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #2 X
Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #3 X	Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #4 X
Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #5 X	Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #6 X



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Utility Assistance Application (Excludes Water Bills)

Tenant: Are you requesting utility assistance? ___Yes ___No **Please provide a copy of your most recent bill or disconnection notice.**

Have you or any member in your household applied for utility assistance (for your current property) with any other private or governmental agency in the last twelve months? ___Yes ___No

If so, when did you apply? _____ Agency _____

Where you provided funding? ___Yes ___No ___ I haven't received a response

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. **Please use ink.**

Is the utility bill (account) in the lease holders name? ___Yes ___No

Is the utility bill for their current location? ___Yes ___No

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:
___Responsibility of the Landlord, including the monthly rent payment.	___Responsibility of the Landlord, included in the monthly rent payment.
___Responsibility of the Renter, but in the Landlords name.	___Responsibility of the Renter, but in the Landlords name.
___Responsibility of the Renter.	___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)

I grant the City of Moline and/or Salvation Army 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):

City of Moline

Community & Economic Development Department • 619 16th Street • Moline, IL 61265

Telephone 309-524-2044 • www.moline.il.us

Student Status Self Affidavit

List all members of the household who are either:

- currently enrolled in college, vocational, technical or other post-high school formal training;
- OR
- will be enrolled within the next 12 months in college, vocational, technical, or other post high school formal training.

	Name	Age	Institution	Status		
1	_____	_____	_____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	<input type="checkbox"/>

For each individual attending college, vocational , technical, or other post high-school formal training, please completed the information below:

Household Member 1 (Name) _____

- This person is under 24 years of age.
- This person is not a military veteran.
- This person is unmarried.
- This person has no dependent children.
- This person has no disabilities.
- This person is claimed as dependent of another person or household.

Household Member 2 (Name) _____

- This person is under 24 years of age.
- This person is not a military veteran.
- This person is unmarried.
- This person has no dependent children.
- This person has no disabilities.
- This person is claimed as dependent of another person or household.

Household Member 3 (Name) _____

- This person is under 24 years of age.
- This person is not a military veteran.
- This person is unmarried.
- This person has no dependent children.
- This person has no disabilities.
- This person is claimed as dependent of another person or household.

Household Member 4 (Name) _____

- This person is under 24 years of age.
- This person is not a military veteran.
- This person is unmarried.
- This person has no dependent children.
- This person has no disabilities.
- This person is claimed as dependent of another person or household.

If no one in he household is enrolled in (nor will become enrolled in) these types of programs during the next 12 months, please check "No" below and sign and date the form.

- By checking this box, I certify that no member of this household is a full or part time student at any post-high school, college, technical, vocational, or other formal training program and or member of this household will be enrolled in such program during the next 12 months.

I/We hereby certify that all information given is true and correct to the best of my/our knowledge. I/We understand that incomplete or false applications may be rejected.

Signature of Head of Household

Date

Income Calculations/Self Certification Form:

Complete on form (both pages) per member of the household 18 years old and older. Each household member must sign and date their own form. This form must be legible and clearly printed. *Staff will not follow up with applicants who submit partial or unreadable information*

Household Member Name:

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Employer 1 Name:

Employer 1 Phone:

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Pre- COVID Earnings	Current Earnings
------------------------	---------------------

If salary: salary per month, and do not complete wage section below)		
If hourly: wage rate per hour (and complete section below)		
Number of Straight Time Hours per week		
Number of Overtime Hours per Week		
Tips per week		
Bonus per year (if any)		

Employer 2 Name:

Employer 2 Phone:

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Pre- COVID Earnings	Current Earnings
------------------------	---------------------

If salary: salary per month, and do not complete wage section below)		
If hourly: wage rate per hour (and complete section below)		
Number of Straight Time Hours per week		
Number of Overtime Hours per Week		
Tips per week		
Bonus per year (if any)		

Current Assets:

	Current Amount
Checking Account Balance	
Savings Account Balance	
CDs & IRAs (Current Balance)	
401K (Current Balance)	
Other (Explain _____)	
Other (Explain _____)	
Other (Explain _____)	

Other Income Types:

Type	Pre-COVID Amount	Current Amount
Unemployment per week		
Child Support received per month <i>(List once under household member receiving the payments)</i>		
Alimony per month		
Social Security and/or Disability per month (received for self)		
Military Benefits per month		
Retirement Payouts per month		
FIP per month:		
Social Security/Disability received for minor children per month: <i>(List ONCE under adult receiving payments)</i>		
Other per month		
Other per month		

If you have one of the income or assets types listed above, use the following check boxes:

I certify I have none of the income types listed above, nor any other sources of income.

