



Fairmont Family Relief Fund

ALL RENT, MORTGAGE AND UTILITY ASSISTANCE PROGRAM APPLICATIONS MUST INCLUDE ALL SUPPORTING DOCUMENTATION AT TIME OF SUBMISSION.

Income documentation is required for all programs. You need only provide supporting documentation for the type of assistance for which you are applying. Please view the application for income source documentation and requirements. Assistance for rent, mortgage and utilities can be provided for up to six (6) months, with a maximum benefit of \$2,000.

APPLICANT INFORMATION

Applicant(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email Address: _____

Total number of persons in your household: _____ Children under the age of 18: _____

Please indicate if the head of your household falls into one or more of the following categories:

Female: _____ 62 Years of Age or Older: _____ Disabled: _____

Please indicate your housing status: Homeowner _____ Renter _____

Please indicate the racial characteristics of your family (select one or more):

White _____ Black or African American _____ Asian _____ American Indian or Alaska Native _____

Native Hawaiian or Other Pacific Islander _____ Hispanic or Latino _____ Other (Multi-racial) _____

COVID-19 Tie-Back

Has your household been economically impacted by the COVID-19 pandemic? Yes _____ No _____

Please describe: _____

I am requesting assistance with (please check all that apply*):

- Utilities
- Rent
- Mortgage

*Please note a household can only apply for rent **OR** mortgage, not both.

INCOME VERIFICATION

Please provide the following for each adult over the age of 18 in your household.

- Pay stub(s) covering at least most recent 8 weeks (weekly, bi-weekly) or covering most recent month (monthly, semi-monthly).
- 2019 Tax Return.
- Self-certification only for unemployment and disability compensation. (FORM D)
- 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. (FORM A)

Income Limits for Marion County, WV – Above or Below Based on Size. Please check the box that applies to your family.

Household size	My household makes at or below this amount, based on size.	My household:
1	\$36,300	
2	\$41,500	
3	\$46,700	
4	\$51,850	
5	\$56,000	
6	\$60,150	
7	\$64,300	
8	\$68,450	

RESIDENCY VERIFICATION

Please provide a lease agreement with a third-party document that can be used to verify residency (i.e. utility bill, cancelled check with address, pay stub or ID showing the current residence address.)

Utility Assistance

Please complete the following information. You only need to complete sections for which you are requesting assistance.

Electric Company: _____
Address: _____
Name on Account and Account Number: _____
Amount of arrearage (amount due before January 21, 2020 is not eligible): \$ _____

Gas Company: _____
Address: _____
Name on Account and Account Number: _____
Address: _____
Amount of arrearage (amount due before January 21, 2020 is not eligible): \$ _____

Water Company: _____
Address: _____
Name on Account and Account Number: _____
Amount of arrearage (amount due before January 21, 2020 is not eligible): \$ _____

Landline Phone Company: _____
Address: _____
Name on Account and Account Number: _____
Amount of arrearage (amount due before January 21, 2020 is not eligible): \$ _____

Internet Company: _____
Address: _____
Name on Account and Account Number: _____
Amount of arrearage (amount due before January 21, 2020 is not eligible): \$ _____

Utility Assistance Documentation (for client)	Utility Assistance Documentation (for company)
<ul style="list-style-type: none"> ○ Income determination documentation. ○ Personal ID for one household member that demonstrates occupancy such as a lease agreement, mortgage statement, utility bill, voter registration, school registration form, etc. ○ Proof of receiving any other types of assistance ○ Documentation of missed payments ○ Copies of utility bills to be paid ○ Bill must have arrears balance and/or disconnect notice. <p>Note on Internet assistance: A flat fee of \$100 so long as the applicant certifies that internet is needed to engage in the following: distance learning; telework and/or telemedicine; to obtain governmental services; to seek employment, or; for other vital purposes during the pandemic. A copy of the most recent internet bill is required to ensure that it is to a member in the household, for service at the tenant/homeowner address, and separate from a cable service package.</p>	<ul style="list-style-type: none"> ○ IRS W-9 ○ Bill statement with arrears amount and/or notice of shut off in order to document missed payments

RENTAL ASSISTANCE

Written or verbal lease agreement: Written _____ Verbal _____

Yearly or Month to Month Lease: Yearly _____ Month to Month _____

Lease Effective Dates: _____ to _____

Monthly Rent Amount: \$ _____

I have a Section 8 Voucher: Yes or No _____ Monthly Voucher Amount: \$ _____

Amount of Late/Missed Rent (rent due before March 1, 2020 is not eligible): \$ _____

List month(s) with late/missed rent payments between January 21, 2020 to current:

Landlord Name: _____

Address: _____

Phone Number: _____ Email: _____

Do you attest that you either have or will continue to occupy that residence for every month which CDBGCV assistance funds are being applied? Yes ____ No ____

