

PRAB



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COMPAÑEROS EN EL VIAJE DE SU VIDA



**TOWNSHIP OF EDISON TOWNSHIP
COVID-19 RENTAL AND MORTGAGE ASSISTANCE PROGRAM
APPLICATION**

The Township of Edison Emergency Rental & Mortgage Assistance Grant Program will provide temporary rental and mortgage assistance payments to eligible households whose income has been negatively impacted by COVID-19. Eligible households may be entitled to up to six consecutive months of rental or mortgage payments arrears (\$10,000 maximum). Grants will be awarded on a first come, first serve basis.

PROGRAM ELIGIBILITY

Only one application per property is eligible. The application must meet the following guidelines:

1. Current annualized household income must be at or below 80% of the Area Median Income (AMI) for Middlesex County for the size of the applicant household (see below).
2. Be able to provide documentation of loss of income due to COVID-19 pandemic. Examples include:
 - Layoff (need documentation from employer or unemployment).
 - Reduced work hours (letter from employer and paystubs).
 - Unpaid leave to take care of children due to school and daycare closures (letter from employer, school and/or daycare).
3. The applicant must have a valid lease or mortgage statement and be currently occupying a unit in Edison Township as his or her primary residence.

Applicants must provide:

1. Valid government issued ID showing address of property.
2. Executed (signed by tenant and landlord/agent) lease that names applicant as tenant of property or other type of written document that names applicant as tenant of property.
3. Current mortgage statement that matches the name of the applicant.
4. Income information for everyone over age 18 (two months of check stubs, two years tax filing and W-2 forms)
5. Bank Statements (six consecutive months, all pages)
6. Current utility bill or other such official business mail addressed to applicant at property.

Submit application and documents to PRAB, Inc. HCU Dept, 90 Jersey Avenue, New Brunswick, NJ 09801 or upload to

HCU@prab.org

Household Income Limit

The total gross income of the applicant’s household must fall below these limits by household size:

Household Size	1	2	3	4	5	6	7	8
Income	\$57,250.00	\$65,400.00	\$73,600.00	\$81,750.00	\$88,300.00	\$94,850.00	\$101,400.00	\$107,950.00

APPLICANT INFORMATION

Date:

Full Name of Household Member: _____

Address: _____

Please check one: Tenant Owner

Marital Status: _____

Telephone number: _____

Date of Birth: _____ Social Security Number: _____

Gender: Male Female Transgender Nonbinary Other

Race (please check one)

White Black or African American Native American Indian or Alaskan Native
 Asian Indian Chinese Filipino Japanese Korean Asian
 Native Hawaiian Guamanian or Chamorro Samoan

Ethnicity (please check one) Hispanic or Latino Non-Hispanic or Non-Latino

Does this person work or have income? Yes No

FAMILY

	<u>Last Name</u>	<u>First Name</u>	<u>Age</u>	<u>Marital Status</u>
Spouse/Partner	_____	_____	_____	_____
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Others in Household	_____	_____	_____	_____

EMPLOYMENT

<u>Name</u>	<u>Employer</u>	<u>Monthly Net Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total net income/month		_____

FAMILY RESOURCES

\$ _____	Per _____	Income Source: _____
\$ _____		Savings/Checking
\$ _____		Long term savings (not currently accessible)
\$ _____	Other financial resources	_____

DESCRIPTION OF FINANCIAL NEED

How is this request for assistance related to the COVID pandemic?

_____ Layoff or Reduced work hours

_____ Unpaid leave to take care of children due to school and daycare closure

_____ Self-quarantine for 14 days resulting in a loss of income

_____ Other consequence of the virus that led to a reduction of income, explain below:

Has applicant applied for assistance from other sources State or Federal Government

Any other local source such as another nonprofit, house of worship, social or fraternal organization.
Please explain:

<u>Monthly Income</u>	<u>Gross Amount</u>	<u>Net Amount</u>	<u>Comments</u>
Employer 1	_____	_____	_____
Employer 2	_____	_____	_____
Employer 3	_____	_____	_____
Child Support	_____	_____	_____
TANF/GA	_____	_____	_____
Pension	_____	_____	_____
Social Security	_____	_____	_____
Disability/SSD	_____	_____	_____
SSI	_____	_____	_____
Unemployment 1	_____	_____	_____
Unemployment 2	_____	_____	_____
Other:	_____	_____	_____
Tax Refund	_____	_____	_____
Alimony	_____	_____	_____
SNAP	_____	_____	_____
Rental Income	_____	_____	_____
Total	_____	Net _____	

