

Grant Guidelines

Venango County Low-Moderate Income Rent/Mortgage/Utility Assistance

Administered by the Venango County Regional Planning Commission and the Pennsylvania Department of Community and Economic Development.

Funded through the Federal CARES Act, creating the Community Development Block Grant Program to prevent, prepare for, and respond to the Coronavirus (CDBG-CV) program.

PROGRAM OVERVIEW

In response to the COVID-19 pandemic, with funding provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which created the CDBG-CV Program, the County of Venango, Sugar creek Borough, and Cranberry Township are offering three months of financial relief from rent, mortgage, and utility payments to low- to moderate-income residents. This program is available for all county residents, outside the cities of Franklin and Oil City. For programs offered by Franklin and Oil City, please contact the appropriate administrative offices.

This program is designed to provide assistance to residents who have lost income as a direct result of the COVID-19 pandemic. Low to moderate income is defined as households earning 80% or less of the Area Median Income (AMI). This is based on gross income from all sources. In Venango County, the 80% income threshold, as defined by the U.S. Department of Housing and Urban Development, follows:

<u>Household Size</u>	<u>Annual Income</u>	<u>Household Size</u>	<u>Annual Income</u>
1	\$36,500	5	\$56,300
2	\$41,700	6	\$60,450
3	\$46,900	7	\$64,650
4	\$52,100	8	\$68,800

This program is subject to funding availability. In addition to rent or mortgage payments, qualifying utility costs eligible for funding include electric, gas, and Internet. ***The program will not issue payments directly to applicants.*** Payments will only be sent directly to landlords, mortgage companies, and utility companies, all of whom must be willing to participate in this program. Landlords must be able to provide the County with completed IRS W9 forms or Social Security Numbers. The first monthly payment will cover all relevant bills currently in arrears. **Applicant must submit monthly billing statements from all relevant sources in order for payments to be made.**

The submission of an application for this program does not constitute acceptance, meeting minimum qualification criteria, nor is it a guarantee of a program award. All information submitted will be individually verified; and households that provide false or misleading information or that apply more than once for the program will be disqualified. Households already receiving public assistance or are participants on the Section 8 Housing Choice Voucher program do not qualify for this program.

Eligible Applicants

- US citizen, permanent resident, or granted legal immigration status.
- Renters and Homeowners living in Venango County (outside of Franklin, Oil City).
- Applicant must not be receiving other household subsidies for the same services/housing for the same period of months.
- Household incomes at or below 80% of the AMI (see above table).
- Lost household income as a result of COVID-19.
- A gap remains between current household income and pre-COVID household income.
- Must provide documentation of income received as a result of any government response program for COVID-19, such as unemployment compensation.

Income Verification

Eligible households must meet income guidelines. For Community Development Block Grant (CDBG) funding, an income-eligible household is at or below 80% of the Area Median Income (AMI). The following process is the way by which the County will verify household incomes.

- Household income verification requires the applicant to provide current gross income for everyone living in the home – at least 50% of their time – at least 18 years of age. Household income will be determined by projecting the household’s current rate of income at the time assistance is provided. Third-party documentation of income is required (see below *“Supporting Income Documentation”*). Households must self-certify income via the “COVID-19 Certification of Family Annual Income” attached to this document; and provide minimum required backup documentation to verify eligibility. Household income includes income from all wage- or income-earning household members, including senior citizens receiving Social Security or pension payments, households with multiple wage-earners, income from spousal and child support payments, and income from unemployment or other public benefit programs. Income does not include income from minors.

Supporting Income Documentation

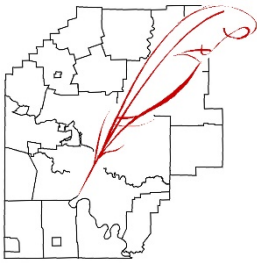
- 2019 and 2020 year tax returns, W-2s, or 1099s.
- Most recent three months’ pay stubs (if applicable).
- Most recent six months’ bank statements.
- Social Security benefit statement (if applicable).
- Unemployment benefit statement (if applicable).
- Statement of loss of income (for self-employed) including current year annual income.
- Other proof of income and/or loss of income that may be determined necessary.
- Signed statements of no-income (operators may prepare template statements of no-income letters that can be signed and dated at application submittal).

Required Documentation

1. Proof of legal residency or eligible immigration status (photo ID, passport, alien resident card, etc.).
2. Job termination letter, unemployment verification letter, or other proof of lost income on or after 3/19/20.
3. Copy of three (3) most recent paystubs for all adult household members.
4. Copy of six (6) most recent bank statements, annuity statements, and/or any other documentation showing personal assets.
5. Copy of 2019-2020 filed Tax Return or 2019-2020 W-2 and/or 1099 statements.
6. Consent and Authorization to Release Information Form (attached).
7. COVID-19 Certification of Family Annual Income (attached).
8. Copy of current executed lease agreement under applicant’s name or showing applicant as tenant (if applicable), effective prior 3/19/20 (the term of the lease must be through current date).
9. Copy of rent receipt or proof of paid rent.
10. IRS W-9 form or SSN from landlord. Landlord will receive IRS form 1099 from the County of Venango for rent paid by the County.
11. Copy of mortgage statement under applicant’s name. The address of the property listed on the mortgage statement must be located within Venango County (if applicable).
12. Proof that mortgage payment was current through at least 3/19/20 (if applicable).
13. Copy of most recent utility bills – gas, electric, Internet (if applicable).
14. Proof that utilities were current through at least 3/19/20 (if applicable).

