



## COBB COUNTY AMERICAN RESCUE PLAN ACT 2022 APPLICATION

The Cobb County ARPA funds are made available for Cobb County residents ONLY. Funds may be used to cover rent/rent arrears (single family homes, condominiums, attached homes or apartments) and utilities and extended stay for one week. All payments will be made to landlords or utility providers (not directly to tenants). Service Provider must receive documentation within 7 days of applying. If not, your application will be closed, and you will need to contact the service provider for your application to be reopened.

### Applicant Pre-Screening Questions:

1. Are you a Cobb County renter? Yes No
2. Did you experience a loss of income as a result of COVID-19?  Yes No
3. Do you meet the income requirements listed below? Yes No
4. Have you received a summons to appear in court for an eviction proceeding? Yes No  
What is the date you are scheduled to appear? \_\_\_\_\_
5. Have you previously applied for rental assistance in Cobb County? Yes No  
If so, with which service provider? \_\_\_\_\_  
Total amount of assistance received? \_\_\_\_\_
6. Are you utilizing any other rental subsidy (e.g. Housing Choice Voucher, Family Unification Voucher, VASH, Mainstream Voucher, Project-Based Section 8, Public Housing, HOME Tenant Based Rental Assistance, Continuum of Care, etc.)? Yes No  
If you are utilizing another rental subsidy, which one? \_\_\_\_\_

### Documentation Needed for Financial Assistance: *(ALL documents must be included for processing)*

1. Applicant's Photo ID – a copy of either your license, state-issued ID, or government-issued ID.
2. Social Security number for all members of the household. If household members do not have a Social Security number, they may provide their Passport or Consulate ID number.
3. Proof of employment income (gross-pre-tax) for the previous 2 months for each household member 18 and older which includes wage/salaries, overtime pay, commissions, fees, tips/bonuses, and other compensation OR a copy of the 2020 Form 1040 filed with the IRS for the household.
4. Proof of unearned income for each household member including unemployment, social security, child support, SSI, retirement, worker's compensation, TANF.

Current total household income must be equal to or less than 80% Annual Median Income (AMI) as defined by the United States Department of Housing and Urban Development (see Maximum Income Limits Table below)

MAXIMUM INCOME LIMITS FOR COBB COUNTY RENTERS (effective June1, 2021)								
People in Household	1	2	3	4	5	6	7	8
Maximum Annual Income	\$48,300	\$55,200	\$62,100	\$68,950	\$74,500	\$80,000	\$85,500	\$91,050
Maximum Monthly Income	\$4,025.00	\$4,600.00	\$5,175.00	\$5,745.83	\$6,208.33	\$6,666.67	\$7,125.00	\$7,587.50



5. Proof of Residence (Current Lease) - the applicant's full name must be on the lease; signature page must be provided.
6. Current Tenant Ledger or Account Statement.
7. Proof of economic hardship
8. Current and/or Past Due Rent and/or Utility Bill (if requesting support for utilities) – name and address on utility bill/statement must match the name and address of applicant.

**LIST A - ACCEPTABLE COVID HARDSHIP DOCUMENTS – ALL REQUIRE APPLICANT NAME & DATE**

- Unemployment Benefit Determination (after 3/13/2020)
- Unemployment Benefit statement dated within 30 days of signed application
- Pandemic Unemployment Assistance (PUA) Notice (start date after 3/13/2020)
- Pandemic Emergency Unemployment Compensation (PEUC) Notice (start date after 3/13/2020)
- Separation Notice after 3/13/20 (lack of work due to COVID)
- Furlough letter referencing COVID
- Employer layoff/termination letter referencing COVID
- Employer letter of lost wages or hour reduction due to COVID
- COVID Emergency Family Medical Leave determination
- Medical notice of COVID risk due to underlying condition that impacts your ability to work
- Childcare closure/virtual school notice for current semester ALONG WITH an employer letter of hour reduction, separation, or termination due to childcare
- Bank Statements (for self-employed applicants ONLY) that demonstrate income prior to AND after COVID; must also include a written explanation of how statements demonstrate COVID related impact to income

***Please Read the following and Sign Below***

**Disclaimer**

You will be required to verify your crisis/loss. If any provided information or documentation is found to be falsified, your application will be automatically disqualified from receiving assistance.

**Confidentiality**

We respect your right to receive services while upholding the strictest confidentiality. However, certain laws may require us to breach this confidentiality, such as child abuse/neglect and elderly abuse.