I certify I have none of the assets types listed above, nor any other assets.

Covid-19 Impact on work history:

Was this person:

Full unemployed due to COVID-19?	YES	NO
Reduced hours/wages due to COVID-19?	YES	NO
Medically Unable to work due to COVID-19?	YES	NO

Is this person now back at work after having been laid off? YES NO

If back at work, describe how hours/wages being earned now are different than they were before COVID-19 impacts began (prior to March 1, 2020):

Under penalty of perjury you certify that the information presented in this certification is true and accurate to the best of your knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in program termination.

Signature of Household Member

Date

Printed Name of Household Member

Income Calculations/Self Certification Form:

Complete on form (both pages) per member of the household 18 years old and older. Each household member must sign and date their own form. This form must be legible and clearly printed. *Staff will not follow up with applicants who submit partial or unreadable information*

Household Member Name:

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Employer 1 Name:

Employer 1 Phone:

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	Pre- COVID Earnings	Current Earnings
--	------------------------	---------------------

If salary: salary per month, and do not complete wage section below)		
If hourly: wage rate per hour (and complete section below)		
Number of Straight Time Hours per week		
Number of Overtime Hours per Week		
Tips per week		
Bonus per year (if any)		

Employer 2 Name:

Employer 2 Phone:

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	Pre- COVID Earnings	Current Earnings
--	------------------------	---------------------

If salary: salary per month, and do not complete wage section below)		
If hourly: wage rate per hour (and complete section below)		
Number of Straight Time Hours per week		
Number of Overtime Hours per Week		
Tips per week		
Bonus per year (if any)		

Current Assets:

	Current Amount
Checking Account Balance	
Savings Account Balance	
CDs & IRAs (Current Balance)	
401K (Current Balance)	
Other (Explain _____)	
Other (Explain _____)	
Other (Explain _____)	

Other Income Types:

Type	Pre-COVID Amount	Current Amount
Unemployment per week		
Child Support received per month <i>(List once under household member receiving the payments)</i>		
Alimony per month		
Social Security and/or Disability per month (received for self)		
Military Benefits per month		
Retirement Payouts per month		
FIP per month:		
Social Security/Disability received for minor children per month: <i>(List ONCE under adult receiving payments)</i>		
Other per month		
Other per month		

If you have one of the income or assets types listed above, use the following check boxes:

I certify I have none of the income types listed above, nor any other sources of income. _____

I certify I have none of the assets types listed above, nor any other assets. _____

Covid-19 Impact on work history:

Was this person:

Full unemployed due to COVID-19?	YES	NO
Reduced hours/wages due to COVID-19?	YES	NO
Medically Unable to work due to COVID-19?	YES	NO

Is this person now back at work after having been laid off? YES NO

If back at work, describe how hours/wages being earned now are different than they were before COVID-19 impacts began (prior to March 1, 2020):

Under penalty of perjury you certify that the information presented in this certification is true and accurate to the best of your knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in program termination.

Signature of Household Member

Date

Printed Name of Household Member

Income Calculations/Self Certification Form:

Complete on form (both pages) per member of the household 18 years old and older. Each household member must sign and date their own form. This form must be legible and clearly printed. *Staff will not follow up with applicants who submit partial or unreadable information*

Household Member Name:

--

Employer 1 Name:

Employer 1 Phone:

--	--

Pre- COVID Earnings	Current Earnings
---------------------	------------------

If salary: salary per month, and do not complete wage section below)		
If hourly: wage rate per hour (and complete section below)		
Number of Straight Time Hours per week		
Number of Overtime Hours per Week		
Tips per week		
Bonus per year (if any)		

Employer 2 Name:

Employer 2 Phone:

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Pre- COVID Earnings	Current Earnings
---------------------	------------------

