

## Residence CARES Relief Fund Application

### Application Check List

- Consent Form – Release of Information (ROI) (p.2)
- Income/Gov't Assistance/Asset Information (pgs. 3-4)
- Residence CARES Relief Fund Application (pgs. 5-9)
  - Applicant Information
  - Reason for Seeking Relief Assistance/Statement of Need – COVID 19
  - Statement of Need
  - Employment Information
  - Rental or Mortgage Assistance Housing Information
  - Applicant/Co-Applicant Signatures

### Additional Documentation Checklist

- Proof of relation to COVID (example: letter from employer or daycare on letterhead; positive COVID test results; doctor/hospital letter, etc.)
- Copy of Driver's License or State Issued Photo ID of **all** adult household members
- Proof of Income: W2 *or* 1099 ***PLUS*** two months' pay stubs
- Proof of Unemployment Status (if applicable)
- Copy of Lease (for renters)
- Letter from Landlord/Mortgage Company Stating Amount of Arrearage Owed
- Copy of Utility/Electric Bills (if applicable)

### **KEEPING FAMILIES IN THEIR HOMES**

The Emergency Rental Assistance program makes funds available to assist households that are unable to pay rent and utilities due to the COVID-19 pandemic. The funds are provided directly to States, U.S. Territories, local governments, and Indian tribes. Grantees use the funds to aid eligible households through existing or newly created rental assistance programs.



## Greater Clarksville Region Assistance Network Shared Case Management Software – CharityTracker

### RELEASE OF INFORMATION (ROI)

Client's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (mm/dd/yyyy)

The **Greater Clarksville Region Assistance Network**, hereinafter referred to as "CharityTracker", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Greater Clarksville Region, Inc. (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including United Way of the Greater Clarksville Region, Inc (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

Dependent's Name	Relationship	Date of Birth	Social Security Number

I authorize United Way of the Greater Clarksville Region, Inc., as a CharityTracker Participating Agency, to share my basic, identifying, and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize United Way of the Greater Clarksville Region, Inc. (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

X \_\_\_\_\_  
 Client and/or Parent-Legal Guardian's/ Date

X \_\_\_\_\_  
 Agency Representative Signature/ .Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.  
[https://cumberland.charitytracker.net/cases/blank\\_roi/](https://cumberland.charitytracker.net/cases/blank_roi/)



United Way of the  
Greater Clarksville Region

107 Jefferson Street, Suite 107  
Clarksville, TN 37040  
(931) 647-4291 office  
liveunited@uwgrc.org email

### INCOME GUIDELINES

Under the Section 8 income guidelines in Tennessee, you can **qualify as long as you earn no more than 80 percent of the median area income**. Income limits are published annually by HUD and can vary depending on the county where you sign up. In any case, your earnings will be compared with families of the same size in your county or city.

FY 2020 Income Limit Area	<u>Median Family Income</u>	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Clarksville, TN-KY MSA	\$68,900	<u>Very Low (50%) Income Limits (\$)</u>	23,000	26,300	29,600	32,850	35,500	38,150	40,750	43,400
		<u>Extremely Low- Income Limits (\$) *</u>	13,800	17,240	21,720	26,200	30,680	35,160	39,640	43,400*
		<u>Low (80%) Income Limits (\$)</u>	36,800	42,050	47,300	52,550	56,800	61,000	65,200	69,400

**NOTE:** Montgomery County is part of the Clarksville, TN-KY MSA, so all information presented here applies to all the Clarksville, TN-KY MSA.

### GOVERNMENT ASSISTANCE

Have you ever in the last 12 months received any form of **federal assistance, federal aid, or federal funds** from government programs such as: housing assistance (Section 8), TANF, Medicaid/Medicare, CHIP, SSI, SNAP, or EITC? *If yes, select which programs, list their start/end dates, and amount received.*

Program	YES	Start/End Dates	Amount
Section 8			
TANF			
Medicaid/Medicare			
CHIP			
SSI			
SNAP			
EITC			

### ASSETS



107 Jefferson Street, Suite 107  
 Clarksville, TN 37040  
 (931) 647-4291 office  
 liveunited@uwgcr.org email

Answer the following questions about the people listed in the application who are applying for assistance. If you need extra space in the following sections, please use extra pages.

