



City of Bay City CDBG-CV Utility/Rent/Mortgage Application

Received Date: _____

Reviewed by: _____

Have you received assistance or received a commitment for assistance from any other source for the requested assistance? ___ Yes ___ No

If yes, please explain and be aware that you are not eligible to receive duplicate funding under this program.

REQUESTED ASSISTANCE: Mortgage ___ Rent ___ Utilities ___

APPLICANT'S NAME: _____ PHONE NUMBER: _____

CO-APPLICANT'S NAME: _____ PHONE NUMBER: _____

RESIDENCE ADDRESS: _____

EMAIL: _____ Preference to be notified by: ___ Phone ___ Email

HOUSEHOLD/FAMILY INFORMATION

Please complete the following for ALL household members residing in the residence:

Name	Age	Relationship	Race	Hispanic Yes/No

*Race Code #'s (enter one or more):

1 – White 2 – Black/African American 3 – American Indian or Native Alaskan 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

EMPLOYMENT:

APPLICANT'S EMPLOYER (CURRENT)

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

YEARS EMPLOYED: _____ POSITION: _____

Have you experienced a reduction in salary, have hours reduced, been furloughed, laid off, terminated, or experienced a hardship as a result of the coronavirus (COVID19)? Yes No

***To obtain funding, must be COVID related.**

If yes, please explain: _____

CO-APPLICANT'S EMPLOYER (CURRENT)

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

YEARS EMPLOYED: _____ POSITION: _____

SUPERVISOR'S NAME: _____

Have you experienced a reduction in salary, have hours reduced, been furloughed, laid off, terminated, or experienced a hardship as a result of the coronavirus (COVID19)? Yes No

***To obtain funding, must be COVID related.**

If yes, please explain: _____

HOUSEHOLD INCOME:

Please indicate an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

SOURCE	APPLICANT	CO-APPLIANT	OTHER MEMBERS AGE 18+
Gross Salary (before deductions)			
Overtime, Tips, Bonuses, etc.			
Social Security			
Disability			
Pensions, Veterans Benefits, etc.			
Unemployment/Workers Comp			
Alimony, Child Support			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF, Aid to Families with Dependent Children, etc.)			
Other			
TOTALS			

RENT/MORTGAGE PAYMENT

Are rent/Mortgage Payments Current? _____ Yes _____ No

	Name/Address of Rental Owner or Mortgage Holder	Current Balance Due	Lease/Mortgage Start Date & End Date
Rent			
Mortgage			

ASSETS:**APPLICANT**

TYPE	CASH VALUE	INTEREST/DIVIDENDS EARNED ON THE ASSETS
Checking		
Savings		
Money Market		
401(k) Retirement		
Stocks, Bonds, Mutual Funds		
Whole Life Insurance		
Other Accounts		
Other Property Owned		
TOTALS		

CO-APPLICANT

TYPE	CASH VALUE	INTEREST/DIVIDENDS EARNED ON THE ASSETS
Checking		
Savings		
Money Market		
401(k) Retirement		
Stocks, Bonds, Mutual Funds		
Whole Life Insurance		
Other Accounts		
Other Property Owned		
TOTALS		

Are you or the co-applicant on a waiting list for assistance from another agency? ____Yes ____No

If you have answered yes, please list the agency and describe the requested assistance:

**** APPLICATION CHECKLIST!! All of the following documents must be returned with this application:**

(Initials needed)

- _____ Copy of valid identification card or driver’s license for every household member 18 years and older.
- _____ Paystubs showing employment status on or before March 30, 2020 or a statement from employer.
- _____ 2019 or most recent tax returns. If filing separately, copies for all members.
- _____ Documentation of all income for all household members. For example, unemployment, social security, disability, pension, alimony, child support, etc.).
- _____ Bank Statements (checking, savings, money market, annuities, or other investment accounts) for Applicant, Co-Applicant, and all other adult members in the household.
- _____ Landlord Release of Information.
- _____ Statement from Mortgage Company with amount due and monthly breakdown.
- _____ Copies of past due utility invoices.
- _____ Monetary Determination Letter (unemployment) (if applicable).

****WARNING! Failure to provide all required documentation will delay assistance and may result in the denial of assistance.**

Application Agreement

Penalty for False or Fraudulent Statement:

US. 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.”

Application Agreement

Penalty for False or Fraudulent Statement:

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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 Utility/Rent/Mortgage Program. 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 City of Bay City.
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.

SIGNATURE

I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or alien status for each household member applying for benefits.

I also certify that:

- I understand the questions and statements on this application.
- I understand the penalties for giving false information.
- I understand that failure to report or verify any listed requirements may deny my application.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

_____ ***By checking this box and typing my name below, I am electronically signing my application.**

Applicant

Date

Co-Applicant Signature

Date

Please submit your application and all supporting documents to the City of Bay City/Community Development by:

- **US Mail, City of Bay City, Community Development, 301 Washington Avenue, Bay City, MI 48708**
- **Drop Box, located at the back of City Hall, Saginaw Street Entrance**
- **Email with original signatures: utilityrentmortgage@baycitymi.org**

NO WALK-INS PLEASE!!

If you have any questions, please call: (989) 894-8225.

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

The following to be completed by City Staff.

Application approved: _____ Yes _____ No

Reason: _____

City of Bay City: _____ Date: _____





City of Bay City
CDBG-CV Utility/Rent/Mortgage
Landlord Release of Information

This client has applied for up to 3 months of rent and utility payment through the City of Bay City Utility/Rent/Mortgage program

Tenant Information

Tenant Name: _____

Tenant Address: _____

Tenant Phone Number: _____

Monthly Rental Amount: _____

Landlord Information

Business Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

I, the above name applicant, hereby give the City of Bay City permission to communicate with my current landlord or property manager for the purpose of discussing and all of the facts and circumstances of my current tenancy.

Applicant Signature _____

Date _____

TO BE COMPLETED BY THE LANDLORD Any questions, please call (989) 894-8225.

Date tenant became past due: _____

Amount needed to become current: \$ _____

(Print Landlord Name) affirms that the property is not federally subsidized under any Department of Housing & Urban Development (HUD) program and is not receiving any payments for (Tenant name) from any HUD program.

Are any of these included in rent amount? Electric \$ _____ Water/Sewer \$ _____ Gas \$ _____

As the landlord, you are acknowledging that your tenant is applying for rental assistance through the City of Bay City CDBG-CV Utility/Rent/Mortgage Program. You are acknowledging that the funds provided are to go only toward the rent payments for your tenant and any monies provided to you through this program beyond what is owed must be used toward future rent payments for your tenant. Payment cannot be used towards administrative or penalty charges.

Authorized Signature: _____ Date: _____

*Please return with W-9 so payment can be made.

Penalty for False or Fraudulent Statements:

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