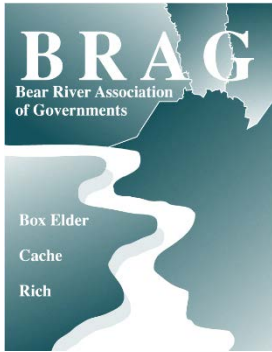


Bear River Association of Governments CBDG Coronavirus Relief Mortgage Payment Assistance Intake Packet



Bear River Association of Governments
170 North Main Street
Logan, Utah 84321
PH (435) 752-7242
Fax (435) 752-6962
www.brag.utah.gov

Applicant for the 2021 CBDG Coronavirus Relief Mortgage Payment Assistance Program,

CDBG Coronavirus Relief Mortgage Payment Assistance is available to families that have been financially impacted by the COVID-19 pandemic and own the home that is their primary residence. To qualify for assistance, families must earn less than 80% of the Area Median Family Income (AMFI). You will find these income limits on the back of this letter. Household income includes income from all household members over the age of 18.

Because the program funds are limited, priority will be given to households who have one or more of the following: Notice of Default, are below 50% AMFI, include one or more persons with disabilities, one or more elderly persons, one or more children under the age of 6 months or the household was approved the previous month but did not receive assistance.

Each assistance program is different. Your case manager will let you know if additional documents are required. **Be sure that all persons in the household over the age of 18 sign each page where a signature is requested.**

Please be sure to send in the following documents:

- CDBG Coronavirus Relief Mortgage Payment Assistance Intake Packet**
- Social Security Cards/Permanent Resident Cards** – *all household members*
- Picture ID** – *all household members over 18 years old*
- Birth Certificate** – *all household members*
- Proof of Income** – *For all household members: Prior year's IRS Tax Return or pay stubs and income statements for the most recent 30-day period: _____ to _____*
 - If over the age of 60, no proof of income is required**
- Documentation supporting crisis** – *Unemployment Status, Medical Bills, Etc.*
- Proof of ownership** – *title, deed or tax notice*
- Notice of Default**

Bear River Association of Governments
**CDBG Coronavirus Relief Mortgage Payment Assistance
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**Department of Housing and Urban Development
 2020 National Income Guidelines**

| FAMILY SIZE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| INCOME can be no more than | \$41,550 | \$47,450 | \$53,400 | \$59,300 | \$64,050 | \$68,800 | \$73,550 | \$78,300 |

BRAG uses the above HUD income guidelines to determine eligibility for our programs. The amounts listed above are gross monthly income.

All clients receiving CDBG services must be able to demonstrate that they are eligible for the CDBG Program and the Household income is at or below 80% of Area Median Family Income (AMFI).

Income includes:

- Gross Wages or Salary
- Net Income from Farm
- Interest Payments Received
- Dividends
- Social Security Payments
- Workers Compensation
- Unemployment Compensation
- Military Pay
- Welfare Payments

Income does NOT include:

- Food Stamps
- Insurance Reimbursements
- Irregular Gifts
- Scholarships

Income must be reported for all household members over the age of 18.

According to Community Action Program Legal Services (CAPLAW), the income of all members of each individual family unit must be included in determining the income eligibility.

**Bear River Association of Governments
CBDG Coronavirus Relief Mortgage Payment Assistance
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Applicant Name: _____ **Date of Application:** _____

Main Phone: _____ **Alternate Phone:** _____

Email: _____

Address: _____ **City/State:** _____ **Zip:** _____

Answering yes to any of these questions does not eliminate you from funding. Please answer honestly!

Do you have a notice of default? No Yes, what date was the notice served? _____

Do you have any mortgage or utility back payments? No Yes, company (ies) you owe money to?

Are you a survivor of domestic violence? No past 3 months 3-6 months ago 6 months-up to 1 year ago +1 year ago

Are you currently fleeing domestic violence? No Yes

What is the zip code of your last permanent address? _____

Has anyone in your household ever applied for assistance at BRAG? No Yes if yes, when _____

Are you a single parent? No Yes Are you receiving child support? If no,

Have you been informed of the methods to pursue child support through ORS? _____ (please initial)

By signing below, I verify that the information I have provided is true and accurate to my knowledge. I understand that **providing misleading or false information will result in denial or termination of assistance.**

Applicant Signature

Date

Applicant Signature

Date

Case Manager Signature

Date

Bear River Association of Governments
**CBDG Coronavirus Relief Mortgage Payment Assistance
Intake Packet
Self Sufficiency Plan**

What hardship/event/crisis caused you to fall behind on your mortgage?

How do you plan to financially support yourself after the mortgage assistance is given?

How did you pay your bills last month?