<b>Asset/Income Information</b>				
<b>Indicate if you or anyone who lives with you receives money from:</b>	<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Frequency</b>
Unemployment Benefits				
Supplemental Security Income (SSI) Benefits (State and Federal Total)				
Social Security Disability Benefits				
Social Security Dependents Benefits				
Retirements Benefits/Pensions				
Dividends/Interest from Stocks, Bonds, Savings, etc.				
Workers Compensation				
Public Assistance Grant				
Foster Care Payments Received				
Child Support Payments Received				
Private Disability Insurance				
Union Benefits				
Loans, Other than Education (Received)				
Training Allotments/Stipends				
Rental Income (Received)				
VA Benefits				
Other Income-Please Specify				



107 Jefferson Street, Suite 107  
Clarksville, TN 37040  
(931) 647-4291 office  
liveunited@uwgcr.org email

## United Way of the Greater Clarksville Region Residence CARES Relief Fund Application

*The application will not be processed unless it is completed in full AND all supporting documentation is provided. If an item does not apply to you, please write N/A beside the check box. Additional documentation/information may be required upon receipt and review of the information provided.*

*Submitting this application does not obligate the applicant or United Way of the Greater Clarksville Region in any way. If it is determined that you qualify for assistance, you will be notified via phone and email.*

**Before completing the application, be sure the following criteria is met in order to qualify for the Residence CARES Relief Fund assistance:**

- Applicant/Co-Applicant must be a resident of the City of Clarksville, Tennessee.
  - The financial hardship must be COVID-related.
- Applicant/Co-Applicant must be employed and/or can resume making payments on your own after receiving assistance.

### APPLICANT INFORMATION

Applicant's Full Name (First, Middle, Last): \_\_\_\_\_

Co-Applicant's Full Name (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Is this your primary address?*  Yes  No *Are you currently living in the residence?*  Yes  No

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

### REQUIRED IDENTIFICATION WITH APPLICATION

Driver's license or state issued photo ID: copies for all adult household members





**EMPLOYMENT INFORMATION - \*If currently Unemployed, you must provide proof of Unemployment Status\***

**Job #1:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone (include extension): \_\_\_\_\_ Email: \_\_\_\_\_

As of March 2020, I was employed **Full Time**  (32+ hours/week) **Part Time**  (less than 32 hours/week) when COVID-19 restrictions were imposed by the County & the State of Tennessee.

Prior to COVID-19 restrictions being put into place, my position at my employer(s) was (describe position):

\_\_\_\_\_  
\_\_\_\_\_

**Job #2 (if applicable):** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone (include extension): \_\_\_\_\_ Email: \_\_\_\_\_

As of March 2020, I was employed **Full Time**  (32 hours/week - can be from multiple employers) **Part Time**  (less than 32 hours/week) when COVID-19 restrictions were imposed by the County & the State of Tennessee.

Prior to COVID-19 restrictions being put into place, my position at my employer(s) was (describe position):

\_\_\_\_\_  
\_\_\_\_\_

**Mark the option that best applies to your situation, then indicate "Job #1" or "Job #2" for the option you chose:**

- 1. I have already regained employment and have sufficient income to resume making rent/mortgage payments after assistance is provided. Which job? \_\_\_\_\_
- 2. My employer(s) has/have guaranteed my return to employment once COVID-19 restrictions are fully lifted, and I am currently receiving unemployment compensation and have sufficient income to resume making rent/mortgage payments after assistance is provided. Which job? \_\_\_\_\_
- 3. My employer(s) has/have contacted me to return to work on (date) \_\_\_\_\_ and has guaranteed rent/mortgage payments after assistance is provided until I am able to return to work on the date above. Which job? \_\_\_\_\_
- 4. My employer(s) has/have not guaranteed my return to employment, but I anticipate having sufficient income from other sources to resume making rent/mortgage payments after assistance is provided. Which job? \_\_\_\_\_
- 5. My employer(s) has/have not guaranteed my return to employment at this time, and I do not know if I will be able to resume making rent/mortgage payments after assistance is provided. Which job? \_\_\_\_\_



### RENTAL ASSISTANCE HOUSING INFORMATION

I certify by completing this section that I am, or anticipate being, behind on my rent and experiencing a housing crisis and facing potential homelessness due to loss of income due to COVID-19 restrictions imposed by the County & the State of Tennessee. (If any item does not apply to your situation, list it as N/A.)

