

Applicant Instructions

Eligible Applicants:

- Renters and Homeowners living in the City of Lewiston;
- Lost employment or household income as a result of Covid-19;
- Household Income @ 80% MFI or below

FAMILY SIZE	80% of Median Income
1 person	\$39,150
2 persons	\$44,750
3 persons	\$50,350
4 persons	\$55,900
5 persons	\$60,400
6 persons	\$64,850
7 persons	\$69,350
8 persons	\$73,800

Return Application with Supporting Documents to:

Lewiston Social Services Department
27 Pine Street
Lewiston, Maine 04240

Completed Applications will be processed in order of the date received.

Incomplete applications without the required documentation will not be processed until the information has been received!

CARES: Emergency Income Payment Program

Documentation REQUIRED To be Submitted with the Application

1. A copy of the last eight paycheck stubs before employment stopped for you and all members of your household who are occupying your home. The paycheck stubs must have the year to date gross income listed. If you were paid in cash or by a check from the owner, you must provide a letter from your employer stating your year to date gross pay on the company letterhead with a phone and fax number of employer listed for verification.
2. A copy of all other sources of income for ALL members of the household, including but not limited to current Social Security/SSI/ all pension or retirement statements/benefit letters and Unemployment checks/statement. Child support or alimony verification requires child support agreement or divorce decree as evidence of payment.
3. A Copy for ALL household members, bank statements for the 2 months preceding your application and for February and March 2020 all checking or saving accounts, money market, reload cards, etc.
4. A copy of the statement/record of any other income listed on your application held by ALL household members.
5. A copy of social security cards for ALL Household members over 18. You may obtain a duplicate copy by logging on to My Social Security <https://www.ssa.gov/site/signin/en/>)
6. A copy of the most recent tax return for each adult member (18 years and older).
7. A copy of proof of loss of job as a result of the Covid-19 pandemic (Examples: a letter from employer, copy of the filed application for unemployment benefits)
8. A copy of letter from employer if employment is suspended until the “Stay Healthy At Home Order” is lifted or if the unemployment is permanent.
9. For a renter: A statement from the property owner that you were in good standing prior to the Covid-19 crisis.
10. For an owner: The most recent mortgage statement and evidence that you were denied forbearance or suspension from the lender.
11. If you are requesting utility assistance, a copy of the most recent electricity or oil bill that has not been paid.

Please make copies of these documents and Submit them with your application. An application submitted without the required documentation will not be considered.



**CARES: Emergency Income Payment
Program Application**



Property/Address: _____

Date: _____

Household Information: Complete the following information for each household member that occupies the unit:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Primary Phone: () _____ **Alternate Phone:** () _____

Email address: _____

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?

Yes **No**

If YES, explain _____

2. Are any members of the household listed above full-time students?

Yes **No**

If YES, explain _____



Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

- 1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?
 Yes **No** (Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company (or note if self-employed)</u>	<u>Amount</u>

- 2. Unemployment benefits or worker's compensation?
 Yes **No**

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>

- 3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?
 Yes **No**

<u>Household Member</u>	<u>Name of Organization</u>	<u>Amount</u>

- 4. (a) Child Support or Spousal Support (alimony)?

Yes No

<u>Household Member</u>	<u>Name of Organization</u>	<u>Amount</u>

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency

Name of Agency: _____

Court of Law

Name of Court: _____

Directly from Individual

Name of Person: _____

Other

Explain: _____

(c) If money is not actually received, are you taking legal action to remedy?

Yes No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration?

Yes No

<u>Household Member</u>	<u>Type of Assistance (SS/SSI)</u>	<u>Amount</u>

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
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7. Regular payments from a severance package?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

8. Regular payments from any type of settlement? (For example, insurance settlements)

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

9. Disability, death benefits or life insurance dividends?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

10. Regular gifts or payments from anyone outside of the household?

Yes No (This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

11. Educational grants, scholarships, or other student benefits?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

12. Regular payments from lottery winnings or inheritances?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

13. Regular payments from rental property or other types of real estate transactions?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

14. Any other income sources or types not listed above?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

15. Do you or any other household member expect any change in income in the next 12 months?

Yes No

If YES, explain: _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?

Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>

2. CDs, money market accounts or treasury bills?

Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>

3. Stocks, bonds or securities?

Yes No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>

4. Trust funds?

Yes No

<u>Household Member</u>	<u>Bank or Financial Institution Name</u>	<u>Amount</u>

Are any of the above listed trusts irrevocable? Yes No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?

Yes No

<u>Household Member</u>	<u>Location of the Account</u>	<u>Amount</u>

6. Cash on hand?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

7. Surrender value of a whole life, universal life, or endowment insurance policy that is available to the policy holder before death?

Yes No

<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

Yes No

<u>Household Member</u>	<u>Source of benefit</u>	<u>Amount</u>

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

10. Do you have a safe deposit box containing contents with a monetary value?

Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>

Explanation: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide the necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Household Expenses:

	Current	Pre Covid-19	BALANCE OWED
FIXED MONTHLY PAYMENTS			
Rent/Mortgage	_____	_____	_____
Home Equity Line of Credit	_____	_____	_____
Real Estate Taxes	_____	_____	_____
Real Estate Insurance	_____	_____	_____
Property Mortgage Insurance	_____	_____	_____
TOTAL HOUSING PAYMENT	\$ -	\$ -	\$ -
INSTALLMENT/CREDIT CARD PAYMENTS			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL FIXED PAYMENTS	\$ -	\$ -	\$ -

MONTHLY EXPENSES				BALANCE OWED
Heating	Type: _____	_____	_____	_____
Electricity		_____	_____	_____
Water/Sewer		_____	_____	_____
Maintenance/Repairs		_____	_____	_____
Cellphone		_____	_____	_____
Cable/Internet		_____	_____	_____
Life/Medical Insurance		_____	_____	_____
Medical Expenses not covered by Insurance		_____	_____	_____
Auto Operating Expenses		_____	_____	_____
Auto Insurance		_____	_____	_____
Groceries		_____	_____	_____
Childcare		_____	_____	_____
Other (Describe) _____		_____	_____	_____
Other (5% of Total Income)		_____	_____	_____
TOTAL MONTHLY PAYMENTS		\$ _____	\$ _____ -	\$ _____ -
CASH AVAILABLE AFTER EXPENSES		\$ _____	\$ _____ -	

Signature Clause:

I understand that the City is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant the City the right to process this application for the purpose of providing emergency assistance. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only
Application Date: _____ Time: _____
Is the application complete and all documentation included?
Missing Documentation:
Date Applicant notified: _____