Landlord Information (To be Completed for Rental Assistance)

Payee/Landlord: _____
Address: _____
Phone number: _____
Monthly Rent Amount: _____
Arrears Owed: _____

Mortgage Information (To be Completed for Mortgage Assistance)

Mortgage Company: _____
Address: _____
Phone number: _____
Monthly Mortgage Amount: _____
Arrears Owed: _____

Documentation:

- Valid government issued ID showing address of property.
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- Current mortgage statement that matches the name of the applicant.
- Income information for everyone over age 18 (two months of check stubs, two years tax filing and W-2 forms)
- Bank Statements (six consecutive months, all pages)
- Current utility bill or other such official business mail addressed to applicant at property.

Submit

- I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Rental and Mortgage Assistance Program for Residents of Edison Township.
- I certify that the application information provided is true and complete to the best of my knowledge.
- I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.
- I further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.
- I understand that supporting documentation may be requested at any time to confirm the veracity of statements made, and failure to provide documentation will result in a denial of assistance.
- I understand that no person shall knowingly make a false statement with the intent to mislead a public official in the performance of his or her official duties or else be subject to criminal and/or civil sanctions. I further understand that any willful misstatement of information will be grounds for disqualification.
- I understand that the collection of Social Security number(s) is for the purpose of personal identification and is imperative for the performance of the Township's duties and responsibility as it relates to the verification of information disclosed on the application for the Rental and Mortgage Assistance Program for Residents of Edison Township.

Applicant Signature

Date

PRAB



90 Jersey Avenue

New Brunswick, NJ 08901

Authorization for Release of Information

I, _____, of,

_____ (Address)

Authorize PRAB: Housing Coalition:

<u>90 Jersey Ave New Brunswick, NJ 08901</u>	<u>(732)249-9700</u>	<u>(732)828-4546</u>
(Address)	(Phone)	(Fax)

I understand that by signing this document:

- My records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- That I may revoke this consent, in writing, at any time, except to the extent that action has been taken in reliance on it.
- The information to be released was fully explained to me and this consent given on my own free will.

I also acknowledge that PRAB, Inc. Housing Coalition of Central Jersey will disclose information to The Department of Housing and Urban Development (HUD) for the purpose of grant oversight as well as housing counseling program compliance.

X

Signature of Worker

X

Signature of Client/Individual

PRAB



HOUSING COALITION UNIT COUNSELING DISCLOSURE FORM

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please communicate with the Housing Coalition Unit about arranging alternative accommodations.

The Housing Coalition Unit at the Puerto Rican Action Board (PRAB) provides housing counseling to anyone regardless of nationality, race, functional impairment, sex or income at no charge to you.

PRAB is a non-profit organization that receives funding from various sources, e.g., Banks, City of New Brunswick, Housing and Urban Development (HUD) Middlesex County, Dept. of Children & Families (formerly DYFS), New Jersey Housing Mortgage Finance Agency (NJHMFA), Dept. of Community Affairs (DCA), as well as several municipalities.

We are a comprehensive human services organization providing assistance through the Housing Coalition of Central New Jersey, The New Brunswick Family Success Center (FSC), Middlesex County's Low Income Home Energy and Weatherization Assistance Programs, Youth Services, Social Services and Early Childhood Programs.

The Housing Coalition provides counseling services regarding Pre-Purchase Home Ownership, Landlord/Tenant (Housing Rights), Mortgage Default and Foreclosure, as well as Case Management for the Homeless.

ACCEPTANCE OF SERVICE

Any client seeking assistance/counseling from the Housing Coalition Unit is not obligated to utilize the Agency's services or the services of its partners or referral agencies. Clients should understand that our counseling services are not meant to be considered legal advice or replace consultation with an attorney. When necessary, counselors will provide information for alternative services & programs.

CLIENT RESPONSIBILITY

I/We understand that it is my/our responsibility to work with the housing counselor & actively participate in the process. I/We understand that it will not be the responsibility of the counselor to "fix" my current situation but to provide guidance & education which may enable me/us to resolve my/our personal challenges.

Applicant Signature _____ Applicant Print _____

Housing Counselor Signature _____

Date: _____