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Bear River Association of Governments

CBDG Coronavirus Relief Mortgage Payment Assistance

Intake Packet

HOUSEHOLD INFORMATION *(continued on page 6)*

(1) **Related individuals:** two or more persons related by birth, marriage, and/or adoption who reside together, or

(2) **Unrelated individual:** an individual who is not an inmate of an institution and who resides alone or with one or more persons who are not related to him/her by birth, marriage, and/or adoption, excluding house mates (renters or leasers).

| Demographic information | Household Member #1 | Household Member #2 | Household Member #3 |
|---|--|--|--|
| Relationship to head of household | Self | Relationship: | Relationship: |
| Date of Birth Month/Day/Year | | | |
| Social Security | | | |
| Gender | Male Female Non-traditional gender | Male Female Non-traditional gender | Male Female Non-traditional gender |
| Phone Number if different | | | |
| Email Address if different | | | |
| Education (circle one) | 0 yrs-8 th grade Grades 9 – 12 HS grad 9-12/nongraduate GED 12 + Some college 2-4 yrs of college Graduate degree | 0 yrs-8 th grade Grades 9 – 12 HS grad 9-12/nongraduate GED 12 + Some college 2-4 yrs of college Graduate degree | 0 yrs-8 th grade Grades 9 – 12 HS grad 9-12/nongraduate GED 12 + Some college 2-4 yrs of college Graduate degree |
| Disability | Yes No Unknown | Yes No Unknown | Yes No Unknown |
| Race options: | Am Indian/AK Native Asian Black/African American Pacific Islander Multi-race (2 or more) White | Am Indian/AK Native Asian Black/African American Pacific Islander Multi-race (2 or more) White | Am Indian/AK Native Asian Black/African American Pacific Islander Multi-race (2 or more) White |
| Hispanic, Latino, or Spanish Origin | Yes No | Yes No | Yes No |
| Employment Status | Un-Employed (0-6 months) Unemployed (6 months +) Full-Time Part-Time Retired Migrant Seasonal Farm | Un-Employed (0-6 months) Unemployed (6 months +) Full-Time Part-Time Retired Migrant Seasonal Farm | Un-Employed (0-6 months) Unemployed (6 months +) Full-Time Part-Time Retired Migrant Seasonal Farm |
| Disconnected Youth Youth age 14-24 who is neither working nor in school | Yes No | Yes No | Yes No |
| Health Insurance | None Direct Purchase Medicaid Medicare PCN Military Healthcare CHIP Employment Based | None Direct Purchase Medicaid Medicare PCN Military Healthcare CHIP Employment Based | None Direct Purchase Medicaid Medicare PCN Military Healthcare CHIP Employment Based |
| Military Service | Active Veteran No | Active Veteran No | Active Veteran No |
| Pregnancy | Yes, due date _____ No | Yes, due date _____ No | Yes, due date _____ No |
| Barriers currently present | <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Abuse (past/current) <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Abuse (past/current) <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Abuse (past/current) <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability |
| Above barriers are long-term? | Yes No | Yes No | Yes No |
| Receiving care for above barriers? | Yes No | Yes No | Yes No |

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HOUSEHOLD INFORMATION *(continued on page 6)*

(1) **Related individuals:** two or more persons related by birth, marriage, and/or adoption who reside together, or

(2) **Unrelated individual:** an individual who is not an inmate of an institution and who resides alone or with one or more persons who are not related to him/her by birth, marriage, and/or adoption, excluding house mates (renters or leasers).

| Demographic information | Household Member #1 | Household Member #2 | Household Member #3 |
|---|--|--|--|
| | Name: | Name: | Name: |
| Relationship to head of household | Self | Relationship: | Relationship: |
| Date of Birth Month/Day/Year | | | |
| Social Security | | | |
| Gender | Male Female Non-traditional gender | Male Female Non-traditional gender | Male Female Non-traditional gender |
| Phone Number if different | | | |
| Email Address if different | | | |
| Education (circle one) | 0 yrs-8 th grade Grades 9 – 12 HS grad 9-12/nongraduate GED 12 + Some college 2-4 yrs of college Graduate degree | 0 yrs-8 th grade Grades 9 – 12 HS grad 9-12/nongraduate GED 12 + Some college 2-4 yrs of college Graduate degree | 0 yrs-8 th grade Grades 9 – 12 HS grad 9-12/nongraduate GED 12 + Some college 2-4 yrs of college Graduate degree |
| Disability | Yes No Unknown | Yes No Unknown | Yes No Unknown |
| Race options: | Am Indian/AK Native Asian Black/African American Pacific Islander Multi-race (2 or more) White | Am Indian/AK Native Asian Black/African American Pacific Islander Multi-race (2 or more) White | Am Indian/AK Native Asian Black/African American Pacific Islander Multi-race (2 or more) White |
| Hispanic, Latino, or Spanish Origin | Yes No | Yes No | Yes No |
| Employment Status | Un-Employed (0-6 months) Unemployed (6 months +) Full-Time Part-Time Retired Migrant Seasonal Farm | Un-Employed (0-6 months) Unemployed (6 months +) Full-Time Part-Time Retired Migrant Seasonal Farm | Un-Employed (0-6 months) Unemployed (6 months +) Full-Time Part-Time Retired Migrant Seasonal Farm |
| Disconnected Youth Youth age 14-24 who is neither working nor in school | Yes No | Yes No | Yes No |
| Health Insurance | None Direct Purchase Medicaid Medicare PCN Military Healthcare CHIP Employment Based | None Direct Purchase Medicaid Medicare PCN Military Healthcare CHIP Employment Based | None Direct Purchase Medicaid Medicare PCN Military Healthcare CHIP Employment Based |
| Military Service | Active Veteran No | Active Veteran No | Active Veteran No |
| Pregnancy | Yes, due date _____ No | Yes, due date _____ No | Yes, due date _____ No |
| Barriers currently present | <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Abuse (past/current) <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Abuse (past/current) <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Substance Abuse (past/current) <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability |
| Above barriers are long-term? | Yes No | Yes No | Yes No |
| Receiving care for above barriers? | Yes No | Yes No | Yes No |

