



EVICTON PREVENTION PROGRAM APPLICATION (MESA)

Applicant(s) Information:

First name	Last name	M.I.	SSN
Current address		City	State
			Zip Code
Phone number(s)		Email address	

Pre-Qualification: (by selecting the statements below, you certify that the statements are true and correct to the best of your knowledge and understand that a false statement may disqualify you from the program)

- ☐ Applicant is at least 18 years or older or an emancipated minor under Arizona law.
- ☐ Applicant is currently residing in the City of Mesa, Arizona
- ☐ Applicant or a member in the applicant's household have been adversely affected by COVID-19 Pandemic

Financial Hardship Questionnaire/Screening Questions: (complete requested information and check all that apply)

Employment:

A determination of financial hardship due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic.

When COVID-19 restrictions were imposed by the Arizona Governor:

- ☐ **I (We) was not employed** in a working position
- ☐ **I (We) was employed** in a working position
 - ☐ Full-time (40 hours/week)
 - ☐ Part-time (less than 40 hours/week)
- ☐ Myself/ My significant Others' employer has guaranteed my return to employment once the COVID-19 restriction are lifted and I am receiving or have applied for unemployment compensation.
- ☐ My/ My Significant Others' employer has contacted me to return to work on _____, 2022 and has guaranteed return to my previous position and scheduled hours.
- ☐ My employer has not guaranteed my return to employment once the COVID-19 restrictions are lifted; and, I am not receiving and have not applied for unemployment compensation.

Housing: (Rental assistance)

A determination of housing crisis due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic.

☐ I am not at risk of losing my current housing and I am able to pay my rent payment.

☐ I am experiencing a housing crisis and facing potential homelessness.

Reason: _____

Renters:

\$ _____ \$ _____
 Monthly rent payment Day rent is due (day of the month) Total amount of late fees owed to date

☐ I received an eviction notice from my landlord/property manager dated _____

☐ I am currently receiving housing assistance from _____

Utilities:

\$ _____ \$ _____
 Monthly utility payment Day utilities are due (day of the month) Total amount of late fees owed to date (if any)

☐ I received a late or overdue notice from my utilities dated _____

Applicants Household Information:

Please list all persons who will be residing in your household. Please note that you MUST use the legal name of each member as it appears on his or her Social Security Card. All adult members 18 years or older must sign all forms certifying the information is true and complete.

First name	Last name	M.I.	Relationship	DOB	Sex (M/F)	SSN	Race/Ethnicity

Income Information:

Total Number of persons in the Family	1	2	3	4	5	6	7	8
Total Annual Income Limit (30% AMI)	\$18,550	\$21,200	\$23,850	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630

List total gross MONTHLY income (before taxes) and payments received by **each family member from all sources.**

1.

First name

Last name

M.I.

Source	Monthly Amount
Earned income through employment	\$
Cash Assistance (TANF)	\$
Child Support	\$
SNAP/ Nutrition Assistance	\$
Social Security Benefits (SSI/SSDI)	\$
Worker's Compensation Insurance	\$
Veteran's Type	\$
Unemployment Benefits	\$
Retirement Pension/Income from former job/military	\$
Alimony/Spousal support	\$
Interest/Dividends	\$
Other: _____ (Circle One – Temporary or Ongoing)	\$

2.

First name

Last name

M.I.

Source	Monthly Amount
Earned income through employment	\$
Cash Assistance (TANF)	\$
Child Support	\$
SNAP/ Nutrition Assistance	\$
Social Security Benefits (SSI/SSDI)	\$
Worker's Compensation Insurance	\$
Unemployment Benefits	\$
Alimony/Spousal support	\$
Other: _____ (Circle One – Temporary or Ongoing)	\$

Did you or any household member file a federal tax return? ☐ Yes ☐ No

If yes, who? _____

Education Income:

Does any member of your household over the age of 18 attend school and receive financial assistance, including grants or scholarships? ☐ Yes ☐ No

If yes, who?

