

City of St. Clair Shores

27600 Jefferson Avenue, St. Clair Shores, MI 48081-2075
Phone: (586) 445-5200 Fax: (586) 445-0469 www.scsmi.net

Mayor
Kip C. Walby
Mayor Pro-Tem
John D. Caron
Interim City Manager
Michael J. Greene



Council Members:
Peter A. Accica
Ronald J. Frederick
David J. Rubello
Candice B. Rusie
Chris M. Vitale

ST. CLAIR SHORES MORTGAGE, RENT, AND UTILITY ASSISTANCE PROGRAM GUIDELINES AND APPLICATION

St. Clair Shores will distribute up to \$500,000 in Community Development Block Grant CARES Act (CDBG-CV) funding on behalf of residents that have been negatively impacted by COVID-19. CDBG-CV funds must be used specifically to prevent, prepare for, and respond to the COVID-19 pandemic. The city will pay up to three months of rent, mortgage, and/or utility payments for income qualifying households.

QUALIFICATIONS

To qualify for assistance, you must be a resident of this city, submit a completed application, and have an annual household income at or below the following table:

Household Size	Income Limit
1	\$50,150
2	\$57,300
3	\$64,450
4	\$71,600
5	\$77,350
6	\$83,100
7	\$88,800
8	\$94,550

ELIGIBILITY

To be eligible, you must document all the following:

- Resident of St. Clair Shores
- Proof of Income Eligibility (see Income Affidavit)
- Explanation of income loss due to the COVID-19 Pandemic
- Payments of mortgage, rent, gas, and electric to primary residence
- Rental properties must be registered with the city
- The resident must be living in the unit at the time the Program assistance funds are disbursed. Persons temporarily away from the unit (e.g., hospitalization, family visit) are eligible for assistance.

INTENDED USE OF CDBG-CV FUNDS

Grant funds are intended to be used to prevent eviction or foreclosure rather than delay it. The city will pay the landlord/mortgage company directly. Reimbursement to the resident is prohibited by Federal Law. The city will reimburse up to three months of housing payments (rent or mortgage) based on the number of bedrooms listed below, not to exceed a total of \$6,000 per household for rent/mortgage payments.

RENT/MORTGAGE

Maximum Rent/Mortgage Amount:

Efficiency/Studio	\$733 per month
One Bedroom	\$848 per month
Two Bedroom	\$1,084 per month
Three Bedroom	\$1,371 per month
Four Bedroom	\$1,473 per month

The maximum per month housing assistance for units with more than four bedrooms will be calculated by adding 15 percent to the four-bedroom max for each extra bedroom. Exceptions to this calculation may be made on a case-by-case basis.

Monthly rental/mortgage assistance will be capped at the housing payments listed above per month. Residents are not disqualified from the program if their monthly housing payment exceeds this amount, but Program assistance is capped at the maximum listed above.

UTILITY PAYMENTS

The city will reimburse utility payments for gas and electricity for up to three months. Overdue bills and shut-off notices will qualify for reimbursement. Payments are required to be made directly to the utility company. The city will reimburse up to three months of utility payments for gas and electricity based on the number of occupants and maximum reimbursement listed below:

1-2 Person Household	\$1,500 per utility
3-4 Person Household	\$2,000 per utility
5+ Person Household	\$2,500 per utility

Ineligible Costs include, but are not limited to:

- Mortgage payments for a non-homestead property
- Rent payments to an unregistered rental property
- Payment on a property that is not your principal residence
- Utility payments on a property that is not your principal residence

DUPLICATION OF BENEFITS

Funds may only be used to pay for unmet needs/needs not met by other sources of assistance. A duplication of benefits analysis will be completed before assistance is provided through this program. A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. The resident will be required to certify that they will repay the program for any duplicative benefits subsequently received.

APPLICATION REVIEW

- Applications will be made available on a rolling basis.
- The applications will be reviewed for completeness and eligibility.
- Successful applicants will be notified via email. They will have ten (10) calendar days to respond to the notice and provide the required documentation.
- Upon receipt of the required documentation, the city will proceed with paying the vendor directly.

