CDBG-CV COVID-Related Mortgage Assistance

SELF has partnered with Neighborhood Housing Services of Hamilton, INC (NHSH)-A HUD certified counseling agency to help assist those who are seeking COVID-19 Related-**MORTGAGE ASSISTANCE ONLY**. This assistance can be used for 3 consecutive months of mortgage arrears. The following documents and completed forms are needed in order to process your request for COVID-Related Assistance. Once you have collected all your required paperwork. All completed forms and supporting documents can be dropped off or mailed to NHS – drop off box is located by front door; or emailed to Tina@nhshome.net; or faxed to 513-737-9304. Your request will be reviewed to determine your eligibility after we receive all your paperwork. All applicants must meet qualifying criteria including being a Butler County resident, have income at or below 80% AMI, and have been directly affected by COVID. Funding for Emergency COVID-Related Assistance is limited and not guaranteed. Requests will be reviewed for approval in the order that they are received. The approval process may take up to two weeks.

- ☐ Applicant Intake Form (in this packet)
- ☐ Mortgage Emergency Request Form (in this packet)
- ☐ Completed COVID-19 Impact Form (in this packet) and YOUR supporting documents (examples include a letter from your employer; a doctor's note; COVID test result; brief statement)
- ☐ CDBG-CV Individual Applicant Request for Assistance and Duplication of Benefits Worksheet
- ☐ Proof of income for the past **30** days for all household members 18 and older. Examples include job paystubs, 2021 SSI / SSA award letters, unemployment, pension, etc.
- ☐ Copy of your State issued ID or driver's license
- ☐ Copy of Social Security cards for everyone living in the household
- ☐ Completed and signed **T**hird Party **A**uthorization Form (in this packet)
- ☐ Notice of delinquent mortgage - copy of your most Current **M**ortgage Statement

Your request will be reviewed to determine your eligibility after we receive **all** your paperwork. **Incomplete applications will not be processed.** Requests will be reviewed for approval in the order they are received. The approval process may take up to two weeks.

Funding is limited and not guaranteed.

NHS Mailing Address
100 S. MLK Jr BLVD
Hamilton, OH 45011
513-737-9301

NHS Drop Off Address
100 S. MLK Jr BLVD
Hamilton, OH 45011
513-737-9301

SELF - Supports to Encourage Low-income Families **CDBG Applicant Intake Form**

Client Number	Program Name	Application Date:
	☐ 2021 Mortgage Assistance	

Primary Applicant

First Name:	M.I.:	Last Name:

Social Security Number:	Date of Birth:	Gender
___ / ___ / ____	__ / __ / ____	☐ Male ☐ Female ☐ Other

Primary Applicant Demographic Information

US Citizen?	Client Disabled?	Military Status	Ethnicity:
☐ Yes ☐ No	☐ Yes ☐ No	☐ Veteran ☐ Active ☐None	☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race:

☐ American Indian/Alaskan Native
☐ Black/African American
☐ Native Hawaiian/Pacific Islander
☐ Unknown/Not-reported
☐ Asian
☐ White
☐ Other

Education:

☐ Grade 0-8
☐ High School Grad/GED
☐ 2 or 4 Year College Graduate
☐ Grades 9-12/Non-Graduate
☐ 12+ Some Post-Secondary Education
☐ Graduate or post-secondary school

Housing Status: ☐ Own ☐Rent ☐Homeless ☐Other Permanent Housing Other:

Building Type:

☐ Mobile Home
☐ Single Family
☐ Multi-family low rise (3 stories or less)
☐ Multi-family high rise (3 stories or more)

Work Status:

☐ Employed full-time
☐ Employed part-time
☐ Retired
☐ Unemployed (short-term, **6 mos. or less**)
☐ Unemployed (long-term, **more** than 6 mos.)
☐ Unemployed (not in labor force)
☐ Migrant Seasonal Farm Worker
☐ Youth 14-24 who are neither working nor in school

Source of income:

☐ Employment ☐ Pension ☐ Self-Employment
☐ Social Security ☐ No income/Zero Income ☐ TANF/ADC
☐ SSI/SSDI ☐ Unemployment ☐ Child Support
☐ Other (Please Specify)_____

Income Received:

$

☐ Weekly ☐ Monthly
☐ Bi-Weekly ☐ Yearly

Household Information:

Address:			Apt/Lot:
City:	State:	Zip Code:	County:
Phone Number:	Email Address:		

Preferred method of contact? ☐Mail ☐ Phone ☐ Email

Number of People in Household:

