



**City of Menifee
Community Development Block Grant Coronavirus
(CDBG-CV3)
Rental & Mortgage Grant Assistance Program
Application Form**

City of Menifee 29844 Haun Rd.
Menifee, CA 92586
951-723-3713
www.cityofmenifee.us

DOCUMENT CHECKLIST

Identification for ALL members living in the household:

- State issued DL or ID;

Proof of Hardship

- Unemployment letter;
- Furloughed letter;
- Check stubs noting decrease of hours or wages;
- Letter from employer showing reduction in hours/SSI/SSDI award letters;
- Pay history from employer (layoff/reduction of hours); or
- Proof of unemployment payments.

Lease Agreement or Mortgage Statement

- Copy of lease agreement signed by all parties
- Mortgage statement
- Copy of late payment notice
- Copy of eviction or foreclosure notice (if applicable)

Proof of Income

- Check stubs (past 3 months);
- Any public assistance or welfare payment;
- Retirement, pension, survivor or disability income;
- Social Security/SSI Letter;
- Bank Statements (past 3 months);
- Unemployment Letter;
- Child Support Order; and/or
- Any and all additional documentation showing income.

Please provide copies of all applicable documents when you submit this application. Any missing documentation will result in an incomplete application and a delay in processing. Thank you.

Information provided herein shall be kept confidential and shall only be used for determining eligibility and collecting statistical data for the program.

APPLICATION

NAME _____ AGE _____
Last First MI

CURRENT ADDRESS

STREET _____

CITY/STATE _____ / _____ ZIP _____

TYPE OF HOME

APARTMENT / TOWN HOME

MOBILEHOME

SINGLE FAMILY RESIDENCE

OTHER

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____ @ _____

If you've lived less than 3 years at the above address, please fill out your previous address information

STREET _____

CITY/STATE _____ / _____ ZIP _____

TYPE OF HOME

APARTMENT / TOWN HOME

MOBILEHOME

SINGLE FAMILY RESIDENCE

OTHER

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

MARITAL STATUS

SINGLE

MARRIED

DIVORCED

WIDOWED

DATE OF BIRTH _____ STATE/LOCATION _____

Co-Application (if applicable)

STREET _____

CITY/STATE _____ / _____ ZIP _____

TYPE OF HOME

APARTMENT / TOWN HOME

MOBILEHOME

SINGLE FAMILY RESIDENCE

OTHER

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____ @ _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

MARITAL STATUS

SINGLE

MARRIED

DIVORCED

WIDOWED

DATE OF BIRTH _____ STATE/LOCATION _____

List the head of household and all members, including those under 18 years of age, who live in your home, including applicant and co-applicant. Give the relationship of each family member to the head of household.

Household Member	Full Name	Relationship	Age
Applicant		Self	
2			
3			
4			
5			
6			
7			
8			

Verification of Income or Reduction of Hours and/or Pay

To Employer: _____ Date: _____

From Applicant: _____

Applicant's Address: _____

I have applied to the City of Menifee's Rental and Mortgage Assistance Grant Program. For my eligibility to be determined, the City must verify all of my income and the impact of COVID-19 on my income. The requested information is for the confidential use of the City program and the U.S. Department of Housing and Urban Development only. Please furnish the information requested below and return to the applicant. Questions can be submitted to the City by emailing millie.grape@mbakerintl.com.

(Signature of Applicant)

(Date)

EMPLOYER'S VERIFICATION

Employee's Name: _____ Position Held: _____

Dates of Employment: From _____ To _____

Types of Employment:

PERMANENT

TEMPORARY

SEASONAL

INTERMITTENT

For Income Verification

RATE OF PAY (estimated, if not actually paid on hourly, monthly or annual basis)

\$ _____ Hourly; \$ _____ Monthly; or \$ _____ Annually

Additional Compensation (past 12 months) Overtime \$ _____ ; Tips \$ _____

Commissions/Bonuses \$ _____

For Pay and/or Hours Reduction

RATE OF PAY CHANGE (estimated, if not actually paid on hourly, monthly, or annual basis)