Household Member Name	School Name	Address	Type of Assistance	Amount
				\$
				\$

Assets Information:

Does any member of your household have assets, including but not limited to, checking and/or savings accounts, IRA's, 401K, bonds? ☐ Yes ☐ No

If yes, who?

Name	Type of Account	Bank Name	Account #	Balance
				\$
				\$

Disability Information

Is anyone in your home diagnosed with a disability? ☐ Yes ☐ No

If yes, who? Please list specific information.

Name	Name of Disability	Additional details	SMI Diagnoses
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance Information-

Does your family have health insurance? ☐ Yes ☐ No

If so, please check which type below:

☐ Medicaid/AHCCCS ☐ VA ☐ Medicare ☐ Indian Health Svc ☐ Employer Provided ☐ Private Pay
☐ State Children's Health Insurance ☐ COBRA

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

APPLICANT CERTIFICATION: I certify that the information given to Save the Family on this form is accurate and complete to the best of my knowledge and belief. I understand that any false statements or information are punishable under Federal and state law and are grounds for denial or termination of assistance. I certify that all copies of documents submitted have not been altered and I am able to produce original documentation if required.

AUTHORIZATION FOR RELEASE OF INFORMATION: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the City of Mesa any information needed to complete and verify my application for participation. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with Mesa’s Housing & Community Development Division. I understand I have a right to review my file and correct any information that I can prove is incorrect.

PERMISSION TO VERIFY INFORMATION: My signature below indicates that I understand and agree that HUD or Save the Family may conduct computer-matching programs to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or save the Family may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and food stamp agencies. Preliminary criminal background information obtained from public information sources is also understood.

_____	_____	_____
Client name	Signature	Date
_____	_____	_____
Client name	Signature	Date
_____	_____	_____
Staff member	Signature	Date

Save the Family does not discriminate on the basis of race, color, religion, age, national origin, sex, disability, sexual orientation or political affiliation and makes reasonable efforts to accommodate the physically challenged upon notification.

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, *Save the Family (STF)* prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. STF must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that if necessary, STF must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that STF will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy please contact: Save the Family @ 480.898.0228. Para obtener este documento en otro formato u obtener información adicional sobre esta política Save the Family @ 480.898.0228.

REQUIRED DOCUMENTS

<input type="checkbox"/> <u>PROOF OF IDENTITY:</u> <ul style="list-style-type: none"> Copy of Driver License or State of Arizona ID, etc. for all adult household members Copy of Birth Certificate (All Household Members) Copy of Social Security Card (All Household Members) 		
<input type="checkbox"/> <u>LEASE AGREEMENT:</u> Copy of current lease agreement		
<input type="checkbox"/> <u>RENT/ MORTGAGE:</u> Most recent rent/ mortgage payment statement (coupon not acceptable). Verification of delinquent housing such as eviction notice or mortgage late notice		
<input type="checkbox"/> <u>ASSETS:</u> Provide the two most current months statements for all assets (All Household Members) including, but not limited, to:		
<ul style="list-style-type: none"> Checking Accounts Savings Accounts Direct Deposit/Debit Cards Certificates of Deposit (CD) 	<ul style="list-style-type: none"> IRA, Roth IRA 401k Bonds Stocks 	<ul style="list-style-type: none"> Insurance Policies Trust Funds Equity In Real Property Other Financial Investments
<input type="checkbox"/> <u>INCOME:</u> Provide current income documentation for adult household members including, but not limited, to:		
<i>Employment/Job Training</i>	The last two months of current and consecutive pay stubs. Payroll printout. Letter from employer indicating hours worked weekly and hourly pay.	
<i>Unemployment Benefits</i>	Current benefit letter. Print out from Unemployment.	
<i>Public Assistance</i>	Most recent DES benefit letter.	
<i>Social Security/SSI</i>	Most recent benefit award letter. 1-800-772-1213 www.ssa.gov	
<i>Veterans (V.A.) Benefits</i>	Most recent benefit award letter. 1-800-827-1000	
<i>Worker's Compensation</i>	A statement from employer, insurance company, law firm, etc., showing your awarded amount.	
<i>Alimony</i>	A copy of the court order or a statement with the amount and frequency.	
<i>Regular Contributions or Gifts</i>	Provide a statement from the organization or individual indicating amount received, name, address, and phone number.	
<i>Child Support</i>	Printout from Child Support Agency for the last 12 months, including dollar amount received. For support not paid through the Office of Support Enforcement, submit a statement from the person providing the support, including monthly amount, address, and phone number.	
<i>Retirement Pension/Annuities</i>	A statement from the account administrator verifying your gross monthly benefit.	
<i>Trust</i>	Verification from the trust administrator of the current value of the trust, the type of trust (irrevocable or revocable), and the date & type of any disbursements over the past twelve months	
<i>Self-Employment</i>	Profit and Loss statement.	
<i>Student Status/Income</i> <i>For adults enrolled in school (18+)</i>	Verification of full- or part-time student status, tuition expenses, financial aid, scholarships, and/or grant income.	
<i>Proof of COVID</i>	Letter from employer stating furlough or loss of hours due to COVID-19; OR Pandemic Unemployment Assistance Award letter; OR Positive COVID-19 test resulting in unpaid time from work or loss of daycare, must be provided with letter from employer confirming OR Self Attestation form	



