



## Oakland County Community & Home Improvement

# Rent, Mortgage & Utility Relief Grant Program for Citizens Affected by COVID-19

## APPLICATION PACKET

**PHASE 1: July 1, 2020 to August 31, 2020 COMPLETED**

**PHASE 2: October 1, 2020 to November 30, 2020**

Applications will be accepted during each phase until funds are exhausted. This program provides a one-time grant for eligible households.

[OakGov.com/COVID/Grants](http://OakGov.com/COVID/Grants)

**Questions? Contact us at:**

[OCHousingRelief@oakgov.com](mailto:OCHousingRelief@oakgov.com) | (248) 858-0730

Applications are available for download at [oakgov.com/covid/grants](http://oakgov.com/covid/grants). A hardcopy of the application can be picked up at any of the locations below or we'll mail a copy to you.

**Submit applications and supporting documentation:**

- Email to [OCHousingRelief@oakgov.com](mailto:OCHousingRelief@oakgov.com)  
*Must be in PDF Format – screenshots will NOT be accepted.*
- Drop off applications between 8:30 a.m. and 3:30 p.m.

**Oakland County Community & Home Improvement**  
Oakland Pointe, Ste. 1900  
250 Elizabeth Lake Road  
Pontiac, MI 48341-0414

**South Oakland Health Office**  
27725 Greenfield Road,  
Southfield, MI 48076

**Novi 52-1 District Court Office**  
48150 Grand River Avenue  
Novi, MI 48374



Funding for this program is part of the Coronavirus Aid Relief and Economic Security Act (CARES) Community Development Block Grant Program through the U.S. Department of Housing and Urban Development.



# Oakland County Community & Home Improvement COVID-19 Rent, Mortgage & Utility Relief Program

## FY 2020/2021 Guidelines

Phase 1: July 1, 2020 to August 31, 2020 COMPLETED

Phase 2: October 1, 2020 to November 30, 2020

*Applications will be accepted during each phase until funds are exhausted. Applications are processed on a first-come, first-qualified, first-served basis.*

### INTRODUCTION

This **one-time grant** is for eligible Oakland County residents to pay up to six months of past-due rent, mortgage and utility payments as a result of a temporary job loss, reduction in work hours or other income hardship caused by the COVID-19 pandemic. Payment(s) will be made by Oakland County on behalf of a qualified household. This program assists low income households whose gross household income is less than 80% of the Area Median Income (AMI) as defined by the U.S. Department of Housing and Urban Development (HUD). See chart on page 3.

Please review these guidelines carefully. **Complete, sign, and submit the Application Form, the Third-Party Authorization and all pertinent documentation. Must be in PDF Format – screenshots will NOT be accepted.**

If you have any questions, you can contact Oakland County's Community & Home Improvement Division by email at [OCHousingRelief@oakgov.com](mailto:OCHousingRelief@oakgov.com) or by phone at (248) 858-0730.

### PROGRAM FUNDING

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) provides critical assistance through HUD's Community Development Block Grant (CDBG) program to address community needs resulting directly from the pandemic. Approximately \$7 million in CDBG COVID funds will support the housing relief program to sustain housing for low income residents and prevent homelessness. Residents of Oakland County are eligible to apply for assistance.

### ELIGIBLE USE OF FUNDS

Direct payments will be made to the landlord or property manager, mortgage company or utility company on the applicant's behalf. **No payments will be made directly to the applicant.**

- Rent payment (includes land contract payments, mobile home lot rent, late fees, court costs)
- Mortgage payment and/or association fees
- Utility payment (gas, electric, water and sewer)

## APPLICANT ELIGIBILITY

Applicants must meet the following criteria:

- Employment/income must have been impacted by the COVID pandemic, beginning March 10, 2020 or later or other COVID-related hardship
- The hardship that renders the household unable to pay rent, mortgage or utilities must be COVID related
- Rent or mortgage must be past due a minimum of one month
- Rent or mortgage assistance payment must bring the balance owed current
- Applicant(s) must be a current legal resident in Oakland County with proof of ID that matches the address on the lease, mortgage statement or utility bill
- May only apply for rent, mortgage and utility assistance related to currently occupied property
- Have a household income at or below 80% AMI as defined by HUD at the time of application (see chart below)
- One application per household
- Household liquid assets (e.g., savings, checking, cash) are limited to \$10,000
- Applicant or any member of applicant’s household cannot be an Oakland County government elected official or current employee of the Oakland County Community & Home Improvement Division
- Applicant cannot currently receive any subsidized rental assistance
- Applicant must sign an agreement ensuring there are no other local, state, federal or other charitable resources paying for the same rent, mortgage or utility assistance
- Must be able to sustain future housing payments using 50% or less of household gross income

## INCOME ELIGIBILITY

Applicants are qualified by the maximum income categories listed below based on the household size. Maximum gross household income is based on 80% Area Median Income (AMI) as defined by HUD. An applied assumption is that your current income will continue for the next 12 months.

