

Coronavirus Crisis Aid and Support
Township of Brick Community Development Block Grant CARES ACT CDBG-CV
Rental/Mortgage/Utility Assistance Program Application

The Township of Brick has established a Rental/Mortgage/Utility Assistance Program through a Community Development Block Grant for Brick Township residents who are experiencing financial difficulties due to the COVID-19 pandemic. The grant program is administered by Homes Now, Inc., Administrative Agent for the Township. Applicant(s) may be eligible for up to 3 months or up to \$5,000. per household of financial assistance towards rental, mortgage and/or utility arrears. The program will pay rent, mortgage, and/or utility monies that are past due and will NOT pay future bills or late fees. Utilities include water, sewer, electric and/or gas ONLY. All payments will be paid directly to the landlord, mortgage company and/or utility company and not directly to the applicant(s). In order to be eligible for assistance you must be a resident of the Township of Brick, meet income limits as determined by the United States Department of Housing and Urban Development and provide proof of past due amounts.

Please note that all qualifying arrears must be from after March 2020. If arrears are more than the 3 months or \$5,000. that the program can provide, the applicant is responsible for the remaining balance. If the balance owed is to be paid from another source, the applicant must provide documentation that states the source of the funds and the amount received (this will not be considered a Duplication of Benefits as detailed on page 4). Income limits are as follows:

2020 - 2021 Income Guidelines

Household annual income must be at or below 80% Area Median Income (AMI)

Household Size	1	2	3	4	5	6
80% AMI Level	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100

If your income is equal to or less than the limits above and you also meet the above criteria, please complete the attached application, and return it to our office along with copies of the required documentation as outlined on the attached checklist. **Please submit a complete application as incomplete applications delay the process. Applicants will be notified of incomplete applications and will have 14 business days to submit the missing documentation requested. Files will be closed on the 15th day for non-responsiveness.** Funding to the Township of Brick is limited, therefore all monies will be distributed on a first come first served basis. Submission of an application does not guarantee financial assistance will be provided. Submit completed applications to Homes Now, Inc. 2141 Route 88 East, Suite 1, Brick, NJ 08724. Upon review of documents, if you meet the qualifications, you will be notified by our office and the proper procedures for the processing of payment will commence.

All applications and documents are held in the strictest of confidence. If you require assistance completing the application or have any questions, please contact our office at 732) 295-7380 or info@homes-now.org Monday thru Friday 8:30 a.m. to 4:30 p.m.

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HEAD OF HOUSEHOLD INFORMATION (PLEASE PRINT)

Provide your full name as applicant and names of anyone over 18 years of age as the co applicant. Provide your complete street address and apartment number, where applicable. Complete the city, state, and zip code. Fill in your Social Security Number. Fill in telephone numbers where you can be reached at home, work, and cell. Provide a mailing address if it is different from your home address. For statistical purposes only, we request that you identify your ethnic background.

Mr. Mrs. Miss **Applicant**

Name: _____

Home Address _____, Brick, NJ Zip Code _____

Mailing Address (if different) _____

Social Security No. _____

E-Mail Address _____

Marital Status Single Married Divorced Widowed

Phone: Home # _____ Cell # _____ Work # _____

Mr. Mrs. Miss **Co-Applicant**

Name: _____

Home Address _____, Brick, NJ Zip Code _____

Mailing Address (if different) _____

Social Security No. _____

E-Mail Address _____

Marital Status Single Married Divorced Widowed

Phone: Home # _____ Cell # _____ Work # _____

Racial/Ethnic Description (Check appropriate description for statistical purposes only)

White___ Black___ Native American___ Asian___ Hispanic___ Other___

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List each household member. Specify their relationship to you, such as husband, wife, son, daughter, etc. Give each date of birth and sex.

MEMBER #	MEMBERS FULL NAME	RELATION	BIRTH DATE	SEX	FULL TIME STUDENT OVER THE AGE OF 18
1		Applicant			Y / N
2					Y / N
3					Y / N
4					Y / N
5					Y / N
6					Y / N

Does anyone live with you now who is not listed above: Yes No

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YOU MUST SIGN AND DATE YOUR APPLICATION ON THE LINE PROVIDED BELOW
UNSIGNED AND INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE
AND WILL BE IMMEDIATELY RETURNED

Make a copy of this application for yourself and save for future reference. Return the original application to:

Homes Now, Inc.
2141 Route 88 East
Suite 1
Brick, NJ 08724

I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the administrator to verify all information provided on this application and to contact the necessary sources to verify information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Duplication of Benefits

Homes Now, Inc. and the Township of Brick must ensure that households that receive assistance from this program do not receive a duplicate benefit from another program. Any assistance received from this program cannot overlap with assistance from any other source and must not exceed the total amount in arrears. Payments through this grant program will only cover amounts not paid by or offered to be paid by other sources.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

How did you hear about our program?

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CHECKLIST OF DOCUMENTS TO INCLUDE WITH APPLICATION

REQUIRED FOR ALL APPLICATIONS

- ____ Proof of residency: Driver's License/State ID or utility bill with name and address matching the same on the application.
- ____ Proof of COVID related financial loss: Email or notice from healthcare provider, employer, or child's school/daycare provider on letterhead. If self-employed, please provide a letter detailing COVID related hardship to your business.
- ____ Pre-COVID monthly household income: 4 consecutive paystubs from each person's employer.
- ____ Current monthly household income: 4 consecutive paystubs from each person's employer.
- ____ Other sources of monthly household income:
- Unemployment Benefits Award Letter
 - Social Security Award Letter
 - Disability Statements
 - Child Support Agreement and payment summary
 - Alimony – Separation/Divorce Agreement stating the amount
 - Other forms of support
- ____ Copies of Checking/Savings Account Summary Pages for the months you are requesting assistance.
- ____ Copy of Current Full Checking/Savings Account Statement.
- ____ Copies of all asset documentation including 401K accounts, stocks, pensions, and other financial assets.
- ____ Copies of full 2019 and 2020 Federal and State Tax Returns, including all schedules and worksheets.

REQUIRED FOR RENTAL ASSISTANCE

- ____ Copy of current Lease Agreement.
- ____ Signed letter from the Landlord detailing the following:
- Name of Landlord(s)
 - Name of Tenant(s)
 - Address of Rental Property
 - Monthly Rental Amount
 - List of 2020/2021 months' rent unpaid and monthly amounts
 - Total amount of rental arrears

REQUIRED FOR MORTGAGE ASSISTANCE

- ____ Copy of March 2020 Mortgage Statement.
- ____ Copies of all applicable Mortgage Statements for each month after March 2020 in which payments were not made.

REQUIRED FOR UTILITY ASSISTANCE

- ____ Copies of last 3 consecutive utility bills from utility companies in which you are applying for assistance.