
**CDBG – CV Emergency Payment Program
CHECKLIST FOR APPLICATION SUBMITTAL**

Please check items as completed and submit this checklist along with your application.

- Application Form
- Duplication of Benefits Certification
- Documentation of ALL Household Income and Assets Including but not Limited to:
 - Employment – Verification of Employment and loss of income/employment
 - Self-Employment – Last Two (2) Years Filed Tax Returns
 - Pandemic Unemployment Assistance
 - Unemployment Compensation
 - Child Support – Last Three (3) Months of Payment Records, Including Amounts Retained by the State
 - Social Security/SSI – Social Security Award Letter
 - Veteran’s Benefits – Veteran’s Affairs Award Letter
 - Assets – Current Bank Statement(s) OR
 - Verification of Assets Form (COPY MORE IF NEEDED)
- Current State-Issued Driver’s License/ID OR Passport for All Adult (Age 18+) Household Members
- Social Security Card for All Adult (Age 18+) Household Members
- Award Letter from Agencies for Rent and Utility Assistance, if Applicable

ADDITIONALLY, RENT RELIEF APPLICANTS REQUIRE

- Current Lease
- Payment Agreement with Property Owner for Past Due Rent, if Applicable
- Eviction Notice, if Applicable

ADDITIONALLY, UTILITY APPLICANTS REQUIRE

- Current Utility Bill
- Payment Agreement with the utility company for Past Due Utilities, if Applicable
- Disconnect Notice, if Applicable

COMPLETE APPLICATIONS will be processed on a first come, first served basis.

Funds will NOT be held for INCOMPLETE APPLICATIONS!

PLEASE SUBMIT APPLICATIONS TO:

Greater Kingsport Alliance for Development

Fresh Start Foundation

285 Louis Street

Kingsport, TN 37660

Phone: (423) 245-0135 ext. 1700



Personal Information

Applicant Name: _____ Date of Birth: _____

Applicant Social Security #: _____ - _____ - _____ Email Address: _____

Are you a U.S. Citizen? YES NO, if no, can you provide proof of citizenship? _____

Co-Applicant Name: _____ Date of Birth: _____

Co-Applicant Social Security #: _____ - _____ - _____ Email Address: _____

Are you a U.S. Citizen? YES NO, if no, can you provide proof of citizenship? _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Phone #: _____ Alternate Phone #: _____

Marital Status: Single Married Divorced Widow/Widower

Other Household Members:

Please list the names, relationships, social security numbers and dates of birth of all other household members:

Name:	Relationship:	Social Security #:	Date of Birth:
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			



**CERTIFICATION OF ELIGIBILITY
for CDBG-CV Emergency Payment Program ASSISTANCE**

Purpose: This form serves as documentation that: (1) the participant named below meets all eligibility criteria for CDBG-CV Emergency Payment Program assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

Instructions: This form must be completed for each CDBG-CV Emergency Payment Program participant upon the determination of his or her eligibility. This form must be signed and dated by the CDBG-CV Emergency Payment Program Coordinator when this determination is made and must be kept in the participant's case file.

Applicant _____ Spouse/other _____

Other _____ Other _____

Other _____ Other _____

Other _____ Other _____

Other _____ Other _____

Required certifications: Each person signing below certifies to the following: (1) To the best of my knowledge, the participant named above meets all requirements to receive assistance under the CDBG-CV Emergency Payment Program. (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (3) I am not related to the CDBG-CV Emergency Payment Program participant through family, business or other personal ties. (4) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (5) I understand that fraud is investigated and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. (6) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____



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Applicant _____ Spouse/other _____

Other _____ Other _____

Other _____ Other _____

Other _____ Other _____

Other _____ Other _____

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Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____



CDBG-CV Emergency Payment Program HOMELESS CERTIFICATION

Applicant Name: _____ **Date:** _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other Indicated information, and signature indicating their current living situation.

Category of Homelessness: (client initial applicable)

- _____ Literally Homeless (street, shelter)
- _____ Imminent Risk of Homelessness (Eviction within 14 days - need court order)
- _____ Homeless under other Federal Statues (Unaccompanied youth, McKinney Vento Act)
- _____ Fleeing or attempting to flee domestic violence, human trafficking

SELECT AND COMPLETE ONE SECTION

CATEGORY 1- Rapid rehousing

Living Situation: Place not meant for human habitation (cars, parks, abandoned buildings, streets/sidewalks)

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or campground.

Description of current living situation: _____

Living Situation: Emergency Shelter

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Name of Shelter: _____



Category 2 - Homeless Prevention

Living Situation: Eviction Pending

- I certify that I am under court ordered eviction and will lose my primary nighttime residence within 14 days, and no subsequent residence has been located or I lack the resources and support to obtain permanent housing.

Documentation Provide: _____

CATEGORY 3- Homeless Prevention

Living Situation: Unaccompanied Youth Defined as Homeless under Other Federal Statutes

- I certify that I have experienced a long-term period without living independently in permanent housing.