**disclosure of SSNs is considered information subject to the Federal Privacy Act (5 USC §552a, as amended).*

Return the completed application by mail, drop-off, or email to Joshua Sterling, Community Development Planner, the Venango County Regional Planning Commission, at 1168 Liberty St., Franklin, Pa., 16323.



Application For Assistance

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1. Applicant Name

Co-Applicant Name (Optional)

2. Primary Contact Information

Address: _____ Municipality: _____

_____ Applicant SSN: _____

_____ Email Address: _____

Home Phone: _____ Alt. Phone: _____

3. Contact Information: Landlord or mortgage lender

Address: _____ Phone: _____

4. Assistance Requested

For what cost are you seeking economic relief (select all that apply)? Mortgage Assistance Rental Assistance Utilities

5. Rent/Mortgage Monthly Payment \$_____ per month

7. (For Renters) Was your rent/mortgage current, as of 3/19/2020? Yes No

8. (For Homeowners) Are you current on County real estate taxes? Yes No

9. Check the box to indicate you authorize the County to contact the mortgager/landlord/utility: Yes

10. Did you lose income as a direct result of the COVID-19 pandemic? Yes No

Describe how your household lost income as a result of the COVID-19 pandemic on the attached "COVID-19 Certification of Family Annual Income" document, Box 7.

FOR OFFICE USE ONLY

Applicant submitted documentation:

- | | | |
|--|--|--|
| <input type="checkbox"/> Proof of residency (Photo ID) | <input type="checkbox"/> Rent receipt | <input type="checkbox"/> Authorization of Release Form |
| <input type="checkbox"/> Job termination letter | <input type="checkbox"/> Landlord W9 | <input type="checkbox"/> Lease agreement |
| <input type="checkbox"/> Copy of 3 paystubs | <input type="checkbox"/> Mortgage statement | <input type="checkbox"/> 2019-20 tax documents |
| <input type="checkbox"/> Copy of 6 bank statements | <input type="checkbox"/> Proof mortgage payment was current pre-COVID | |
| <input type="checkbox"/> Most recent utility bills | <input type="checkbox"/> Proof that utility bills were current pre-COVID | |



COVID-19 CERTIFICATION OF FAMILY ANNUAL INCOME

PURPOSE OF THE FORM

This is a written statement for individuals or families applying for **CDBG-CV assisted Direct Benefit activities**. The statement documents compliance with the specific COVID-19 related services being provided and the number of beneficiary members in the family/household. To complete this statement: report income being received or expected to be received on the date of completion.

This statement and supporting documents must accompany the program administrator's application for assistance.

This form is applicable for CDBG-CV funded Subsistence / Emergency Payments public services activity.

CLIENT INFORMATION

1. NAME:		2. CLIENT ID:	
3. ADDRESS:			
4. CITY:	5. STATE:	6. ZIP CODE:	
For COVID-19/CARES Act: The certification must indicate how the applicant's financial situation has changed, (i.e., job loss or reduced wages).			
7. DESCRIBE LOSS/REDUCTION IN INCOME/HOURS OR OTHER APPLICABLE INFORMATION:			
8. This certification includes all income, including any supplemental unemployment received by the individual /family as a result of the pandemic except for the emergency tax relief and unemployment benefits received as a result of COVID _____ (initials).			

FAMILY INFORMATION

Enter all family member name(s) and date(s) of birth below.

Family Member #	Last Name	First Name & Middle Initial	Relationship to Head (e.g.: spouse, child, etc.)	Date of Birth (MM/DD/YYYY)	Disabled (Yes/No)	Student (Yes/No)
#1			Head			
#2						
#3						
#4						
#5						
#6						

FAMILY'S GROSS ANNUAL INCOME

****All income sources of any kind should be gross, before taxes are taken out or reduction for either income or benefits.**

Source	Frequency (week/ bi-weekly/ month/annual)	Family Member #1	Family Member #2	Family Member #3	Family Member #4	Family Member #5	Family Member #6
Earned Income**							
Employer							
Net income from a business							
Benefit Income							
Annuities							
Disability/ Worker's Compensation							
Social Security							
Supplemental Security Income (SSI)							
Temporary Assistance to Needy Families (TANF)							
Veterans Administration (VA) Benefits							
Unemployment							
Other Income							
Alimony							
Child Support							
Retirement or Pension							
Adoption Assistance (count only the first \$480)							
Trust							
Cash assistance from friends or family not residing in the household							
Other							
Totals							

TOTAL GROSS FAMILY INCOME:
 (This total should reflect the projected ANNUAL/YEARLY earnings of all household members.)

