

City of Lewiston
CARES EMERGENCY INCOME PAYMENT PROGRAM
APPLICATION

Lewiston CARES Rent/Mortgage Relief Application and Affidavit

Tenant First Name: _____ Tenant Last Name: _____
Tenant Email: _____ Phone Number: _____
Rental Address: _____ Unit #: _____ City: _____ State: _____ Zip Code: _____
Mailing Address: (if different) _____ City: _____ State: _____ Zip Code: _____

Names of all other household members (household members include anyone residing in the unit, roommates, children, etc.):

#1 First Name: _____ Last Name: _____ Date of Birth: _____
#2 First Name: _____ Last Name: _____ Date of Birth: _____
#3 First Name: _____ Last Name: _____ Date of Birth: _____
#4 First Name: _____ Last Name: _____ Date of Birth: _____
#5 First Name: _____ Last Name: _____ Date of Birth: _____
#6 First Name: _____ Last Name: _____ Date of Birth: _____

Race of Applicant:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Black or African American and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> American Indian or Alaskan Native and White |
| <input type="checkbox"/> American Indian or Alaskan Native and Black/
African American | <input type="checkbox"/> Others reporting more than one race |

I declare, under penalties of perjury, as follows:

1. I pay rent or a mortgage to _____ (Landlord or bank) whose contact information is
Mailing Street Address: _____
City: _____ State _____ Zip Code: _____
If payment is to be made to a lender, loan number _____.
2. My household lost 25% or more of its income due to COVID-19 and has not been able to replace the income through unemployment insurance, new employment, or any other income and is now unable to pay rent or the mortgage for my residence.
3. My household's monthly gross income from all sources prior to March 15, 2020 was \$_____.
4. My household's gross income, (prior to taxes and other deductions) **from all sources** for the current month is \$_____.
5. My household's monthly rent/mortgage payment is \$_____.
6. My household is seeking assistance for Rent/Mortgage Gas/Heat Electric (please attach utility bill).
7. My household does not have sufficient savings or liquid assets to pay the rent, mortgage or utilities.

8. My residence is not subsidized through Section 8 or other federal or state resources and my household is responsible for the full payment of the rent or mortgage.
9. No other person in my household has applied for or will apply for the Lewiston CARES Program, the MaineHousing COVID—19 Rental Relief Program, or any other federal/state funded rental relief source. I understand that I may apply for assistance again under this program provided that my household does not receive greater than \$1,000 for rent per month and no more than a total of \$1,000 in utility assistance over six months.
10. My Landlord has agreed to not evict me for nonpayment of rent in any month in which the City provides assistance and will execute a document stating the same prior to the City issuing a check to the landlord.



LEWISTON

CARES: Emergency Income Payment Program

APPLICANT AFFIDAVIT



11. **I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the City of Lewiston to investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a Class D crime (17-A MRSA ch.19) and will subject me to criminal penalties and civil remedies.**

I am signing this Application and Affidavit by wet signature or a facsimile thereof.

Date: _____

Signature: _____

Printed Name: _____



LEWISTON
CARES: Emergency Income Payment Program
LANDLORD INFORMATION AND AFFIDAVIT



Payment Information (Must match information on W-9)

Pay to the order of: _____

Address to send payment to: _____

Tenant Name: _____

Address/Unit # rent will applied to: _____

I _____ am the owner and landlord of the property located at _____ in Lewiston, ME.

The rent on this unit is \$_____ per month (**attach lease**)

- I certify that the tenant applicant was up to date with payments through March 2020.
- I certify that I am not receiving Tenant or Project Based Section 8 or other federally funded Tenant Based Rental Assistance for this unit.
- I agree to not evict the tenant during the time frame Lewiston rental assistance is being provided.
- I understand that I cannot receive more than 6 months in assistance payments per qualified tenant through the Lewiston CARES: Emergency Income Payment Program.
- I understand that a completed W-9 will need to be provided to the City prior to the City processing and issuing payment and that I will receive a 1099 from the City at the end of the year.

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the City of Lewiston to investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a Class D crime (17-A MRSA ch.19) and will subject me to criminal penalties and civil remedies.

I am signing this Application and Affidavit by wet signature or a facsimile thereof.

Signature

Date