Bear River Association of Governments CBDG Coronavirus Relief Mortgage Payment Assistance Intake Packet

Consent for Coordinated Services & Release of Information

I hereby authorize Bear River Association of Governments (BRAG) to share information regarding services my household and I have received or will receive with organizations relevant to my case. This may include the following organizations: **utility company, my landlord, Bear River Mental Health, Citizens Against Physical & Sexual Abuse (CAPSA), and Division of Child and Family Services (DCFS)**. I understand that the **information will remain confidential** and is **protected by state and federal law**, and will only be used for my benefit or to benefit other members of my household.

Information to be Released: All information concerning my care. Non-identifying information may also be used for the purposes of research to ensure program success and current and potential funding sources.

Purpose of Release: The purpose of sharing this information is to improve the coordination of services to better promote housing stability.

- 1) To provide coordinated housing, medical, social, psychological, and other services
- 2) To evaluate outcomes related to service delivery
- 3) To improve coordination of services to assist in becoming stably housed and self-supported

Not Required for Services: I understand that authorization is voluntary and that I may refuse to sign this authorization. I also understand that refusal to share information with certain organizations **may prevent me** from receiving specific services from certain programs.

Right to Revoke: I understand that my consent will last one year from today's date unless I revoke my authorization in writing before that time.

By signing below, I authorize BRAG to share information with other organizations as it relates to my housing needs.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

I have read the BRAG **Grievance Procedures Policy** shown me by my case manager. I understand if I have a complaint related to the completion of services that I have received from BRAG, I have the right to file an appeal. This appeal must be made within five (5) days from the incident or knowledge of the incident. Grievance Procedures are available upon my request.

Please make appeal to Lucas Martin, Human Services Director, 170 North Main Street, Logan, Utah 84321

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Case Manager Signature

Date

Bear River Association of Governments

CBDG Coronavirus Relief Mortgage Payment Assistance

Intake Packet

SELF-DECLARATION OF INCOME

Applicant Name: _____

Please complete the following income information for the 30-day period immediately before the application date.

30-day period: _____ to _____

Income

| | |
|------------------------------------|--|
| Y N Employment \$_____ | Y N Pension/Retirement \$_____ |
| Y N Self-employment \$_____ | Y N Veterans Benefits \$_____ |
| Y N Unemployment \$_____ | Y N Alimony \$_____ |
| Y N Worker's Comp \$_____ | Y N Child Support \$_____ |
| Y N Public Cash Assistance \$_____ | Y N Assistance from friends/family \$_____ |
| Y N Social Security \$_____ | Y N Other \$_____ |

Non-Cash Benefits

| | |
|-------------------------|--------------|
| Y N Food Stamps \$_____ | Y N Medicaid |
| Y N WIC \$_____ | Y N Medicare |
| Y N TANF Child Care | Y N Other |

For every type of income received, please describe the source and who receives it:

| | |
|----------------------|-------------------------|
| Income source: _____ | Household Member: _____ |
| Income source: _____ | Household Member: _____ |
| Income source: _____ | Household Member: _____ |
| Income source: _____ | Household Member: _____ |
| Income source: _____ | Household Member: _____ |

If any adult in the household did not receive any income in the past 30 days, please write their names below.

- _____ received NO income.
- _____ received NO income.
- _____ received NO income.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. **Income for all household members must be disclosed or the application will be denied.**

| | |
|-------------------------------|-------------|
| Applicant Signature: _____ | Date: _____ |
| Applicant Signature: _____ | Date: _____ |
| Case Manager Signature: _____ | Date: _____ |

IMPORTANT: Our programs work toward the sustainability and success of clients. We must have proof of the financial method you will use to support yourself once the mortgage assistance is given.

Bear River Association of Governments CBDG Coronavirus Relief Mortgage Payment Assistance Intake Packet

Conflict of Interest

A. Is anyone in the household currently serving or has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of the Bear River Association of Governments (BRAG)?

Yes No

If yes, identify who, organization name, and role:

B. Is anyone in the household related to anyone who is currently serving or who has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of the Bear River Association of Governments (BRAG)?

Yes No

If yes, identify who, organization name, and role:

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the State of Utah to verify all information provided on this application. All members of the household 18 and older must sign below:

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____