HOUSEHOLD INCOME ELIGIBILITY	
Persons Per Household	Maximum Income Limits
1	\$44,000
2	\$50,250
3	\$56,550
4	\$62,800
5	\$67,850
6	\$72,850
7	\$77,900
8	\$82,900

The U.S. Department of Housing and Urban Development (HUD) recommends that households should spend less than 50% of gross household income for housing. Housing counseling information is available at [OakGov.com/CHI](http://OakGov.com/CHI)

*FY2020 Income Limits*

## APPLICATION

Funds will be provided on a first-come, first-qualified, first-served basis. **For consideration, applications must be fully completed and include all required supporting documentation.** Application forms can be downloaded from the County's Community & Home Improvement Division website at [OakGov.com/COVID/Grants](http://OakGov.com/COVID/Grants). Applications and all supporting documentation can be submitted by email to [OCHousingRelief@oakgov.com](mailto:OCHousingRelief@oakgov.com). Must be in PDF format — screenshots will NOT be accepted. Applications can be mailed or dropped off between 8:30 a.m. – 3:30 p.m. at:

### Oakland County Community & Home Improvement

Oakland Pointe, Ste. 1900, 250 Elizabeth Lake Road, Pontiac, MI 48341-0414

### South Oakland Health Office

27725 Greenfield Road, Southfield, MI 48076

### Novi 52-1 District Court Office

48150 Grand River Avenue Novi, MI 48374

## DISTRIBUTION OF FUNDS

Once the complete application is reviewed, the applicant will be notified of approval or denial. The County will issue payment to the rental owner or mortgage company directly.

NOTE: Please complete and sign the Third Party Authorization Form and provide all documentation.

## RESOURCE REFERRALS

Referrals to other programs offering financial assistance for rent, mortgage and utilities will be recommended if an applicant is not eligible for this program or to other resources to meet additional housing needs. No cost housing counseling services may be recommended.

## APPLICANT DOCUMENT CHECKLIST

 Done	Document
<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	Third Party Authorization and Waiver of Confidentiality — signed/completed with client information
<input type="checkbox"/>	State of Michigan Photo ID (must match the address on the lease/mortgage)
<input type="checkbox"/>	Active Lease agreement, including an agreement to rent month-to-month if expired
<input type="checkbox"/>	Notice to Quit or other written documentation of amount of rent owed
<input type="checkbox"/>	Most recent mortgage statement
<input type="checkbox"/>	Complete utility bills for past six months
<input type="checkbox"/>	Most recent Bank Statements
<input type="checkbox"/>	Verification of ALL sources of Income for all household members over 18 years of age. Examples include: <i>Pay Stubs (1 month), Unemployment Award Letter, Social Security, Disability, or SSI Award Letter, Verification of Pension, Verification of Child Support/Alimony, Veteran's Benefit, Worker's Compensation Statement, Self-employment – Year to date Profit/Loss and last two year's income tax</i>

# Oakland County Community & Home Improvement COVID-19 Rent, Mortgage & Utility Relief Program

## Application

The information provided shall be kept confidential and used only for the purpose of determining eligibility for financial assistance. **Please complete all sections.**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Community: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I rent my home:

Yes  No

I own my home:

Yes  No

Housing Type:

Apartment  Duplex  Mobile Home

Condo  Single-Family Home

Is this your primary residence?

Yes  No

### HOUSEHOLD INFORMATION

List all individuals living in your home:

	Name	Relationship	Date of Birth
Applicant			
Co-applicant			
Person 3			
Person 4			
Person 5			
Person 6			

## INCOME DATA

Enter all regular gross (before taxes or other deductions such as medical insurance) monthly income, for every person living in the house, in the appropriate columns below. Income includes wages, Social Security, Disability, Social Security Income, Pensions, Veterans Administration benefits, Worker's Compensation, Michigan Department of Health and Human Services funds, child support, alimony, unemployment, self-employment, and any other regular payments received by the household.