DISTRIBUTION OF FUNDS

You must provide the required documentation within the prescribed timeframe. If you do not meet the established deadlines the award will be cancelled, and the funds will be reallocated to another eligible household. Once the application is considered complete, the city will remit payment for the requested delinquent costs directly to the vendor.

REPORTING REQUIREMENT

HUD requires certain statistical data to be collected and reported. Examples of this information are race, ethnicity, and female head of household. This information will be made part of the application and will only be used for statistical reporting purposes.

SUBMITTALS

Please submit completed applications to Liz Koto: liz@scsmi.net or 27600 Jefferson Avenue, St. Clair Shores, MI 48081

CITY OF ST. CLAIR SHORES MORTGAGE, RENT, AND UTILITY ASSISTANCE APPLICATION

REQUESTED ASSISTANCE

Rent Mortgage Utility (Gas and Electricity)

APPLICANT INFORMATION

Full Name of Head of Household		Date of Birth (mm/dd/yyyy)		E-Mail	
Address		City, State, Zip Code		Phone	
Gender Female Male Gender Non-Conforming	Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	Ethnicity Non-Hispanic/Non-Latino Hispanic/Latino	Disabling Condition Yes No		

Once your application has been reviewed and approved, you will be required to submit copies of your bills for payment directly to the Landlord/Mortgage Company and/or utility company.

REQUIRED ADDITIONAL DOCUMENTATION

Please submit copies of the following information with this completed application

Government Issued ID with address of each occupant over 18 years of age Proof of Primary Residence such as copy of lease or mortgage statement

HOUSEHOLD INFORMATION*

List all other persons living with you regardless of age or relationship.

Full Name		Date of Birth (mm/dd/yyyy)	E-mail
Gender Female Male Gender Non-Conforming	Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	Ethnicity Non-Hispanic/Non-Latino Hispanic/Latino	Disabling Condition Yes No
Relationship to Head of Household Head of Household's child Head of Household's spouse or partner Head of Household's other relation member (other relation to head of household) Other: non-relation member			

Full Name		Date of Birth (mm/dd/yyyy)	E-mail
Gender Female Male Gender Non-Conforming	Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	Ethnicity Non-Hispanic/Non-Latino Hispanic/Latino	Disabling Condition Yes No
Relationship to Head of Household Head of Household's child Head of Household's spouse or partner Head of Household's other relation member (other relation to head of household) Other: non-relation member			

Full Name		Date of Birth (mm/dd/yyyy)	E-mail
Gender Female Male Gender Non-Conforming	Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	Ethnicity Non-Hispanic/Non-Latino Hispanic/Latino	Disabling Condition Yes No
Relationship to Head of Household Head of Household's child Head of Household's spouse or partner Head of Household's other relation member (other relation to head of household) Other: non-relation member			

**Complete additional pages as needed to include any additional household members*

HOUSEHOLD INCOME

Does your household have any income? Yes No	Total Monthly Income:
--	------------------------------

Has Any Household member lost income due to effects of COVID-19? Household Member: _____ Household Member: _____	Yes No	Monthly Change in Income: Monthly Change in Income:
---	-------------	--

Please explain the income loss because of the COVID-19 Pandemic (choose at least one):

- Job Loss, furlough, or lay-off due to COVID-19
- Reduction in work hours due to COVID-19
- Reduction or stop in work hours due to being sickened by COVID-19
- Inability to work outside of the home due to a household member being diagnosed with COVID-19
- Increase in monthly expenses due to stay at home order
- COVID-19 related expenses such as hospitalization, funeral expenses, PPE, etc.
- Other COVID-19 related circumstance, please explain:

Does your household receive benefits from any food assistance programs?	Yes	No
--	-----	----

Please check all sources of income that your household received in the last 30 days:

