



**CHARTER TOWNSHIP OF CLINTON
MACOMB COUNTY, MICHIGAN**

APPLICATION FOR RENT/MORTGAGE ASSISTANCE

DUE END OF DAY ON AUGUST 31 2020

Program Goal

The Charter Township of Clinton has received funding via the CARES Act, and has established a rent and mortgage assistance program. Income qualified applicants who face difficulty paying their rent/mortgage due to the coronavirus will be eligible for assistance. The goal of this program is to prevent eviction or foreclosure rather than delay it. It will attempt to provide this assistance by providing payment to the applicant's landlord/mortgage company for up to three (3) months' worth of rent/mortgage.

How It Works

Potential recipients will be given a three (3) week window to submit applications. Additional windows will be provided if funding allows. Applicants who are residents of Clinton Township and can establish they are income eligible (see application) and have been impacted by Covid-19 are eligible for the program. Applicants will be considered for assistance based on 2019 Total Annual Household Income, percentage of income lost, housing cost burden and whether the residence is located in a low- or moderate-income neighborhood.

Explanation of Terms

2019 Total Annual Household Income – See Instructions for **5. Income Information**.

Percentage of Income Lost – Equals the following:

$$\frac{(\text{2019 Total Annual Household Income}) - (\text{Current Household Income})}{(\text{2019 Total Annual Household Income})}$$

Housing Cost Burden – Equals the following:

$$(\text{Monthly Rent or Mortgage}) \text{ divided by } (\text{Current Monthly Household Income})$$

Low- or Moderate-Income Neighborhood – A neighborhood located in a Census Block Group where 51% or more of the families are making less than 80% of the Area Median Income (a map can be provided upon request)

Assistance Available

The maximum assistance available is three (3) months' worth of the applicant's rent or mortgage. To be eligible for this level of assistance, the applicant's 2019 Total Annual Household Income minus Current Household Income must be greater than the value of three (3) months' worth of rent or mortgage. If the applicant's 2019 Total Annual Household Income minus Current Household Income is less than the equivalent of three (3) months' worth of rent or mortgage, their maximum assistance is the lesser of the two totals. This is the maximum assistance available. Applicants are encouraged to accept only the amount of assistance needed to *prevent* eviction or foreclosure.

The maximum rent or mortgage that will be reimbursed is \$1,750 per month or \$5,250 total.

If the applicant owes more than three months' worth of rent/mortgage, they will not be given assistance unless they can provide proof of available funds to pay the balance between program assistance available and what is owed.

1. Applicant Information

Name:			
Address:			
Email:		Phone Number:	

2. Mortgage Company/Landlord Information

Name:			
Address:			
City/State/ZIP:			
Phone Number:			
Email:			

3. Housing Information

Type of Assistance:	<input type="checkbox"/> Rent		<input type="checkbox"/> Mortgage	
Amount of Rent/Mortgage:	\$	Per Mo.	Square Footage: (Not Incl. Basement)	Sq. Ft.
# of Bedrooms:	<input type="checkbox"/> Studio (0 BR) <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3+ Bedroom			
# of Bathrooms:	<input type="checkbox"/> 1 Bathroom <input type="checkbox"/> 1.5 Bathroom <input type="checkbox"/> 2 Bathroom <input type="checkbox"/> 2.5+ Bathroom			

4. Demographic Information (*optional, for reporting purposes only*)

Age of Head of Household:			
Female Head of Household:	Y	or	N
Hispanic Origin:	Y	or	N
Race (If race within household varies, check each box that applies and enter no. of household members matching each description in space provided)	White: <input type="checkbox"/> _____	Asian	<input type="checkbox"/> _____
	Black/African American <input type="checkbox"/> _____	Native Hawaiian/Pac. Island	<input type="checkbox"/> _____
	Amer. Indian/Alaskan Native <input type="checkbox"/> _____	Other or Multi-Racial	<input type="checkbox"/> _____

5. Income Information

Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all members (18 or above) in the family living in the household. Consult staff if you're unsure whether a source of funds should be considered income.	
Number of People in Household:	
2019 Total Annual Household Income (Combined Adjusted Gross Income from 2019 Tax Returns for all household members 18+)	
Current Household Income Enter combined gross income from most recent month of all household members 18+ here: _____ Multiply by 12 and enter here →	Box A

Current Household Income (Total in Box A) must be less than the income levels below:

# People in Household	1	2	3	4	5	6	7	8
Current Household Income	44,000	50,250	56,550	62,800	67,850	72,850	77,900	82,900

6. Eligibility Verification

	YES	NO
<i>DUPLICATION OF BENEFIT</i> – Will the aid being requested, when combined with any other financial assistance received, exceed your total need for housing assistance?	<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> – Have you had work hours reduced, been temporarily or permanently laid off, or had other loss of income due to COVID-19? If YES , provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Certification: *I certify information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize verification by government representatives, and I will provide additional supporting documentation upon request.*