Family Type: ☐ Single Parent/Female ☐ Single Parent/Male ☐ Two-Parent Household ☐ Single Person ☐ Two Adults/No Children ☐ Non-related Adults with children ☐ Multigenerational Household ☐ Other

Health Insurance Type:

☐ Medicaid
☐ Medicare
☐ State CHIP
☐ Private/Employment Based
☐ State Health Insurance for Adults
☐ Self-Insured/Direct Pay

Non-Cash Benefits:

☐ Affordable Care Act Subsidy ☐ Permanent Supportive Housing
☐ Childcare Voucher ☐ HUD-VASH ☐ Housing Choice Voucher
☐ Public Housing ☐ SNAP ☐ WIC ☐ Other_____

* * **List Additional Household Members on the Next Page. Sign and date both pages.**

I certify that these statements are true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature_____ Date_____

Office Use Only: Poverty Ratio:

Additional Household Members					
Social Security #					
Last Name					
First Name					
Date of Birth					
Education					
Gender					
Race					
Ethnicity					
Disabled (Y/N)					
Military					
Health Insurance					
Relationship					
Income Source					
Income					

Additional Household Members					
Social Security #					
Last Name					
First Name					
Date of Birth					
Education					
Gender					
Race					
Ethnicity					
Disabled (Y/N)					
Military					
Health Insurance					
Relationship					
Income Source					
Income					

I certify that these statements are true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature_____ Date_____

CDBG-CV Mortgage Emergency Request Form

Name: _____ Date: _____

Address: _____ City / ZIP: _____

Phone Number: _____ Social Security Number: _____

Email: _____ Are you currently employed: Yes / No

When and where did you last work? _____

How did you hear about SELF? _____

What type of assistance are you requesting? _____

Which months are you requesting assistance for?

_____

_____

Why are you unable to meet this need? _____

_____

Is your request related to COVID? If yes, please explain: _____

_____

_____

Where else have you received assistance?_____

_____

What assistance did you receive and when did you receive it?_____

_____

I agree that the information I provide in my application packet is true and correct. I give SELF employees my permission to contact me after one year to verify that I have not received any other type of financial assistance for my mortgage during this time period.

Applicant Signature: _____ Date: _____

CDBG-CV Assistance Request Related to COVID-19 Pandemic

A State of Emergency has been declared in the United States of America and the State of Ohio due to the COVID-19 global pandemic. I, _____ am requesting assistance to my pay my mortgage in part or in full. I, and/or other residents in my home, have experienced the following circumstances due to the Global Pandemic and State of Emergency it has caused:

- ❑ Loss of Work / Decrease in Available Hours at Work
- ❑ Forced Work Closure
- ❑ Inability to Access or Get to Work
- ❑ Unpaid wages or Other Unpaid Compensation Ordinarily Received
- ❑ Increase in Childcare Costs
- ❑ Forced to Take Off Work due to School Closure or Childcare Change
- ❑ Self Quarantined at Home under Government or Medical Recommendation
- ❑ Stay at Home or Shelter in Place Order by any level of Government Authority
- ❑ Forced to Take Off Work to Care for a Family Member
- ❑ Personal or Family Experiencing Illness, Disability, or Mental Health Issues
- ❑ Lack of Access or Delayed Access to Healthcare
- ❑ Experience of Food Insecurity, Shortages, or Delayed Benefits
- ❑ Increase in Family Expenses due to Pandemic or Emergency Preparedness
- ❑ Unemployment Insurance Unavailable, Insufficient, or Delayed
- ❑ Emergency Assistance Unavailable, Insufficient, or Delayed
- ❑ Loss of Social, Financial, or Health Safety Net
- ❑ Fear and Concern of Future Economic and Health Insecurity and Instability
- ❑ If I Pay for Rent Now, I Will Not be Able to Meet My or My Family's Basic Needs
- ❑ OTHER: _____

_____

_____

_____

_____

_____

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature:_____ Date: _____

CDBG-CV Individual Applicant Request for Assistance and Duplication of Benefits Statement, Certification, and Subrogation Agreement

