

# Need Help Paying Your Rent Because of COVID-19?



## Tenant

### Qualifications:

- ✓ Unit must be located within Redford Township.
- ✓ Current on your lease through March 2020.
- ✓ Behind on rent at least once since April 1, 2020.
- ✓ Household income is less than 80% of Area Median Income (see table below).
- ✓ Cannot pay rent due to economic harm from COVID-19.
- ✓ Must be 18 years of age or older and a responsible party/tenant at current address.

### Required Documentation:

- ✓ Completed tenant application.
- ✓ Photo ID in your name for residence.
- ✓ Proof of income/pay stubs.
- ✓ Proof of rent delinquency (eviction notice or letter from landlord).

### How to Apply:

- ✓ Applications will be available online at <http://redfordtwp.com/Government/Departments/Community-Development> or by calling 313-387-2771 to begin the application process.
- AND-
- Submit your application and paperwork to the Redford Twp. Community Development Dept. 12121 Hemingway, Redford, MI 48239

*Please note that you may still apply for financial assistance even if you are uncertain about your landlord's participation in this program.*

## Landlord

### Requirements:

- ✓ Allow for interest/penalty free payment plan for any additional past due rent caused by economic harm from COVID-19.
- ✓ Refrain from initiating eviction process or rescind any prior eviction process for that month.

### Required Documentation:

- ✓ EIN/SSN/W-9

### Next Steps:

- ✓ Contact Redford Township Community Development Department at 313-387-2771 to sign up and become an approved participating landlord.
- ✓ Inform qualifying tenants with delinquent rent that they may apply for assistance immediately.
- ✓ Please share with other local landlords.

2020 Redford Township, MI  
HUD Maximum Gross Household Income

Household Size	Gross Income
1 person	\$44,000
2 persons	\$50,250
3 persons	\$56,550
4 persons	\$62,800
5 persons	\$67,850
6 persons	\$72,850
7 persons	\$77,900
8 persons	\$82,900

**Up to \$6,000 in emergency rent payment assistance is available per household via CARES Act.**

**Funds are limited and available on a first-come, first-served basis.**

**For more information call 313-387-2771 -or- [hcdd@redfordtwp.com](mailto:hcdd@redfordtwp.com)**



# CHARTER TOWNSHIP OF REDFORD HOUSING ASSISTANCE PROGRAM APPLICATION (CDBG-CV)



FOR OFFICE USE ONLY: MORTGAGE  RENT

**FAMILY COMPOSITION:**

APPLICANT NAME: \_\_\_\_\_  
Last First Middle Date of Application

CURRENT ADDRESS: \_\_\_\_\_  
Street City Zip

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

List all persons, ***including the applicant***, who will reside with you as part of the future household (List Head of Household first, then indicate the relationship of all persons to the head of the household.)

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ HANDICAPPED or DISABLED \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ HANDICAPPED or DISABLED \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ HANDICAPPED or DISABLED \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ HANDICAPPED or DISABLED \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ HANDICAPPED or DISABLED \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ HANDICAPPED or DISABLED \_\_\_\_\_

**EMPLOYMENT INCOME:**

List all full and/or part-time employment for all household members (excluding minor dependent children and dependents that are full-time students.) Include self-employment earnings.

HOUSEHOLD MEMBER	EMPLOYER'S NAME and ADDRESS	GROSS EARNINGS (Before taxes or deductions)	
		\$	\$
		per hour	per week
		\$	\$
		per hour	per week
		\$	\$
		per hour	per week

**OTHER INCOME:**

Income from all sources for all household members, including unrelated persons that will occupy the house. Examples: Social Security, SSI, Pensions, Disability, Income from Real Estate or Land Contract, Unemployment Compensation, Interest from savings, Alimony, Child Support, Annuities, Dividends, Babysitting/Caretaking, or other.

HOUSEHOLD MEMBER	SOURCE OF INCOME	GROSS EARNINGS (Before taxes or deductions)	
		\$	per month
		\$	per month
		\$	per month

**ASSETS:**

Please complete the following information below:

Checking Account Number:	Bank Name:	Current Balance:
		\$
Savings Account Number:	Bank Name:	Current Balance:
		\$
Certificate of Deposit Number:	Bank Name:	Current Balance:
		\$

**REQUIRED QUESTIONS:**

Has any household member lost employment due to effects of COVID-19?  YES  NO

Household Member: \_\_\_\_\_ Monthly Change in Income: \$ \_\_\_\_\_

Household Member: \_\_\_\_\_ Monthly Change in Income: \$ \_\_\_\_\_

**HOUSING OBLIGATION:**

Type of payment assistance requesting?  MORTGAGE  RENT

Are your mortgage or rent payments current?  YES  NO

If you checked No above, please explain: \_\_\_\_\_

Are property taxes and water payments current?  YES  NO

If you checked No above, please explain: \_\_\_\_\_

**MORTGAGE OR LANDLORD HOLDER:**

*Please complete the following information below.*

NAME, ADDRESS & PHONE MORTGAGE OR LANDLORD HOLDER	MONTHLY OBLIGATION	CURRENT BALANCE DUE
	\$	\$
	\$	\$

**HUD – MAXIMUM GROSS HOUSEHOLD INCOME GUIDELINES:**

*Please circle the income category below that applies to your household size and gross household income:*