Documentation: _____

Living Situation: McKinney-Vento Act

Program Name: _____

Documentation: _____

CATEGORY 4- Fleeing or Attempting to Flee Domestic Violence

Living Situation: Domestic Violence

- I certify that I or my family am/are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against me or a family member that has either taken place within me or my family's primary nighttime residence or has made me or my family afraid to return to our primary nighttime residence.

Documentation Provided: _____

I certify that I qualify under one of the categories listed above.

Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____



CDBG-CV Emergency Payment Program ASSISTANCE PLAN

Client Name: _____ Date: _____

The client named above has applied for and been recommended for financial assistance under the CDBG-CV Emergency Payment Program grant. The following is a description of recommended assistance based on information provided up to this date and pending any requested documentation. The application with all required documentation and subsequent check requests must be approved by the Executive Director or Deputy Director before financial assistance can be given.

Recommended Financial Assistance: (Check the appropriate box)

- Rental Arrearage
- Utility Arrearage
- Other (As allowed by grant and subject to management approval)

My signature below indicates my understanding of GKAD's CDBG-CV Emergency Payment Program assistance plan. The final plan and payments are subject to the client providing necessary documentation, the unit meeting rent reasonableness, and passing a minimum habitability inspection. Payments are subject to available funding.

Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____



DOCUMENTING THAT CLIENTS MEET THE "BUT FOR" RULE

When meeting with clients, ask the following questions or variations of the question to determine whether the clients are in fact going to become or stay homeless without this assistance. While it is ideal to have written 3rd party documentation of the lack of available social support and lack of subsequent housing, this is not always possible so case notes should reflect what you learn from each of these questions and any reasonable documentation you may have requested to back up the client's response.

Are there other relatives, friends, or individuals who can assist them financially up to the minimal amount they need to obtain housing or remain housed? YES NO

Are there other relatives, friends, or individuals who they can reasonably stay with? YES NO

Are there any other places they can stay? YES NO

Has the client exhausted all relevant sources of assistance (electric assistance, churches, saving, etc.) before applying for CDBG-CV Emergency Payment Program? YES NO

If any of the first 3 are "yes", the client is NOT eligible for CDBG-CV Emergency Payment Program assistance under the "but for rule." An additional requirement of the "but for" rule is no financial resources. This should be determined by other documents in the application and verification of income or other financial resources as documented elsewhere in the client's file.

Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____



CDBG-CV Emergency Payment Program Authorization for Use & Disclosure of Information

I, _____, has made application for the CDBG-CV Emergency Payment Program. I understand that certain information may need to be obtained from various service providers and agencies for the sole purpose of providing services to me. I understand information will be shared between GKAD/CDBG-CV Emergency Payment Program programs and that any information gained through the use of this form will remain confidential and will only be used in determining eligibility.

This authorization permits GKAD/CDBG-CV Emergency Payment Program to use and/or disclose the following individually identifiable health information about me, such as, but not limited to: disability diagnosis; case management plan; date(s) of service; types of services; and the cost attached to services.

The information will be used or disclosed for the following purpose: to aid in the administration of the Homeless Management Information System (HMIS) and Supportive Housing Programs, and subsequent to my participation for the purpose of verification of information of whatever nature that could or would affect my eligibility for housing assistance payments during my participation. The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will automatically expire one year from the date of client signature.

Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____



CDBG-CV EMERGENCY PAYMENT PROGRAM PARTICIPANT INCOME STATEMENT

CDBG-CV Emergency Payment Program **Applicant Name:** _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

NOTE: Please check only one box and complete only that section. We need proof of loss of income due to Covid-19.

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____

Attach income information to this form. All reasonable attempts shall be made to obtain documentation.





285 Louis Street
Kingsport, TN 37662-0044
Telephone (423) 245-0135 ext. 1700
Fax (423) 392-2530
TTY/TDD 423-246-2273 (Contact Concern)

CDBG-CV Emergency Payment Program Statement of Agreement Understanding

Client Name: _____ Date: _____

As a participant in the CDBG-CV Emergency Payment Program, I understand that I must submit the following information:

- Social Security Cards for all family members Photo Identification for all adult family members
- Proof of income (employment, Social Security, etc.)
- Proof of homelessness (Shelter Letter, Eviction Information, etc.)

CDBG-CV Emergency Payment Program is intended to be a one-time assistance to help rapidly rehouse or prevent homelessness. Eligible expenses include deposits for units and utilities, rental assistance, arrearages, legal fees, and moving expenses. No guarantee of payments or assistance is made. An eligible unit must meet minimum habitability standards, and the rent must be reasonable. This assistance plan is good for sixty (60) days from the date of intake with a caseworker. Should housing not be found within that time the client will need to attend another intake session.

Clients will receive information on lead based paint, and fair housing. If a client has a grievance they are encouraged to work with the case worker to resolve the issue. If this is not successful the client may contact the Director of Special Housing or Deputy Director.