Applicant Self-Attestation
COVID Emergency Rental Assistance Program

Household Member Name: _____

At least one item must be selected to qualify for assistance:

A) Reduction or loss of income directly related to the COVID 19 Pandemic

<input type="checkbox"/> Terminated employment, reduced work hours, lay off, furlough, rescinded job offer	<input type="checkbox"/> COVID-19 Diagnosis or Virus Exposure Requiring a Household Member to Self-Quarantine	<input type="checkbox"/> School age child or Vulnerable adult in the Household requiring and Adult Household Member to Stay Home Due to School Closures or Adult Day Care Closures
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B) COVID-19 Health and Safety Concern Resulting in Increased Expenses

<input type="checkbox"/> Unexpected daycare expenses for school age child or vulnerable adult	<input type="checkbox"/> Unreimbursed medical expenses due to COVID-19 related illness (not covered by health insurance)	<input type="checkbox"/> Increased basic living expense for households age 65+ due to closure of senior centers, congregate meal sites, or loss of support system
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Please provide a brief description:

Attestation of Truth: With my signature below, I certify that the statements I have made regarding my eligibility for COVID Emergency Rental Assistance are true to the best of my knowledge.

Printed Name

Phone Number/Email Address

Signature

Date



SELF-DECLARATION OF ASSISTANCE

Applicant name: _____

☐ This is to certify I have not received assistance from any other programs or facilities.

☐ This is to certify I **have** received assistance from the following programs:

Program/Type of Assistance	Months Assistance Received
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Program/Type of Assistance	Months Assistance Received
----------------------------	----------------------------

Program/Type of Assistance	Months Assistance Received
----------------------------	----------------------------

Months Applying for Assistance

*Previous assistance does not preclude eligibility, as long as assistance does not create a duplication in services.

Self-Declaration

☐ I certify under penalty of perjury, the above statements regarding program assistance are true and correct.

Signature

Date

Signature

Date

SELF-DECLARATION OF INCOME

Applicant name: _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e. total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, utilities, WIC, food stamps and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day, and allowances of a member of the Armed Forces - excluding special pay for exposure to hostile fire.

Check only one box and complete only that section.

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Applicant Signature: _____ Date: _____

☐ I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: _____ Date: _____

Staff Verification

I understand that third-party verification is the preferred method of certifying income for assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

Staff member

Signature

Date