INCOME					
Family Members	*Monthly Gross Wages	Monthly Gross Benefits and Pensions	Monthly Public Assistance	Other Monthly Income ie: child support, alimony, unemployment	
				Amount	Specify
Applicant					
Co-Applicant					
Person 3					
Person 4					
Person 5					
Person 6					
Monthly Totals	a.	b.	c.	d.	
Total Monthly Income (add a, b, c, and d and enter the result in e)				e.	
Total Annual Income (multiply e by 12 and enter result in f)				f.	

*\*Income is calculated annually for qualification purposes.*

*To calculate if you are paid with an hourly wage: Hourly wage x Number of hours x 52 divided by 12*

*To calculate if you are paid weekly: Weekly pay x 52 divided by 12*

*To calculate if you are paid bi-weekly: Bi-weekly pay x 26 divided by 12*

## SAVINGS, INVESTMENTS, ASSETS

Enter all liquid assets such as checking, savings, and cash on hand and on pre-paid benefit cards for all household members.

Type	Amount	Name of Institution
Checking		
Savings		
Other		
Other 2		

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**HARDSHIP**

Describe briefly why you fell behind on your housing or utility payments? (i.e., COVID related unemployment, medical costs, child care issues):

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**RENT / MORTGAGE / UTILITY PAYMENT**

*I am seeking help with the following (check all that apply):*

Type	Yes/No	Account #	Amount Due
Mortgage			
Rent			
Association Fee			
Gas/Heating Source			
Electric			
Water/Sewer			

Name of Mortgage Company/Landlord/Association: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**FAMILY CHARACTERISTICS**

Female head of household:

Yes  No

Disabled:

Yes  No

Ethnicity:

Hispanic  Non-Hispanic

Race:

White  Black/African American  Asian  American Indian/Alaskan Native  
 Native Hawaiian or Other Pacific Islander

Multi Race:

Black/African American & White  American Indian/Alaskan Native & White  
 American Indian/Alaskan Native & Black/African American  
 Asian & White  Other

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## APPLICANT AGREEMENT

### Penalty for False or Fraudulent Statements:

U.S. C. Title 18, Sec. 1001, provides: “whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly falsifies ... or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

### Data Privacy Act:

The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the CDBG-CV Rent, Mortgage & Utility Relief Grant Program for Citizens. Failure to provide the requested information may jeopardize the application for rent/mortgage/utility assistance.

1. I/We understand that verification of the information provided above may be obtained from any source.
2. I/We understand, if I/We provide false information or fail to disclose full information as to any material fact/s, that this application may be rejected, may be terminated, and that I/We may be liable in a civil action or other legal remedy at the option of the County of Oakland.
3. I/We fully understand that it is a federal crime if I/We knowingly make any false statements for the purpose of obtaining this financial assistance, and that it is punishable by fine or imprisonment, or both.
4. I/We certify that all information in this application is true and complete to the best of my/our knowledge and belief.
5. I/We certify that I/We occupy the address above.
6. I/We understand that the funds will be awarded as a grant.
7. I/We certify that we will not receive duplication of benefits from another agency.
8. I/We understand that we may only receive this funding once.
9. I/We understand that we may be required to speak with a HUD certified Housing Counselor regarding our situation.

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Applicant Signature

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Date

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Co-Applicant Signature

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Date

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## RETURN APPLICATION, WITH SUPPORTING DOCUMENTATION TO

### Submit applications and supporting documentation:

- Email to [OCHousingRelief@oakgov.com](mailto:OCHousingRelief@oakgov.com)
- Drop off applications between 8:30 a.m. and 3:30 p.m.

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Applications will be reviewed on a first-come, first-qualified, first-served basis. Applications will be accepted until the grant funds are exhausted or the County of Oakland determines that grant funds are no longer necessary to mitigate the negative effects of the COVID-19 pandemic.



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## THIRD-PARTY AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To: \_\_\_\_\_  
*Mortgage Servicer/Landlord/Utility Co.*

Regarding:

Client Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Account #: \_\_\_\_\_

This is to notify you that I (we), \_\_\_\_\_,  
*Client Name(s)*

residing at \_\_\_\_\_, authorize  
*Client Address*

Oakland County Community & Home Improvement and its representatives to assist me with my housing issues including contact with my mortgage servicer, landlord, and utility companies. You are authorized to provide any records and information about me and my case including confidential information that may be asked for.

\_\_\_\_\_  
*(Client Signature)* \_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Client Signature)* \_\_\_\_\_  
*(Date)*

This authorization will be valid for four months.

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