In accordance with the Coronavirus Aid, Relief, and Economic Security Act (Pub. L. 116–136) (CARES Act), the U.S. Department of Housing and Urban Development (HUD) allocated Community Development Block Grant coronavirus response (CDBG-CV) funds to the State of Ohio to prevent, prepare for, and respond to coronavirus. Recipients of CDBG-CV funds must implement procedures to prevent any Duplication of Benefits (DOB) as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 42 U.S.C. 5121 et seq.). With this form, an applicant for CDBG-CV assistance 1) outlines the costs associated with a proposed coronavirus-related activity; 2) identifies other assistance received or anticipated for the activity; 3) states the CDBG-CV funding request; 4) certifies the accuracy of the information; and 5) **agrees to repay any awarded CDBG-CV assistance that is duplicated.**

Applicant Name	
Applicant Address	
Proposed Activity[1]	☐ Mortgage Assistance
Total Need[2]	$
Total Assistance Received or Anticipated for Proposed Activity[3]	
Total of Non-Duplicative Assistance[4]	
Total Duplication of Benefits (DOB)[5]	
CDBG-CV funding request[6]	$

Proposed Itemized Activity Budget[7]

MORTGAGE ASSISTANCE REQUEST

[1] Eligible activities are: Rental, Mortgage, and/or Utility Assistance. Activity must be associated with an action to prevent, prepare for, or respond to coronavirus.
[2] "Total Need" is the total activity cost. All costs included in total need must be reasonable and necessary. Applicant must provide applicable supporting documentation.
[3] Not including CDBG-CV. "Assistance" includes resources such as cash awards, insurance proceeds, grants, and loans received or anticipated by the CDBG–CV applicant, including awards under local, state or federal programs, and from private or nonprofit charity organizations. "Anticipated" assistance means assistance likely to be received by acting reasonably to evaluate need and the resources available to meet that need. Applicant must provide applicable supporting documentation for any source of funding cited in the total assistance calculation. For reference, HUD's guidance document "CARES Act Programs through SBA, FEMA, IRS, Treasury, USDA, and HHS for CDBG Grantees' Awareness for Duplication of Benefits" provides a summary of federal CARES Act programs.
[4] Assistance is non-duplicative if it is 1) provided for a different purpose; or 2) Provided for the same purpose (eligible activity), but for a different, allowable use (cost).
[5] Total DOB equals "Total Assistance Received or Anticipated for Proposed Activity" minus "Total of Non-Duplicative Assistance."
[6] The CDBG-CV funding request may not exceed the "Total Activity Cost" minus the "Total Duplication of Benefits (DOB)."
[7] Add or delete columns or rows, as needed.

Funding Source	Month 1:	Month 2:	Month 3:
CDBG-CV Request:	$	$	$
(Source)			
(Source)			
(Source)			
(Source)			
Total $	$	$	$

Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. **Additionally, if I/we receive future funding for the same purpose of the any CDBG-CV funds received, I/we will agree to repay the assistance that was duplicated**. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

Applicant Name _____ Signature _____ Date _____

2020 Area Median Income Cincinnati Hamilton Middletown Metro Area $86,300

Family Size	80% AMI	80% AMI/52	80% AMI/26	80% AMI/12
	Annual	Weekly	Bi-Weekly	Monthly
1	$48,350	$929.80	$1859.62	$4,029.17
2	$55,250	$1,062.50	$2,125	$4,604.17
3	$62,150	$1,195.19	$2,390.38	$5,179.17
4	$69,050	$1,327.88	$2,655.77	$5,754.17
5	$74,600	$1,434.62	$2869.23	$6,216.17
6	$80,100	$1,540.38	$3,080.77	$6,675
7	$85,650	$1,647.12	$3,294.23	$7,137.50
8	$91,150	$1,752.88	$3,505.77	$7595.83

2/1/2021

Emergency Assistance Client Appeal Process

SELF will review each application to determine eligibility for assistance. If the application is **denied** you will receive a denial letter explaining why your application was denied. The appeal process is *not applicable* for applications that are closed due to missing documentation. A copy of the denial letter will also be placed in your client file. You have the right to appeal the denial that decision using the process listed below.

Appeal Process

Written Appeal: Clients have 30 days to appeal the decision from the date you receive the denial letter. All appeals must be submitted in writing (letter or email) and include supporting documentation.

SELF

PO Box 1322

Hamilton, OH 45012
Email: info@selfhelps.org

The appeal review must be completed within 30 days of the client request. SELF will notify the client of the decision within 10 days of the decision being made.

Hearing: Clients who were denied during the written appeal process may submit a request for a formal hearing within 30 days of the denial of the written appeal. The client must submit a request for a formal hearing in writing (letter or email). The request is to be made to the executive director of the agency. SELF shall schedule a hearing at a mutually convenient place or held virtually and a hearing officer shall be appointed by the agency. The hearing officer may be a staff member who was not involved in the decision that is being appealed. The client will be notified in writing of the agency's decision regarding the appeal within 10 days of the formal hearing.