All assistance payments are subject to available funding.

My signature below indicates my understanding of GKAD's CDBG-CV Emergency Payment Program policies.

Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____

Provide a copy to client





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Telephone (423) 245-0135 ext. 1700
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CDBG-CV Emergency Payment Program Participant Checklist

Participant Name: _____ Date: _____

I certify that I have received copies of the following documents and have had an opportunity to ask questions (Initial each).

_____ Lead Based Paint Notice (How to protect your family from Lead Based Paint)

_____ Fair Housing Brochure

_____ Statement of Understanding and Agreement

_____ GKAD Grievance/ Termination Policy

Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____



LANDLORD DOCUMENT

The individual named here, _____, has applied for assistance through the CDBG-CV Emergency Payment Program. The purpose of CDBG-CV Emergency Payment Program is to provide assistance to households to prevent homelessness.

As a landlord you should know the following about our program & policies:

1. This assistance is considered a one-time payment. This is not a guarantee of ongoing payments or assistance.
2. A written lease between the landlord and the client is required.
3. The proposed rent must meet the "Fair Market Rent" that HUD establishes for the county in which the property is located.
4. The rent must meet "rent reasonableness" (it must be comparable to non-assisted units).
5. A minimum habitability inspection must be conducted and the unit must pass.
6. The landlord must provide a W-9 for tax purposes.
7. Payment to landlords will be made by check from GKAD. Check requests are processed twice a month.
8. If you are owed arrearages you will be required to provide the caseworker with documentation showing the amounts due (ledgers, court papers, etc.)
9. If the client is being evicted GKAD must have an eviction notice (detainer warrant or judgement) from the court before any payments.
10. You should discuss the payments that you are expecting to make with the assigned case worker from GKAD.
11. The case workers name and phone number are included below.

Landlord

Receipt of Form: _____ Date: _____

Caseworker

Printed Name: _____ Date: _____

Phone Numbers: _____ Office: _____ Cell: _____

Provide client with two copies: one to be returned to case worker and one for landlord.



DUPLICATION OF BENEFITS ANALYSIS APPLICANT SELF-CERTIFICATION

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Grant funds may not be used to pay for a cost, if another source of financial assistance is available to fully pay for that same cost. This Emergency Rental Assistance Program is funded by CDBG-CV through the CARES Act. In compliance with the CARES Act, a Duplication of Benefits Self-Certification must be completed by every applicant. Please be aware that you are not eligible to receive duplicate funding under this program.

I/We **Have** **Have Not**, received assistance or received a commitment for assistance related to COVID-19, from any other source.

If you have received assistance or received a commitment for assistance related to COVID19 from any other source, please disclose the agency name and type of assistance being received:

I/We certify and acknowledge that if I subsequently receive any duplicate funding for assistance related to COVID-19, funds paid on my behalf through this CDBG-CV Emergency Rental assistance program will have to be repaid.

CERTIFICATION:

I/We certify that the information provided is true and correct and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information submitted may result in civil liability and/or criminal penalties including, but not limited in, fine or imprisonment or both under the provisions of United States Codes.

Applicant Signature: _____ **Date:** _____

Caseworker Signature: _____ **Date:** _____

Other 18+ Household Member: _____ **Date:** _____

Other 18+ Household Member: _____ **Date:** _____



**Emergency Payment Program
 Financial Hardship Certification**

Applicant must demonstrate a financial hardship, such as a reduction in hours or loss of employment that will result in eviction from their current residence due to COVID-19. A hardship can be demonstrated by providing paystubs, unemployment checks or a letter from employer verifying a loss of income or reduction in hours.

Please indicate which of the following statements apply to the Applicant:

- I have experienced a reduction in salary as a result of the coronavirus (COVID-19) **Yes** **No**
- I have had my hours reduced as a result of the coronavirus (COVID-19) **Yes** **No**
- I have been furloughed as a result of the coronavirus (COVID-19) **Yes** **No**
- I have been laid off as a result of the coronavirus (COVID-19) **Yes** **No**
- I have been terminated as a result of the coronavirus (COVID-19) **Yes** **No**

Please indicate which of the following statements apply to: the Co- Applicant:

- I have experienced a reduction in salary as a result of the coronavirus (COVID-19) **Yes** **No**
- I have had my hours reduced as a result of the coronavirus (COVID-19) **Yes** **No**
- I have been furloughed as a result of the coronavirus (COVID-19) **Yes** **No**
- I have been laid off as a result of the coronavirus (COVID-19) **Yes** **No**
- I have been terminated as a result of the coronavirus (COVID-19) **Yes** **No**

CERTIFICATION:

I/We certify that the information provided is true and correct and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information submitted may result in civil liability and/or criminal penalties including, but not limited in, fine or imprisonment or both under the provisions of United States Codes.

Signature of Applicant

Signature of Co-Applicant

Date

Date