Rate of Pay (prior to COVID-19 impact)

\$ _____ Hourly; \$ _____ Monthly; or \$ _____ Annually

New Rate of Pay (changed as a result of COVID-19)

\$ _____ Hourly; \$ _____ Monthly; or \$ _____ Annually

As of _____ (mm/dd/yy)

Reduction of Hours Worked (estimated if not actual)

Former Regular Hours Worked (Prior to COVID-19 impact)

Per day; _____ per Week; _____ Monthly

New Regular Hours Worked (changed as a result of COVID-19)

Per day; _____ per Week; _____ Monthly

As of _____ (mm/dd/yy)

Printed Name of Employer	Employer Signature	Phone Number	Date

Information for Government Reporting (Statistical Information)

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form is MANDATORY and WILL NOT be used to evaluate your application for participation in the Rental Mortgage Assistance Grant Program.

APPLICANT	CO-APPLICANT
SELECT ONE RACE CATEGORY:	
WHITE / CAUCASIAN	WHITE / CAUCASIAN
BLACK / AFRICAN AMERICAN	BLACK / AFRICAN AMERICAN
ASIAN / ASIAN AMERICAN	ASIAN / ASIAN AMERICAN
AMERICAN INDIAN / ALASKAN NATIVE	AMERICAN INDIAN / ALASKAN NATIVE
NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER
OTHER / MULTI-RACIAL	OTHER / MULTI-RACIAL
SELECT ONE ETHNICITY CATEGORY:	
HISPANIC YES NO	HISPANIC YES NO
SELECT ONE OF THE FOLLOWING:	
HEAD OF HOUSEHOLD	HEAD OF HOUSEHOLD
YES NO	YES NO
GENDER	
MALE FEMALE	MALE FEMALE

Duplication of Benefits Certification

This certification must be completed by all applicants that may receive any assistance from the CDBG- CV funded Rental Mortgage Assistance Grant Program being offered by the City of Menifee. The information within this certification will provide the City with vital information for ongoing evaluation of duplication of benefits as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security Act.

This section identifies any sources of housing assistance funds that the individual has received or anticipates receiving. Sources of funds include but are not limited to: Federal, state, and local grant programs, subsidized loans, or nonprofit donations or grants. Please indicate below the amount allocated from any and all funding sources.

Source of Funds #1

Grant Provider Name	
Purpose/Specific Use	
Amount	
Government Loan	
Government Grant	
Government Forgivable Loan	
Nonprofit Grant	
Nonprofit Forgivable Loan	
Other (please describe below)	

Source of Funds #2

Grant Provider Name	
Purpose/Specific Use	
Amount	
<p>Government Loan</p> <p>Government Grant</p> <p>Government Forgivable Loan</p> <p>Nonprofit Grant</p> <p>Nonprofit Forgivable Loan</p> <p>Other (please describe below)</p>	

Source of Funds #3

Grant Provider Name	
Purpose/Specific Use	
Amount	
<p>Government Loan</p> <p>Government Grant</p> <p>Government Forgivable Loan</p> <p>Nonprofit Grant</p> <p>Nonprofit Forgivable Loan</p> <p>Other (please describe below)</p>	

Source of Funds #4

Grant Provider Name	
Purpose/Specific Use	
Amount	
<p>Government Loan</p> <p>Government Grant</p> <p>Government Forgivable Loan</p> <p>Nonprofit Grant</p> <p>Nonprofit Forgivable Loan</p> <p>Other (please describe below)</p>	

Attachments as part Duplication of Benefits Certification

Please attach/send any award letter for any assistance received from other rental or mortgage assistance programs or summary of award received as well as documentation of use of funds.

Thank you.

Acknowledgement

By executing this certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Print Name Primary Applicant

Signature of Primary Applicant

Date

Print Name Co-Applicant (if applicable)

Signatures of Co-Applicant

Date