Signature: _____ **Date:** _____

Return form to: **Matt Wallace**
Planning Department
40700 Romeo Plank Rd
Clinton Township, MI 48038

For Program Office Use Only	
Qualification Verified: _____	Staff initials: _____
Dup of Benefit Prevented: _____	Staff initials: _____
Funding Approval: _____	Staff initials: _____
Approved Amount: _____	

Instructions for Applicants

- 1. Applicant Information** Complete this section with the requested information for the residence seeking assistance. Enter the phone number where you can be reached from 8:30 to 4:30.
- 2. Mortgage Company/Landlord Information** Payments will be sent directly to your Mortgage Company or Landlord (per HUD regulations). Be sure to enter this information as accurately as possible to ensure timely payment.

An email address and/or phone number will be helpful in case the township needs to make any requests of the Mortgage Company or Landlord or otherwise communicate.

- 3. Housing Information** The information in this section will be used to establish the rent or mortgage is reasonable for the local market. Payments made with federal funds must confirm rent/mortgage is reasonable.

Type of Assistance Mark the box indicating whether you are seeking assistance with a rent or mortgage. Rental units seeking assistance must be registered rentals with the township. Applicants living in unregistered units will not be prohibited from applying, but the unit must be registered before payments can be made. If you are seeking assistance with your mortgage, it must be your primary residence.

Amount of Rent/Mortgage Enter the amount you pay each month for your rent or mortgage.

Square Footage Enter the listed square footage of the residence. For rental units, landlords will usually know a unit's square footage. For mortgages, contact the Township Assessing office at 586/286-9468 if you can't locate the information in your lending documents.

of Bedrooms Enter the listed number of bedrooms for the residence. Living rooms, dining rooms, kitchens, bathrooms and basements do not count as bedrooms.

of Bathrooms Enter the number of bathrooms in the unit. A bathroom without a bath or shower is a half bath.

- 4. Demographic Information** Entering the information in this section is optional, and will only be used to complete HUD reporting requirements.

Age of Head of Household This is the age of the person designated as the householder on the census form. This should be the person in whose name the unit is rented or owned or any adult who is not a roomer, boarder or paid employee. If

the unit is held jointly by a couple the householder may be either member of the couple.

Female Head of Household Circle “Y” if the designated householder designates themselves as female and their spouse is not living in the same unit. Circle “N” if the householder is a male or if the householder’s spouse is living in the unit.

Hispanic Origin Circle “Y” if the householder or their spouse is of Hispanic origin. Hispanic origin can be viewed as the heritage, nationality, lineage, or country of birth of the person or the person’s parents or ancestors before arriving in the United States. People who identify as Hispanic, Latino, or Spanish may be any race. Circle “N” for any household where neither the householder nor their spouse is of Hispanic origin.

Race Mark the appropriate box to indicate the race (by census classifications) of any member of the household. If there are household members of differing races, check all appropriate boxes and indicate how many household members fall under each category. For example, if one spouse is African American and the other is white, and they had two children together, the boxes for “White”, “Black/African American” and “Other or Multi-racial” would all be marked. “White” and “Black/African American” would have a 1 next to them and “Other or Multi-racial” would have a 2 next to it.

5. Income Information Income information will be verified if an applicant is selected for assistance. If the income provided varies from actual income enough to change the application’s score, staff may rescind the offer of assistance. Therefore, even though no support documentation is required for submitting an application, the information provided should be as accurate as possible.

Number of People in Household Enter the number of people living in the housing unit. The number should include all family members and all unrelated people who share the housing unit.

2019 Total Annual Household Income Enter the Adjusted Gross Income from 2019 tax paperwork for all members of the household 18 or older. If any adult household members didn’t file 2019 taxes, they must show evidence they were exempt. If they were exempt because they didn’t have enough income, what income they had should be included in this total. W-2s, award statements or similar proof will be accepted as proof of income in these instances.

Current Household Income This category establishes loss of income due to Covid-19. Take the gross income of each household member 18 or over for the month prior to completion of the application and add them together. Enter this sum on the line. Multiply this number by 12 and enter the resulting number in “Box A”.

This number, what was entered in Box A, must be lower than the maximum program income based on the number of people in the household to be eligible for the program.

6. Eligibility Verification

Duplication of Benefit A requirement of the CARES Act is that any funds received are not a duplicate of other available funds, and if another source of funds are available, the combined total of funds received cannot exceed the established need. Mark the appropriate box for your situation, keeping in mind all assistance received or known to be available.

Covid-19 Impact A final requirement of this program is that recipients must be impacted by Covid-19. If you have been impacted by Covid-19, use this space to briefly describe how, particularly any loss of income you might have suffered.

Completion Read the Applicant Certification, sign, date and return to Matt Wallace in the Planning Department at the Clinton Township Civic Center, 40700 Romeo Plank Rd, Clinton Township 48038 by 4:30 Monday, August 31, 2020.