Social Security benefits	Disability benefits
Supplemental Security Income (SSI)	Self-employment income
Pension/retirement benefits	Unemployment
Veteran's benefits/Military allotments	Child Support
Employment/earned income	Worker's Compensation
Money from family/friends	Other, please list:
Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.)	
Rental income or a land contract, mortgage, or other payment payable to a household member	

(You may be asked for verification of your income)

Please list all income earning household members:

Household Member Name*	Source of Income (include employer name, if applicable)	Rate of Pay or Payment Amount	Gross Annual Income (before taxes or deductions)
	TOTAL OCCUPANTS		TOTAL INCOME

**Complete additional pages as needed to respond for all household members*

RENT/MORTGAGE INFORMATION

Number of Bedrooms in Unit/House	Number of Bathrooms	
Square Footage of Unit/House	Move-in date	
Monthly Rent/Mortgage Payment including escrow	Date of Last Payment	
Landlord/Mortgage Company Name	Landlord/Mortgage Company Street Address	
Landlord/Mortgage Company Email	Landlord/Mortgage Company City, State, Zip Code	
Landlord/Mortgage Company Phone	Are you past due or delinquent? Yes No	Amount past due or delinquent including late fees
Is your rent or mortgage subsidized by another program such as the Housing Choice Voucher Program, Section 8, Project Based Voucher, Public Housing, etc.? Yes No		
Has the Owner/Landlord filed for eviction or Mortgage Company filed for foreclosure? Yes No		
For Renters Only: Have you incurred unpaid court costs for the eviction process at your current residence? Yes No How much are the fees/penalties you have incurred?		

UTILITY PAYMENT INFORMATION

Electricity	Utility Provider Name, Address, Phone, and Email	Amount past due or delinquent including late fees/penalties	Average Monthly Payment
Gas/Propane /Other Heat Source	Utility Provider Name, Address, Phone, and Email	Amount past due or delinquent including late fees/penalties	Average Monthly Payment

CERTIFICATION

Initials	I understand that if funded, this application only resolves the issue of arrears and fees owed through the date of payment, and that all other obligations of any lease/mortgage/utility requirement remain enforceable.
-----------------	--

SIGNATURE

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; fully discloses my household income from all sources; and accurately represents my/our current living circumstances. I understand providing false statements or information is grounds for denial of program assistance and potential state or federal prosecution. I authorize the city, and any of its authorized representatives, to verify the information provided in this application is true and correct. I also understand that additional information will be required to move forward with this program and/or verify my eligibility for assistance.	
Signature	Date

DUPLICATION OF BENEFITS AFFIDAVIT

Rent Assistance Applicants: Make a copy of this page and the next and submit it to your landlord for completion. As a tenant, you must also complete this section of the application. Your application will remain incomplete until all completed forms are returned to the city.

Mortgage and Utility Assistance Applicants: Complete one copy of this affidavit.

Date: Name: Address: Phone: Email:	Please Select the Appropriate Title: Tenant Landlord Homeowner
--	---

DUPLICATION OF BENEFITS

Funds may only be used to pay for unmet needs/needs not met by other sources of assistance. A duplication of benefits analysis will be completed before assistance is provided through this program. A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. The owner/applicant will be required to certify that they will repay the program for any duplicative benefit subsequently received.

ASSISTANCE RECEIVED/APPLICATION PENDING

This section identifies any sources of funds that the resident has applied for or received as a result of the COVID-19 Global Health Crisis, other than insurance. Sources of funds include but are not limited to: Federal, state, and local loan/grant programs, private or bank loans, nonprofit donations or loans. Please mark any of the boxes below which apply to you regarding any prior assistance:

I HAVE NOT applied for or received funding assistance from Federal, state, local programs or from other sources.