Family Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
<b>30% AMI</b>	\$16,500	\$18,850	\$21,700	\$26,250	\$30,680	\$35,160	\$39,640	\$44,120
<b>50% AMI</b>	\$27,500	\$31,400	\$35,350	\$39,250	\$42,400	\$45,550	\$48,700	\$51,850
<b>80% AMI</b>	\$44,000	\$50,250	\$56,550	\$62,800	\$67,850	\$72,850	\$77,900	\$82,900

HUD 2020 INCOME LIMITS: Effective April 2020

**APPLICANT SELF-CERTIFICATION:**

**IMPORTANT: READ THIS BEFORE SIGNING**

*Financial Privacy Notice:* By the Right to Financial Privacy Act of 1978, the Charter Township of Redford has a right to access financial records held by any financial institution in connection with the consideration or administration of the CDBG-CV Program for which you have applied. Financial records involving your transactions will be available without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

*Penalty for False or Fraudulent Statement:* U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both.

*Data Privacy Act:* The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the Redford Township CDBG-CV Housing Assistance Program. Failure to provide the requested information may jeopardize the application for mortgage or rent assistance.

- I/We understand that verification of the information provided above may be obtained from any source.
- I/We understand, if I/We provide false information or fail to disclose full information as to any material facts, that this application may be rejected, may be terminated, and that I/We may be liable in a civil action or other legal remedy at the option of the Charter Township of Redford.
- I/We fully understand that it is a federal crime if I/We knowingly make any false statements for the purpose of obtaining financial assistance, and that it is punishable by fine or imprisonment, or both.
- I/We certify that all information in this application is true and complete to the best of my/our knowledge and belief.
- I/We certify that I/We and all listed occupants occupy the address above.
- I/We certify that this application for housing assistance is submitted because one of the following applies to my household and has resulted in a loss of monthly income:
  - 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
  - Other COVID-19 related circumstances (will need to explain)
- I/We certify that I/We are not receiving any other source of assistance to pay for the household related expenses listed in this application.
- I/We certify that I unable to make the payments owed because of the public health emergency due to unemployment, illness, or another COVID-19 related issue.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**RETURN APPLICATION, WITH SUPPORTING DOCUMENTATION TO:**

**CHARTER TOWNSHIP OF REDFORD  
ATTN: COMMUNITY DEVELOPMENT DEPARTMENT  
12121 HEMINGWAY  
REDFORD, MI 48239**

For more information about this CDBG-CV application, please contact the Community Development Department at 313-387-2771 or e-mail at hcdd@redfordtwp.com.

Redford Township Housing Assistance Program Applications will be reviewed on a first-come, first-served basis. Applications will be accepted until the CARES Act CDBG-CV federal grant funds are exhausted or the Charter Township of Redford determines that grant funds are no longer necessary to mitigate the negative effects of the COVID-19 pandemic.

**\*\*\* COMMUNITY DEVELOPMENT DEPARTMENT - STAFF USE ONLY \*\*\***

Application Approved:  YES  NO

Supporting Documents Provided:  YES  NO

CDBG-CV Applicant Number: \_\_\_\_\_

Housing Financial Assistance Required - Monthly: \$ \_\_\_\_\_

Duration of Housing Financial Assistance - Months: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Approved By: \_\_\_\_\_

Redford Township Representative

\_\_\_\_\_

Date



Community Development Department  
12121 Hemingway • Redford, MI 48239  
Office 313-387-2765 • Fax 313-387-2776  
[www.redfordtwp.com](http://www.redfordtwp.com)

Trustees  
Linda K. Jackson  
Patricia Kennedy  
Edward L. King  
Kim Taylor

Michael Dennis, Community Development Director

## HOUSING ASSISTANCE PROGRAM CHECKLIST (COVID-19)

The following information must be presented to the Community Development Department at the time of application. Your application will not be reviewed until all the requested information listed below is returned to our office. Failure to comply with our request could result in denial or termination from the Housing Assistance Program. If you have any questions, please call our office at 313-387-2771 or e-mail at [hcdd@redfordtwp.com](mailto:hcdd@redfordtwp.com).

### **MORTGAGE ASSISTANCE APPLICANTS** **REQUIRED DOCUMENTS ONLY**

- ✓ Warranty Deed to the home that includes the legal lot description.
- ✓ Amount of original mortgage.
- ✓ Current Mortgage and Note documents.
- ✓ Mortgage account numbers and current mortgage statement with balance.
- ✓ Current home insurance policy (showing effective dates, coverage's and insured party).
- ✓ Most recent Federal and State Income Tax statements, including W-2 Forms.
- ✓ Last four weeks of payroll records and/or income verification.
- ✓ Last three months of checking/savings account statements.
- ✓ Driver's License or State of Michigan I.D.
- ✓ Social security numbers and birthdates for everyone living in the home.
- ✓ Names and addresses of employer(s).