**Data Collection**

Your information will be collected in a case file and stored in a locked cabinet. Your file will not leave the offices of Sweetwater Mission and will not be shared without your to any outside person or organization. Disclosure of your social security number is not an eligibility requirement of the ARPA program. If your household otherwise qualifies for emergency rental assistance, assistance will be provided whether or not you disclose the social security number.

The collection and use of all personal information are guided by strict standards of confidentiality as outlined in Best Practices of Case Management..

**Records**

Records will be maintained for five years.

**Refusal of Services**

You have the right to refuse services at any time.

You have the right to be treated fairly and honestly by staff and staff expect the same in return.



*By signing below, the applicant acknowledges that they have read, understood, and have given consent to proceed.*

*Further, the parties agree that to the extent they sign electronically, their electronic signature is equivalent to their handwritten signature. Executing an electronic signature has the same validity and meaning as a handwritten signature.*

**Attestation:** Under penalty of perjury, I certify and declare that all of the statements and information contained in this Application, including but not limited to all documents, whether provided now or throughout the process, are correct and complete in every particular.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Name Printed:** \_\_\_\_\_



## General Information

Please print or type your responses. To process this application, each line must be completed.

A "household" is defined as all the people who occupy a housing unit and includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit or a group of unrelated people sharing a housing unit, such as partners or roomers, is also counted as a household.

All Household Members Adults and Children (List Applicant First)	Social Security # Or Passport Consulate ID #	Date of Birth (MM-DD- YYYY)	Race	Gender Male Or Female	Hispanic Yes/No	Veteran Yes/No	Relation to Head of Household
1.							SELF
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Property Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Applicant Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Work Phone Number: \_\_\_\_\_



**Household Income (Monthly):** Please list the monthly GROSS (pre-tax) income from employment and all other sources for each household member 18 and older for the previous two months. If you need additional space, please attach a separate piece of paper.

Source	Head of HH	Person 2	Person 3	Person 4	Totals
Name					
Employment					
Unemployment					
SSI					
SSDI					
Veteran's Disability					
Private Disability					
Worker's Comp					
TANF					
General Assistance					
Retirement					
Veteran's Pension					
Other Pension					
Child Support					
Other Income					
<b>Totals</b>					

Why did you experience a loss of income as a result of COVID-19?

Laid off     Reduced Hours     Reduced Pay     Other: \_\_\_\_\_

What type of assistance are you requesting? Check all that apply.

Rental Assistance     Gas Assistance     Electric Assistance     Water Assistance

Landlord/Property Manager Contact Name: \_\_\_\_\_

Landlord/Property Manager Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Landlord/Property Manager Email Address: \_\_\_\_\_

**Documentation Included with Application (from list on page 1 & 2)**

- Applicant's Photo ID
- Social Security numbers or Passport/Consulate Identification for all household members
- Proof of Income for each household member
- Proof of Residence (current executed lease) – applicant's name must be on the lease
- Current Tenant Ledger or Account Statement
- Proof of COVID Hardship for ERA1
- Current and/or Past Due Rent and/or Utility Bill (if requesting support for utilities) – name and address on utility bill/statement must match the name and address of applicant



### NO VERIFIABLE OR ZERO INCOME STATEMENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. I hereby certify that my household does not received income from any of the following sources;
  - a. Wages from employment;
  - b. Income from the operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources, including but not limited to, Avon, Mary Kay, EBay, etc.;
  - j. Any other source not named above.
2. My household currently has no income of any kind and there is no imminent change expected in my financial status or employment status.
3. Attach supporting bank statements.

Attestation: Under penalty of perjury, I certify and declare that all of the statements and information contained in this Statement, including but not limited to any attached documents, are correct and complete in every particular.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name Printed: \_\_\_\_\_



## HARDSHIP VERIFICATION (for ARPA)

I, \_\_\_\_\_, certify and attest that one or more members of my household meet one of the following indicated circumstances:

\_\_\_\_\_ qualify for unemployment benefits;

\_\_\_\_\_ experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.

I understand that my Application must be documented to support this certification and that one or more of the following may be necessary to support the above:

- Termination Notice
- Payroll Check or Pay Stubs
- Bank Statements
- Medical Bills
- Signed Letter from Employer explaining applicants changed financial circumstances
- Unemployment Award Letter

I declare and certify under penalty of perjury that foregoing is true and correct.

\_\_\_\_\_  
Signature of Tenant Applicant

\_\_\_\_\_  
Date