

Coronavirus Crisis Aid and Support
Township of Brick Community Development Block Grant CARES ACT CDBG-CV
Rental/Mortgage/Utility Assistance Program Application

The Township of Brick has established a Rental/Mortgage/Utility Assistance Program through a Community Development Block Grant for Brick Township residents who are experiencing financial difficulties due to the COVID-19 pandemic. The grant program is administered by Homes Now, Inc., Administrative Agent for the Township. Applicant(s) may be eligible for up to 3 months or up to \$5,000. per household of financial assistance towards rental, mortgage and/or utility arrears. The program will pay rent, mortgage, and/or utility monies that are past due and will NOT pay future bills or late fees. Utilities include water, sewer, electric and/or gas ONLY. All payments will be paid directly to the landlord, mortgage company and/or utility company and not directly to the applicant(s). In order to be eligible for assistance you must be a resident of the Township of Brick, meet income limits as determined by the United States Department of Housing and Urban Development and provide proof of past due amounts. Please note that all qualifying arrears must be from after March 2020. Income limits are as follows:

2020 - 2021 Income Guidelines

Household annual income must be at or below 80% Area Median Income (AMI)

Household Size	1	2	3	4	5	6
80% AMI Level	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100

If your income is equal to or less than the limits above and you also meet the above criteria, please complete the attached application and return it to our office along with copies of the required documentation as outlined on the attached checklist. **Please submit a complete application as incomplete applications delay the process. Applicants will be notified of incomplete applications and will have 14 business days to submit the missing documentation requested. Files will be closed on the 15th day for non-responsiveness.** Submit completed applications to Homes Now, Inc. 2141 Route 88 East, Suite 1, Brick, NJ 08724. Upon review of documents, if you meet the qualifications, you will be notified by our office and the proper procedures for the processing of payment will commence.

All applications and documents are held in the strictest of confidence. If you require assistance completing the application or have any questions, please contact our office at (732) 295-7380 or info@homes-now.org Monday thru Friday 8:30 a.m. to 4:30 p.m.

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HEAD OF HOUSEHOLD INFORMATION (PLEASE PRINT)

Provide your full name as applicant and names of anyone over 18 years of age as the co applicant. Provide your complete street address and apartment number, where applicable. Complete the city, state, and zip code. Fill in your Social Security Number. Fill in telephone numbers where you can be reached at home, work, and cell. Provide a mailing address if it is different from your home address. For statistical purposes only, we request that you identify your ethnic background.

Mr. Mrs. Miss Applicant

Name: _____

Home Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different)

Social Security No. _____

E-Mail Address _____

Marital Status Single Married Divorced Widowed

Phone: Home # _____ Cell # _____

Work # _____

Mr. Mrs. Miss Co-Applicant

Name: _____

Home Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different)

Social Security No. _____

E-Mail Address _____

Marital Status Single Married Divorced Widowed

Phone: Home # _____ Cell # _____

Work # _____

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Racial/Ethnic Description (Check appropriate description for statistical purposes only)

White___ Black___ Native American___ Asian___ Hispanic___ Other___

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List each household member. Specify their relationship to you, such as husband, wife, son, daughter, etc. Give each date of birth and sex.

Member #	MEMBERS FULL NAME	RELATION	BIRTH DATE	SEX	FULL TIME STUDENT OVER THE AGE OF 18
1		Applicant			Y / N
2					Y / N
3					Y / N
4					Y / N
5					Y / N
6					Y / N

Does anyone live with you now who is not listed above: Yes No

INCOME AND ASSET INFORMATION

List each household member number from above and give an estimate of their current gross annual income from all sources (other than assets) such as wages or salaries (including regular and overtime), tips, alimony, child support, benefits and pensions for each family member. Complete accurate and current income information is essential.

MEMBER # from above	SOURCE OF INCOME / TYPE OF INCOME	TOTAL GROSS ANNUAL INCOME

Type of Assistance (check all that apply) ___Rent ___Mortgage ___Utilities

___Gas ___Electric ___Water/Sewer

Date Range of Arrears_____ Total Amount of Arrears_____

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**YOU MUST SIGN AND DATE YOUR APPLICATION ON THE LINE PROVIDED
BELOW
UNSIGNED AND INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE
AND WILL BE IMMEDIATELY RETURNED**

Make a copy of this application for yourself and save for future reference. Return the original application to:

Homes Now, Inc.
2141 Route 88 East
Suite 1
Brick, NJ 08724

I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the administrator to verify all information provided on this application and to contact the necessary sources to verify information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

How did you hear about our program?

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CHECKLIST OF DOCUMENTS TO INCLUDE WITH APPLICATION

- ___ Copy of current Lease Agreement.
- ___ Notarized letter from the Landlord detailing the following:
 - Name of Landlord(s)
 - Name of Tenant(s)
 - Address of Rental Property
 - Monthly Rental Amount
 - List of months rent unpaid and monthly amounts (after March 2020) to date
 - Total amount of rental arrears
- ___ Copies of last 3 consecutive mortgage statements if applicable.
- ___ Copies of last 3 consecutive utility bills from utility companies in which you are applying for assistance.
- ___ Proof of residency: Driver's License/State ID or utility bill with name and address matching the same on the application.
- ___ Pre-COVID monthly household income: 4 consecutive paystubs from each person's employer.
- ___ Current monthly household income: 4 consecutive paystubs from each person's employer.
- ___ Other sources of monthly household income: Child Support, Alimony, Unemployment Benefits, Social Security award letter, Disability Statements, or other forms of support. If submitting Child Support and/or Alimony documentation a copy of the Child Support Agreement and/or Separation/Divorce Agreement stating the amount is to be submitted.
- ___ Copies of Checking/Savings Account Statements for the months you are requesting assistance.
- ___ Copies of all asset documentation including 401K accounts, stocks, pensions, and other financial assets.
- ___ Copy of 2020 Federal and State Tax Returns, if 2020 returns have not yet been filed please provide 2019 Federal and State Tax Returns.