### **RENT ASSISTANCE APPLICANTS** **REQUIRED DOCUMENTS ONLY**

- ✓ Current Lease.
- ✓ Landlord Contact information.
- ✓ Statement of outstanding rent due.
- ✓ Notice to Quit, if applicable.
- ✓ Most recent Federal and State Income Tax statements, including W-2 Forms.
- ✓ Last four weeks of payroll records and/or income verification.
- ✓ Last three months of checking/savings account statements.
- ✓ Driver's License or State of Michigan I.D.
- ✓ Social security numbers and birthdates for everyone living in the home.
- ✓ Names and addresses of employer(s).

**CHARTER TOWNSHIP OF REDFORD  
HOUSING ASSISTANCE PROGRAM (COVID-19)**

The Charter Township of Redford is a CDBG-CV grantee and must establish and maintain procedures to prevent any duplication of benefits per federal guidelines. 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.

Grantees must check that recipients (assisted individuals or families, businesses or other entities) that received CDBG-CV assistance have not previously received, or will not receive, duplicate assistance from another source before CDBG-CV assistance is provided. The Charter Township of Redford is accomplishing this duplication of benefits analysis by requiring these entities and beneficiaries to provide a self-certification indicating that they have not received, and do not reasonably anticipate receiving, a duplicate benefit, and requiring them to list potentially duplicative assistance that they have already received, or reasonably anticipate receiving.

Please complete the following affidavit and submit with your application to the Redford Township Community Development Department as listed on the applicable program application. Questions regarding this CDBG-CV affidavit can be directed to the Community Development Department staff at 313-387-2771 or e-mail at [hcdd@redfordtwp.com](mailto:hcdd@redfordtwp.com).

**DUPLICATION OF BENEFITS SELF-CERTIFICATION AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn

affirmed according to law, hereby states, under penalty of perjury, the following:

1. I (place and "X" next to the statement that applies) (a) \_\_\_\_\_ owner occupant of residential home, condo or duplex -OR- (b) \_\_\_\_\_ am the responsible party/tenant of the residential home, condo or duplex named below.

2. I make this affidavit in connection with the application for the Charter Township of Redford COVID-19 Housing Assistance Program funded via the CARES Act and submitted by

\_\_\_\_\_ the Recipient,

located at \_\_\_\_\_.



This program is funded by the U.S. Department of Housing and Urban Development (D-HUD) with a supplemental appropriation from the Community Development Block Grant Program Coronavirus (CDBG-CV) approved via the Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARS Act).

3. The recipient has received, or it is reasonably anticipated that the Recipient will receive, the following federal, state or county financial assistance to prevent, prepare for, or respond to the COVID-19 pandemic (check all that apply and include amount granted/obtained):

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Paycheck Protection Program (SBA)            | Amount Received \$ _____ |
| <input type="checkbox"/> Small Business Relief Grants (State)         | Amount Received \$ _____ |
| <input type="checkbox"/> Small Business Relief Grants (Wayne County)  | Amount Received \$ _____ |
| <input type="checkbox"/> Financial Institutions (Private)             | Amount Received \$ _____ |
| <input type="checkbox"/> Economic Injury Disaster Loan (SBA)          | Amount Received \$ _____ |
| <input type="checkbox"/> Express Bridge Loan (SBA)                    | Amount Received \$ _____ |
| <input type="checkbox"/> Debt Relief Program (SBA)                    | Amount Received \$ _____ |
| <input type="checkbox"/> Public Assistance Program (FEMA)             | Amount Received \$ _____ |
| <input type="checkbox"/> Emergency Food & Shelter Program (FEMA)      | Amount Received \$ _____ |
| <input type="checkbox"/> Unemployment Insurance Provisions (Treasury) | Amount Received \$ _____ |
| <input type="checkbox"/> Coronavirus Relief Fund (Treasury)           | Amount Received \$ _____ |
| <input type="checkbox"/> Economic Impact Payments (Treasury)          | Amount Received \$ _____ |
| <input type="checkbox"/> Commodity Supplemental Food Program (USDA)   | Amount Received \$ _____ |
| <input type="checkbox"/> Child Nutrition Program (USDA)               | Amount Received \$ _____ |
| <input type="checkbox"/> SNAP -WIC (USDA)                             | Amount Received \$ _____ |
| <input type="checkbox"/> Summer Food Service Program (USDA)           | Amount Received \$ _____ |
| <input type="checkbox"/> Dislocated Workers Grant (Labor)             | Amount Received \$ _____ |
| <input type="checkbox"/> Other  | Amount Received \$ _____ |