If salary: salary per month, and do not complete wage section below)		
If hourly: wage rate per hour (and complete section below)		
Number of Straight Time Hours per week		
Number of Overtime Hours per Week		
Tips per week		
Bonus per year (if any)		

Current Assets:

	Current Amount
Checking Account Balance	
Savings Account Balance	
CDs & IRAs (Current Balance)	
401K (Current Balance)	
Other (Explain _____)	
Other (Explain _____)	
Other (Explain _____)	

Other Income Types:

Type	Pre-COVID Amount	Current Amount
Unemployment per week		
Child Support received per month <i>(List once under household member receiving the payments)</i>		
Alimony per month		
Social Security and/or Disability per month (received for self)		
Military Benefits per month		
Retirement Payouts per month		
FIP per month:		
Social Security/Disability received for minor children per month: <i>(List ONCE under adult receiving payments)</i>		
Other per month		
Other per month		

If you have one of the income or assets types listed above, use the following check boxes:

I certify I have none of the income types listed above, nor any other sources of income.

I certify I have none of the assets types listed above, nor any other assets.

Covid-19 Impact on work history:

Was this person:

Full unemployed due to COVID-19?	YES	NO
Reduced hours/wages due to COVID-19?	YES	NO
Medically Unable to work due to COVID-19?	YES	NO

Is this person now back at work after having been laid off? YES NO

If back at work, describe how hours/wages being earned now are different than they were before COVID-19 impacts began (prior to March 1, 2020):

Under penalty of perjury you certify that the information presented in this certification is true and accurate to the best of your knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in program termination.

Signature of Household Member

Date

Printed Name of Household Member

Income Calculations/Self Certification Form:

Complete on form (both pages) per member of the household 18 years old and older. Each household member must sign and date their own form. This form must be legible and clearly printed. *Staff will not follow up with applicants who submit partial or unreadable information*

Household Member Name:

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Employer 1 Name:

Employer 1 Phone:

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Pre- COVID Earnings	Current Earnings
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If salary: salary per month, and do not complete wage section below)		
If hourly: wage rate per hour (and complete section below)		
Number of Straight Time Hours per week		
Number of Overtime Hours per Week		
Tips per week		
Bonus per year (if any)		

Employer 2 Name:

Employer 2 Phone:

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Pre- COVID Earnings	Current Earnings
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If salary: salary per month, and do not complete wage section below)		
If hourly: wage rate per hour (and complete section below)		
Number of Straight Time Hours per week		
Number of Overtime Hours per Week		
Tips per week		
Bonus per year (if any)		

Current Assets:

	Current Amount
Checking Account Balance	
Savings Account Balance	
CDs & IRAs (Current Balance)	
401K (Current Balance)	
Other (Explain _____)	
Other (Explain _____)	
Other (Explain _____)	

Other Income Types:

Type	Pre-COVID Amount	Current Amount
Unemployment per week		
Child Support received per month <i>(List once under household member receiving the payments)</i>		
Alimony per month		
Social Security and/or Disability per month (received for self)		
Military Benefits per month		
Retirement Payouts per month		
FIP per month:		
Social Security/Disability received for minor children per month: <i>(List ONCE under adult receiving payments)</i>		
Other per month		
Other per month		

If you have one of the income or assets types listed above, use the following check boxes:

I certify I have none of the income types listed above, nor any other sources of income. _____

I certify I have none of the assets types listed above, nor any other assets. _____

Covid-19 Impact on work history:

Was this person:

Full unemployed due to COVID-19?	YES	NO
Reduced hours/wages due to COVID-19?	YES	NO
Medically Unable to work due to COVID-19?	YES	NO

Is this person now back at work after having been laid off? YES NO

If back at work, describe how hours/wages being earned now are different than they were before COVID-19 impacts began (prior to March 1, 2020):

Under penalty of perjury you certify that the information presented in this certification is true and accurate to the best of your knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in program termination.

Signature of Household Member

Date

Printed Name of Household Member

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation		<input type="checkbox"/> S Corporation
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>	<input type="checkbox"/> Partnership		<input type="checkbox"/> Trust/estate
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)		
6 City, state, and ZIP code				
7 List account number(s) here (optional)				

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								

or

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶		Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.