I HAVE received funding assistance from the following programs to assist in responding to the impact of the COVID-19 Global Health Crisis:

I HAVE applied for funding assistance, and my application is PENDING or waiting for a response from the following programs:

PROGRAM NAME	CIRCLE PENDING OR RECEIVED
Paycheck Protection Program (SBA)	Amount Pending/Received \$
Small Business Relief Grants (State)	Amount Pending/Received \$
Small Business Relief Grants (Macomb County)	Amount Pending/Received \$
Financial Institutions (Private)	Amount Pending/Received \$
Economic Injury Disaster Loan (SBA)	Amount Pending/Received \$
Express Bridge Loan (SBA)	Amount Pending/Received \$
Debt Relief Program (SBA)	Amount Pending/Received \$
Public Assistance Program (FEMA)	Amount Pending/Received \$
Emergency Food & Shelter Program (FEMA)	Amount Pending/Received \$
Unemployment Insurance Provisions (Treasury)	Amount Pending/Received \$
Coronavirus Relief Fund (Treasury)	Amount Pending/Received \$
Commodity Supplemental Food Program (USDA)	Amount Pending/Received \$
Child Nutrition Program (USDA)	Amount Pending/Received \$
SNAP -WIC (USDA)	Amount Pending/Received \$
Summer Food Service Program (USDA)	Amount Pending/Received \$
Dislocated Workers Grant (Labor)	Amount Pending/Received \$
Other	Amount Pending/Received \$

DUPLICATION OF BENEFITS CERTIFICATION

As a recipient of Community Development Block Grant – CARES Act (CDBG-CV) funds under the applicable Agreement, I assert that:

I will not apply for more funding than needed for the eligible activity or project for which CDBG-CV funds are provided. For example, if I have \$100 available from another source towards each monthly gas bill, and I am applying reimbursement for my total monthly gas bill of \$500, then the city will be limited to reimbursing \$400 per month.

I understand that a duplication of benefits (DOB) is prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).

I will immediately report to the City if I apply for or accept any financial assistance from other funding sources (federal, state, local or private) that constitute a duplication of benefits.

I acknowledge that any duplication of funds must be paid back to the City.

I understand that this affidavit is appended to and part of the Subsistence Payment Application that is executed with the City for CDBG-CV funds and is a condition of the receipt of such funds.

I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself to obtain assistance is a fraudulent offense for which I can be prosecuted.

Date:

Signature:

Printed Name:

ADDITIONAL LANDLORD AGREEMENT

In addition to certifying the accuracy and completeness of the duplication of benefits certification, I also certify that I will not evict this tenant for a minimum of 30 days after the city pays any arrearages and/or future rent.

Signature

Date

CONFLICT OF INTEREST STATEMENT

No employee, officer, or agent must participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the non-Federal entity must neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, non-Federal entities may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the non-Federal entity. The employees, elected officials, volunteers, and any other affiliate of the City will abide by the conflict of interest statement outlined above.

Signature

Date

**U.S. Department of Housing and Urban Development
Community Planning and Development
Community Development Block Grant (CDBG)**

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

DATE:

INSTRUCTIONS

This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

DEFINITION OF INCOME

HUD 24 CFR Part 5	IRS Form 1040	American Community Survey
--------------------------	----------------------	----------------------------------

BENEFICIARY INFORMATION

In the table below, please list all members of your household, regardless of age or relationship and check the appropriate designation(s) for each household member as described below.

- | | |
|--|---|
| HH = Head of Household | S≥18 = Fulltime student age 18 or over |
| 62+ = Person 62 years of age or older | <15 = Minor under the age of 15 years |
| CH = Co-Head of Household | <18 = Child under the age of 18 years |
| DIS = Person with disabilities | |

First Name of All Occupants	Last Name of All Occupants	HH	CH	DIS	62+	S≥18	<18	<15
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEAD OF HOUSEHOLD CONTACT INFORMATION

Address Line 1:	City:
Address Line 2:	State: Zip Code:

Annual gross income (total of all members) = \$

CERTIFICATION

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON NEXT PAGE

U.S. Department of Housing and Urban Development
 Community Planning and Development
 Community Development Block Grant (CDBG)

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

DATE:

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.