



APPLICATION & CHECKLIST: CORONAVIRUS RELIEF FUND

INTERNAL USE ONLY:	
Application Number:	
Application Received By:	Date/Time Application Received:

DESIRED ASSISTANCE

What type of housing assistance are you requesting? Check all that apply.

Mortgage HOA fees Electric Water Gas Internet Telephone Other:

APPLICANT INFORMATION (HEAD OF HOUSEHOLD)

Full Name:	Other Known Names:
Address:	Unit:
City, State Zip:	
Daytime Phone:	Mobile Phone:
Email Address:	DOB:
Applicable Marital Status (single/divorced/widowed):	Age:
Employed: Yes No	Self-employed: Yes No

CO-APPLICANT INFORMATION

Full Name:	Other Known Names:
Daytime Phone:	Mobile Phone:
Email Address:	DOB:
Applicable Marital Status (single/divorced/widowed):	Age:
Employed: Yes No	Self-employed: Yes No



HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS

As of the date of application, list all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there will be any additional members joining the household within the coming 12 months.

Household Member Name	Relationship to Head of Household	Age	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Employed Y/N

This information is being collected for reporting purposes only.

RACE (Check all that apply):		Applicant wishes not to disclose this information:	
American Indian or Alaska Native		Asian	
Native Hawaiian or Another Pacific Islander		White	
Black or African American		Other Multi-racial	
ETHNICITY (Check one):			
Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."			
Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.			

ELIGIBILITY INFORMATION

If the answer to any of the following questions is NO, you are not eligible for assistance.

Were you or a household member affected by the COVID-19?	Yes	No
How many household members are affected by COVID-19?		
For each Household member affected by COVID-19, provide the following information:		
1st household member affected by COVID-19		
Are they unemployed or underemployed due to COVID-19?	Yes	No
Date person became unemployed or underemployed		
Name and address of employer prior to being impacted by COVID-19:		
What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?		
Current employer:		

What was the projected annual gross income of this household after being affected by COVID-19?	
Is the person receiving unemployment benefits?	Yes No
If yes, how much are they receiving monthly? \$	
Additional information about hardship:	

2nd household member affected by COVID-19	
Are they unemployed or underemployed due to COVID-19?	Yes No
Date person became unemployed or underemployed	
Name and address of employer prior to being impacted by COVID-19:	
What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?	
Current employer:	
What was the projected annual gross income of this household after being affected by COVID-19?	
Is the person receiving unemployment benefits?	Yes No
If yes, how much are they receiving monthly? \$	
Additional information about hardship:	

Property Information	
Do you own a pre-1994 mobile or manufactured home?	Yes No
<i>Please note that if you own a manufactured or mobile home constructed before June 1994, you are not eligible for assistance.</i>	
Are you past due or delinquent on your mortgage?	Yes No
What is your monthly mortgage payment?	
What are the penalties due, if any?	
How many mortgage payments are past due?	Amount Due
How many months of HOA fees are past due?	Amount Due



The following question will require a special review to determine eligibility:	
Did you apply for COVID-19 assistance to any other program or organization?	Yes No
Explain:	
Have you received any COVID related assistance?	
Amount Approved?	
Amount Received to date:	
List agencies providing services	

SMALL BUSINESS ADMINISTRATION (SBA)

Have you received any event-related assistance from the SBA?	Yes No
Amount Approved?	Amount received to date:
What is your SBA Application Number(s)?	
What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.	
Did you receive any other assistance due to disaster?	Yes No
If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (CRF, CDBG, CDBG-DR, HOME), etc.	

INCOME INFORMATION

Income includes: wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, unemployment benefits, other benefits for all household members. List ALL household members and their incomes. Attach a separate sheet if you need more space. Food stamps are not considered income - do not list food stamps.

Household Member Name	Full-time Student? Y/N	Source of Income (include employer name if applicable)	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

ASSET INFORMATION

Provide the requested information on any property you may own or assets you may have.

Do you own any other real estate?	Yes	No	N/A
If yes, provide address, city and state of property(s):			
What is the tax roll value of the property?			
If yes, what is the current balance owed on the mortgage?			
Do you derive rental income from an investment property?	Yes	No	
Is your primary residence currently in foreclosure?	Yes	No	

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (Examples are listed in the instruction section.) Provide this information for all household members.

Household Member Name	Type & Source of Asset	Cash Value of Asset	Annual Income from Asset

ELIGIBILITY RELEASE

It is required that you sign this form, which allows the City of St. Petersburg, subrecipient, sponsor, State or Vendor to request information from third parties concerning your eligibility and participation in this program.

Information Covered: Inquiries may be made about items initialed below by the applicant.

Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the City of St. Petersburg or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the Coronavirus Relief Fund program for disaster assistance. Each adult member of the household must sign this Eligibility Release.

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

APPLICANT CERTIFICATION

Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the City/County or any of its duly authorized representatives to verify the information listed herein.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the CRF program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information for the purpose of obtaining assistance is grounds for termination of housing assistance and is punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor.

I/We authorize the above-referenced City/County/subrecipient/sponsor and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

Applicant's Authorization:

I authorize the above-named Subrecipient, Sponsor, State or Vendor to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

1. A photocopy of this form is as valid as the original; AND
2. I have the right to review information received using this form; AND
3. I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
4. All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process.

Signature of Applicant:	Date
Signature of Co-applicant:	Date
Household member:	Date
Household member:	Date
Household member:	Date
Household member:	Date
Warning: Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.	

APPLICANT CHECKLIST

Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the City/County or any of its duly authorized representatives to verify the information listed herein.

Please provide the information listed below from all household members over the age of 18 to ensure that your application will be processed in an expedient manner:

Completed and signed application.

Properly executed Application Instructions and Eligibility Release Form.

Copies of driver license or birth certificates.

Copies of birth certificates for all dependent children under the age of 18.

Copy of Property Deed in applicant's name.

Self-Certification of COVID-19 Related Hardship.

Self-Certification of Income.

Copies of last received paystub(s) from current and/or previous employer indicating year-to-date income.

Copy of 2019 Tax Return including all schedule, attachments and forms (W-2 and 1099).

If self-employed, provide current profit and loss statement and 2019 tax returns including all schedules, attachments and forms.

Copies of mortgage payment statement including account number, lender contact information, principal, interest and escrow payment amounts.

Contact your mortgage servicer for a copy of its W-9 form.

Copies of three months checking account statement(s) and current savings account statement(s).

Copies of any denial notices received after application for assistance from another program.

A copy of the primary lender's W-9 form.

The primary lender's wiring instructions.

NOTE: Additional information may be required during the application process.

SUBMISSION INSTRUCTIONS

Mail application to:

Housing and Community Development Department
Municipal Services Center
One 4th St. N., 9th Floor
St. Petersburg, FL 33701