



Mortgage COVID Relief Program

Applicant Name

Date

- Proof of Income –30 days **CURRENT** paystubs for **ALL** members of Household or SSI determination letter, Unemployment Benefits Statement, Statement from Employer, etc.
- 30 days of Checking and Savings account statements
- Copy of **Mortgage Statement**
- Proof of COVID-19 Hardship
- Photo I.D. for anyone over the age of 18
- Other _____

Program Information:

- To qualify, gross household income must be at or below the following:

2020 Limits	1 person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low Income	47,150	53,900	60,650	67,350	72,750	78,150	83,550	88,950

- Live within the limits of Lake County, Ohio – Excluding the City of Mentor and Waite Hill
- Each household is eligible for a maximum of \$2,000
- Household must provide documentation proving COVID-19 Hardship (job loss, hours cut, etc.)
- Assistance is provided on a first come, first serve basis



Mortgage COVID Relief Program



Fair Housing Resource Center, Inc.
 1100 Mentor Avenue • Painesville, Ohio 44077
 Phone: 440-392-0147 • Fax: 440.210-6556
 Toll-free: 866.411.FHRC (3472) info@fhrc.org

APPLICANT PERSONAL DATA

First Name:		Last Name:		Date of Application:	
Date of birth:	SSN:	Marital Status:		Phone:	
Current address:					# of Bedrooms
City:			State:	ZIP Code:	
Email Address:			Race:	Ethnicity:	
Current Monthly Mortgage payment: \$		Current Mortgage Servicer:			
Are you behind on your Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mortgage Servicer Phone Number:			
If Yes, Amount behind:		Who is listed on the mortgage?			

ALL HOUSEHOLD MEMBERS: (ALL OTHER PERSONS LIVING IN YOUR HOME, INCLUDING THOSE NOT RELATED TO YOU.)

First and Last Name	Household Relationship	Age

APPLICANT EMPLOYMENT INFORMATION		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please check the box for your source of income: <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Income <input type="checkbox"/> No income	
Current Employer Name:	Employer address:	How long?
City:	State:	ZIP Code:
Position:	Type of Employment: Part-time _____ Full-time _____	Hourly Rate:
Previous Employer Name:	Employer address:	How long?
City:	State:	ZIP Code:
Position:	Type of Employment: Part-time _____ Full-time _____	Hourly Rate:

ALL HOUSEHOLD MEMBER OVER THE AGE OF 18		
First Name:	Last Name:	
Date of birth:	SSN:	Phone:
Are you currently employed? Yes No	If not, please check the box for your source of income: <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Income <input type="checkbox"/> No income	
Current Employer Name:	Employer address:	How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Type of Employment: Part-time _____ Full-time _____	Hourly Rate:

Please write any additional household members over the age of 18 information on the back of this application.

Household Expenses

All Star applicants are required to receive Budget Counseling. Please complete this form to the best of your ability with the most accurate information.

Expense	Amount
Rent	\$
Gas	\$
Electric	\$
Water/Sewer	\$
Trash	\$
Phone	\$
Internet	\$
Cable	\$
Medical Expenses	\$
Car Expenses	\$
Public Transportation	\$
Groceries/Food	\$
Household Supplies	\$
Clothing	\$
Credit Card Debt	\$
Childcare	\$
Installment Loans	\$
Other:	\$
Other:	\$
Other:	\$
Other	\$
TOTAL	\$

Previous Assistance		
Have you received rental subsidy, security deposit or 1 st months rent in the past year from any agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you received rental assistance from Fair Housing Resource Center, Inc. in the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please list all the agencies you received assistance from, and the amounts:		
Agency	Amount	Date Received
	\$	
	\$	
Emergency Contact Information		
Due to the nature of this program, FHRC may need to reach a family member or friend if a client does not respond to phone calls, home visits or appointments. Please complete with an individual we may contact on your behalf in case of an emergency.		
Name:		
Phone Number:	Relationship:	
Name:		
Phone Number:	Relationship:	
Disclosure Statement		
<p>FHRC provides the following types of counseling: foreclosure prevention, pre- and post- purchase, rental, and financial management. FHRC also provides fair housing complaint and investigation services. FHRC receives funding from federal, state, and local governments to conduct this work. You are not obligated to receive any other services from us or our partners to receive housing counseling. FHRC avoids conflicts of interest; you are free to choose from any housing provider, housing service, or other service relevant to your situation. Furthermore, FHRC allows HUD staff to review all client information for accuracy and compliance. You may receive a written copy of this notice if you so choose.</p>		
Signature of applicant:	Date:	
Signature of Co-applicant:	Date:	



CERTIFICATION BY APPLICANT(S)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE AGENCY TO HELP YOU. BOTH APPLICANTS MUST SIGN IN INK BELOW.

I certify that all the information in the application for the Mortgage COVID Relief Program is true and complete to the best of my knowledge. I understand this information is subject to verification.

The Applicant(s) further certify that he/she/they are the renter(s) of the property identified in this application and that any and all funds provided to the Applicant(s) will be used only for the sole purpose of assistance with Mortgage payments

I authorize Lake County, through its representatives (Fair Housing Resource Center), and designees of the Office of Housing and Community Partnerships (OHCP) and the US Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in the application is necessary for evaluation of my application for emergency assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties, except for the Office of Housing and Community Partnerships (OHCP) and the US Department of Housing and Urban Development (HUD). I further understand that my name, address and total amount of emergency assistance will be subject to public disclosure since public funds are being utilized.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner number responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8).

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