Documents Required for Rental Assistance	
For Tenant (Applicant must provide)	For Landlord (Landlord must provide)
<ul style="list-style-type: none"> ○ Income determination documentation. ○ Copy of the executed lease with the tenant or if no written lease, required certification proving tenancy and ability to provide proof of tenancy (e.g., cancelled check, money order, or missed payment on ledger). ○ Personal ID for one household member that is on the lease, or where the member demonstrates occupancy through another identification method such as: a sublease agreement, utility bill, voter registration, school registration form, etc. ○ Documentation of missed payments (e.g., missed payment on ledger for rental arrears) 	<ul style="list-style-type: none"> ○ IRS W-9 ○ Completed Landlord Certification Form ○ Written lease OR certification to tenancy and another method (e.g., cancelled check, money order, utility bill, etc. ○ Documentation of missed payments

MORTGAGE ASSISTANCE

Monthly Mortgage Amount: \$ _____

Amount of Late/Missed Mortgage (payment due before January 21, 2020 is not eligible):
\$ _____

List month(s) with late/missed mortgage payments between January 21, 2020 to current:

Mortgage Service Provider: _____

Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Do you attest that you either have or will continue to occupy that residence for every month which CDBGCV assistance funds are being applied? Yes ____ No ____

Documents Required for Mortgage Assistance	
For Homeowner (Applicant must provide)	For Mortgage Lender (Lender must provide)
<ul style="list-style-type: none"> ○ Income determination documentation. ○ Copy of the mortgage statement of the homeowner. ○ Personal ID for one household member that is on the mortgage. ○ Documentation of missed payments. ○ Required certification from homeowner that: <ul style="list-style-type: none"> a. They have been economically impacted by the pandemic. b. They need mortgage assistance. c. They have not already received assistance for these same months. d. They have not previously received other funding assistance for mortgage payments. e. The mortgage(s) were not made with federal, state, or local funds. f. The residential property, within the city limits of Fairmont, West Virginia, is their primary residence. 	<ul style="list-style-type: none"> ○ Eligible Lender Status: Lender/Mortgage Servicer must meet the definition of an Eligible Lender and NOT be a debarred or suspended lender. ○ Fees and Penalty Forgiveness <ul style="list-style-type: none"> a. Late fees/penalties for mortgage arrears are eligible but homeowners should first negotiate with the lender to request late fee forgiveness and/or reduction. b. Late fees that are already in collection status are not eligible for assistance. ○ Direct Deposit <ul style="list-style-type: none"> a. Mortgage Servicer must have a bank account with direct deposit, unless otherwise agreed to with the program administrator. ○ W-9 a. Submission of a W-9 IRS form completed by the Mortgage Servicer. ○ Mortgage Certification Form

CERTIFICATION

The undersigned hereby certifies that all information supplied on this survey is true and correct. Any false statements made knowingly and willfully may subject the undersigned to penalties under section 1001 and 1010 of Title 18 of the United States Code.

Further, the undersigned hereby certifies that they have not received assistance for the same period of time for the same unit and household, or if they do receive funding, that they will pay back the Fairmont Family Relief Fund within at least 30 calendar days and certifies that they cannot have previously received other assistance funds that would exceed 6 months in total, when combined with this assistance.

Further, as an applicant for the Fairmont Family Relief Fund Program, I do hereby give my permission to United Way staff to contact my employer(s), bank(s), Social Services Agencies, lending institutions, landlords, utility vendors or any other appropriate person(s) or companies to verify information that I have supplied concerning my employment, income, assets, and/or any other applicable information as reported by me herein. I authorize United Way staff to verify the financial information I have provided and to make agreed upon payment on my behalf.

This is notice to you, as required by the Right to Financial Privacy Act of 1978, that the Department of Housing and Urban Development and the State of West Virginia have a right of access to financial records, in connection with the consideration or administration of the CDBG-CARES funding for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development (HUD), [the County or entity], and the State of West Virginia Development Office (WVDO) without further notice or authorization but will not be disclosed or released to another government agency or department without your consent, except as required or permitted by law.

Applicant Name

Applicant Signature

Date

Applicant Name (if applicable)

Applicant Signature (if applicable)

Date



NEXT STEPS

After you have completed your application, please contact Tygart Valley United Way at (304) 366-4550 to schedule an appointment to review and submit your application. Please bring all required documents detailed in the application above. Without the correct documentation, we will not be able to submit your application.

Additionally, you must wear a mask at all times during your appointment. If you do not have a mask, one will be provided for you.

If you have any questions or concerns in the meantime, please contact our Program Manager, Chris Yost, at (304) 366-4550 ext. 103, or by email at vita@tvunitedway.org.