**Please note – Rental payment checks will ONLY be issued to the Landlord on the 1<sup>st</sup> or 15<sup>th</sup> of the month. The number of remaining months on the lease cannot be fewer than six (6) months. Assistance will cover no more than 6 months of arrearages (past due amounts).**

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

Name of Apartment/Trailer Complex (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Lease Start & End Dates: \_\_\_\_\_ Amount of Monthly Rent: \$ \_\_\_\_\_

Date Rent Became Delinquent: \_\_\_\_\_ Amount of the Total Arrearage \$ \_\_\_\_\_

Has an Eviction Notice been Received?  Yes  No

If Yes, Date of Notice and Effective Date of Eviction: \_\_\_\_\_

Are you currently receiving any type of Federal Housing Assistance?  Yes  No

If Yes, indicate which type of Housing Assistance you are receiving:

Public Housing  Yes  No    Housing Choice, Section 8, or Other Vouchers  Yes  No

### MORTGAGE ASSISTANCE HOUSING INFORMATION

I certify by completing this section that I am, or anticipate being, behind on my mortgage(s) and experiencing a housing crisis and facing potential homelessness due to loss of income due to COVID-19 restrictions imposed by the County & the State of Tennessee. (If any item does not apply to your situation, list it as N/A.)

**Please note – Mortgage payment checks will ONLY be issued to Lenders on the 1<sup>st</sup> or 15<sup>th</sup> of the month. Assistance will cover no more than 6 months of arrearages (past due amounts).**

**Complete information on ALL Mortgage Company (IES) Loan Services:**

1) Name of Mortgage Company (IES) Loan Services: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Loan Account Number \_\_\_\_\_

Amount of Monthly Mortgage Payment: \$ \_\_\_\_\_

Amount of Total Mortgage Delinquency: \$ \_\_\_\_\_





United Way of the Greater Clarksville Region

107 Jefferson Street, Suite 107  
Clarksville, TN 37040  
(931) 647-4291 office  
liveunited@uwgcr.org email

2) Name of Mortgage Company (IES) Loan Services: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Loan Account Number \_\_\_\_\_  
Amount of Monthly Mortgage Payment: \$ \_\_\_\_\_  
Amount of Total Mortgage Delinquency: \$ \_\_\_\_\_

**Amount of Total Mortgage Delinquency for ALL Mortgages: \$ \_\_\_\_\_**

Month & Date of 1<sup>st</sup> Delinquency? \_\_\_\_\_

Have you received a Foreclosure Notice from your Lender?  Yes  No

Are HOA fees (if any), Taxes and Insurance included in your Mortgage?  Yes  No

If yes, are they current?  Yes  No

Is the Property Listed for Sale?  Yes  No

Have you Applied For/Received any type of Payment Relief/Concessions from your Lender?  Yes  No

If yes, please Describe or Provide Copies of any Correspondence Received from your Lender:

\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT(S) SIGNATURE/CERTIFICATION

By signing below, I/we certify that the information provided in this application is accurate and complete. I/we certify that I/we (am/are) residents of Clarksville, Tennessee, my/our hardship is COVID-related, and that I/we are employed and/or can resume making payments on my/our own after receiving assistance. I/we acknowledge that meeting program eligibility requirements does not guarantee assistance will be provided. I/we acknowledge and understand any false statements or false information made on this application will result in immediate denial of my/our application for this program. I/we will provide documentation of all income sources upon request.

**\*One year after completion of the activity for which funds were awarded, the applicant must report and certify whether additional funds were received for COVID-related expenses, including the amount of funds awarded and when the funds were received.**

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

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

*When completed mail or email to:*

**United Way of the Greater Clarksville Region**

107 Jefferson Street, Suite 107 Clarksville, TN 37040

**(931) 647-4291 office liveunited@uwgcr.org email www.liveunitedclarksville.org website**

*If unable to mail or email, applications can be dropped off in the mail slot at the above address.*

*United Way of the Greater Clarksville Region does not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.*