State Level Assistance Programs Appeal

If a client wishes to pursue a further appeal, a written State Level Appeal to Development must be submitted within 30 days of the final hearing decision by SELF. The appeal request will be mailed to:

Ohio Development Services Agency
Office of Community Assistance, Appeals
PO Box 2169
Columbus, OH 43216

Development will only review client appeals which have been denied at both the Local Level Community Action Agency (SELF) Written Appeal and Hearing process and that contain new information, or information not considered during the Local Level CAA Written Appeal or Hearing process. The appeal request must contain all of the following information:

- Client's name, address, telephone number.
- Client number (if available).
- Reason for the appeal.
- Supporting documentation; and
- Client's signature.

A decision on the appeal will be made within 30 days of the receipt of the appeal request. The client will be notified within 10 days of the Development decision.

Borrower Authorization of Third Party

Mortgage Servicer name

Customer Service/Loss Mitigation Phone Number

Borrower(s) name(s)

Property address

Mortgage loan account number(s)

Third Party Information (all applicable fields must be completed)

Name of Entity, Agency, Firm: Neighborhood Housing Services of Hamilton, Inc. Phone number: 513-737-9301

Name(s) of authorized person(s): Tina Prichard

Mailing address: 100 South Martin Luther King Jr. Blvd. Hamilton Ohio 45011

Office address: same as mailing address

Email: Tina@nhshome.net Website URL: www.butlercounty-nhs.org

Tax ID#: 31-1353685 State license # (if required): n/a Issuing state: n/a

For non-profit agencies only *

HUD Approved Counseling Agency?

[x] Yes [ ] No

HUD HCS #: 81022

Neighborhood Housing Services of Hamilton, Inc.

For attorneys only **

Do you represent the above named Borrower for a workout arrangement with the named Servicer?

[ ] Yes [ ] No

Firm Name _____

Individual Attorney name(s) _____

_____

All states where licensed _____

** Attorney who represents Borrower must sign below

Third Party Acknowledgement

The undersigned, on behalf of the Third Party, represents that: (i) it is in compliance with Regulation O (Mortgage Assistance Relief Services), if applicable, and all other applicable laws and regulations; and (ii) the Third Party information provided above is true and correct. The undersigned acknowledges that a misrepresentation or omission of fact made in connection with a government program such as Making Home Affordable may result in civil/criminal prosecution.

Signature of Third Party Date

Printed name Title

BORROWER INITIALS

Borrower Authorization (please initial all items)

Third Party you are authorizing (from first page)

I (Borrowers listed below) authorize the above named Third Party to discuss, assist with, or, if applicable, negotiate a workout arrangement on my mortgage(s) with the above named Mortgage Servicer (its affiliates, agents, employees, and successors). A workout arrangement could include a modification or other relief.

I authorize my Mortgage Servicer, and Third Party and Treasury (and its agents) to share with each other public and non-public information about my finances and my mortgage for the purpose of assisting me in obtaining a workout arrangement, including but not limited to: (i) my mortgage payment history, terms of my mortgage; and (ii) my social security number, credit score, income, debts and other information related to obtaining and servicing my mortgage.

I understand that my Mortgage Servicer may contact me directly except in limited situations, such as when I am represented by an attorney, and the Servicer and I must agree to any workout arrangement. I may still contact my Mortgage Servicer at any time.

I understand that this Third Party Authorization Form may not be accepted by my Mortgage Servicer and my Mortgage Servicer will notify me in writing if it is not accepted. Mortgage Loan Servicers have procedures designed to detect fraud or improper activity and must follow privacy laws to protect borrower information.

This Authorization expires one year from the date signed unless Borrower cancels it earlier by writing to the Servicer or by completing an Authorization of a different Third Party.

Do not sign this form until the form is fully completed. Keep a copy of this form.

Be aware of scams!

Federal and State government agencies have prosecuted hundreds of companies and lawyers who illegally charge up-front fees.

Report scams at HOPE Hotline:

888-995-HOPE (4673)

Signature of borrower

Printed name Date

Last 4 digits of SSN

Phone # Email

Signature of co-borrower

Printed name Date

Last 4 digits of SSN

Phone # Email

This form should be transmitted to the Mortgage Servicer as soon as possible and no later than 90 days after the date signed.