\$

DEMOGRAPHIC INFORMATION

1. RACE IDENTIFIERS:

- White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native and White Asian and White Black/African American and White
 American Indian/Alaskan Native and African/American
 Other: _____ Other Multi-Racial: _____

2. DO YOU CONSIDER YOURSELF AS BEING OF HISPANIC ETHNICITY?

- Yes No

3. IS HEAD OF FAMILY DISABLED?

- Yes No

4. IS THE HEAD OF FAMILY FEMALE?

- Yes No

CERTIFICATION

**I/we certify that this information is complete and accurate to the best of my knowledge.
I/we agree to provide, upon request, any additional documentation on all income sources to the Program Administrator.**

HEAD OF HOUSEHOLD ADULT / FAMILY MEMBER #1

SIGNATURE OF FAMILY MEMBER #1:	PRINTED NAME OF FAMILY MEMBER #1:	DATE:
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OTHER BENEFICIARY ADULTS*

SIGNATURE OF FAMILY MEMBER #2:	PRINTED NAME OF FAMILY MEMBER #2:	DATE:
SIGNATURE OF FAMILY MEMBER #3:	PRINTED NAME OF FAMILY MEMBER #3:	DATE:
SIGNATURE OF FAMILY MEMBER #4:	PRINTED NAME OF FAMILY MEMBER #4:	DATE:
SIGNATURE OF FAMILY MEMBER #5:	PRINTED NAME OF FAMILY MEMBER #5:	DATE:
SIGNATURE OF FAMILY MEMBER #6:	PRINTED NAME OF FAMILY MEMBER #6:	DATE:

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD or DCED at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

***** THIS PAGE TO BE COMPLETED BY SERVICE PROVIDER ADMINISTRATOR *****
DETERMINATION OF INCOME ELIGIBILITY

1. CURRENT FAMILY SIZE:	2. TOTAL ANNUAL FAMILY INCOME FROM ALL SOURCES:
3. CURRENT HUD INCOME LIMIT*:	4. FAMILY MEETS THE FOLLOWING INCOME RESTRICTIONS: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> Over 80%

SIGNATURE OF SERVICE PROVIDER ADMINISTRATOR

Based on the representations herein and upon the information submitted, the individual(s) named on page one of this Certification is/are eligible under the provisions of the Cares Act for CDBG-CV funding.

SIGNATURE OF SERVICE PROVIDER ADMINISTRATOR:	PRINTED NAME OF SERVICE PROVIDER ADMINISTRATOR:	DATE:
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*Administrator is required to document the appropriate HUD Income Limits used in this determination.

Venango County Regional Planning Commission
1168 Liberty Street, Franklin, Pa., 16323
Phone: (814) 432-9689/Fax: (814) 432-9781

**CONSENT AND AUTHORIZATION TO DISCLOSE
AND USE CONFIDENTIAL INFORMATION**

To: _____
(Agency Name)

Re: _____
(Client/Clients Name)

(Agency Address)

(Client/Clients Address)

I/We the undersigned Client or, in the case of a minor, the parent or guardian, hereby voluntarily consent and grant permission:

- a. To the above-named person or entity to fully disclose, discuss with and release to a representative of the County of Venango any and all private, confidential, and other information and provide all documents necessary and useful in completing my/our application for service or for providing said service through THE VENANGO COUNTY REGIONAL PLANNING COMMISSION.
- b. To THE VENANGO COUNTY REGIONAL PLANNING COMMISSION to fully disclose, discuss with and release to the above named person or entity any and all information and documents necessary and useful to complete all applications or for providing said services.

I/We understand that THE VENANGO COUNTY REGIONAL PLANNING COMMISSION will treat this information in a confidential manner. However, I/we voluntarily consent and grant permission to THE VENANGO COUNTY REGIONAL PLANNING COMMISSION and its representatives to use and fully disclose, discuss, and release all such information to doctors, therapists, other professionals, and persons who have a need to know such information to complete my/our application, evaluation, or for the provision of said services.

Unless revoked in writing delivered to THE VENANGO COUNTY REGIONAL PLANNING COMMISSION, this Consent and Authorization will expire on the date that the client is no longer involved or enrolled in the Program. No revocation shall affect any action that has been taken in reliance on this Consent and Authorization. The recipient can rely on the presentation of this Authorization as proof that it has not expired or been revoked.

I/We understand that in order to enroll in or receive services through the Program, I/We must sign this Consent and Authorization.

I/We certify that prior to signing this Consent and Authorization, I/we read it and understand all items and terms herein and that this Consent and Authorization is signed and given freely, voluntarily, and knowingly. A copy or facsimile of this Consent and Authorization shall be as valid as the original. I/We have received a copy of this form.

(Client, Parent, or Guardian Signature)

(Date)

(Client, Parent, or Guardian Signature)

(Date)

(Witness' Signature)

(Date)