



EFSP-CV Mortgage Assistance Program

Mortgage Assistance Application

GENERAL QUALIFICATIONS AND CONDITIONS

I/WE understand the following qualifications, conditions, and documentation requirements for this program:

I. GENERAL QUALIFICATIONS AND CONDITIONS:

- The EFSP Mortgage Assistance Program provides a one-time mortgage payment for individuals and families that occupy home as their primary residence who have lost income because of COVID-19 and who are at risk of default on their mortgage payments.
- The one-time mortgage payment will consist of principal and interest ONLY. Cannot pay for taxes, insurance or any other costs included in monthly payment.
- The form of assistance is paid directly to the lender listed on the loan agreement. Expenses must be evidenced by:
 - Loan Agreement and monthly payment statement showing the amount due or past due.
- To qualify, the total annual family income (adjusted for family size) cannot exceed the limits listed in the table below.

TABLE "A" - 2020 Eligibility Income Limits

Family Size	1	2	3	4	5	6	7	8
80% Median Income	42,200	48,200	54,250	60,250	65,100	69,900	74,750	79,550

Effective April 1, 2020 for the Riverside – San Bernardino, CA MSA and updated from time to time.

- To qualify, gross family income may not exceed those listed in Table "A". Gross family income includes **all** income from **all** persons over 18 years of age.
- To qualify, the individual or family must demonstrate their income was / is reduced because of COVID-19. Situations causing loss of income include, but are not limited to, loss of employment, reduction of work hours, reduced wages.
- The application period for this program ends when funds have expired or September 30, 2021 (whichever comes sooner).
- The application must be filled out completely and include all required supporting documents.
- The application and all supporting documentation must be submitted to CityLink by email (loisl@wateroflifecc.org) (Subject Line EFSP-CV Mortgage Application"). For assistance call:
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CityLink
8440 Nuevo Ave.
Fontana, CA, 92335
909-803-1059 X 2204

- The CityLink Case Managers will review applications. If an application is incomplete, the applicant will be given 14 calendar days to submit the missing paperwork.
- Payment will be made directly to the lender.
- CityLink determines the eligibility of applicants to the program and reserves the right to deny requests in specific instances where the applications/applicants do not conform to these or other program guidelines.

II. DOCUMENTATION REQUIREMENTS:

The following documents must be photocopied and attached to your application. Do not submit originals. No documents will be returned.

1. **PHOTO IDENTIFICATION:** Photo Identification for every person over the age of 18 listed as a member of the family residing in the housing unit for which rental assistance is requested.

2. **PROOF OF COVID-19 ECONOMIC IMPACT:** Applicants must submit documentation confirming negative economic impact during the COVID-19 pandemic period. Monthly income from January and February of 2020 shall be compared to monthly income from March 1, 2020 forward. Acceptable documentation of negative economic impact shall include:

- A copy of family member(s) notification of job loss/termination from employer during the eligible pandemic period (March 1, 2020 to present); or
- A copy of family member(s) notification of furlough from employer during the eligible pandemic period (March 1, 2020 to present); or
- A copy of family member(s) notification or employer signed form confirming reduction in hours and/or pay during the eligible pandemic period (March 1, 2020 to present). The Request for Verification of Income or Reduction of Hours and/or Pay Form (Exhibit 2) to the Program Guidelines may be used for this purpose; or
- A copy of family member(s) application during the eligible pandemic period (March 1, 2020 to present) and/or approval for Unemployment Insurance benefits;
- A notarized affidavit signed that includes the name of the family member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period (March 1, 2020 to present); or
- Other appropriate documentation acceptable to CityLink

3. **VERIFICATION OF INCOME:** For each adult in the family 18 years or older, submit the supporting documentation appropriate for each type of income indicated in the program application Table C.

4. **LOAN AGREEMENT::**

- Current mortgage statement (Principal and Interest ONLY)
- Delinquency Notice (*Arrears Payment request only*)

III. ACKNOWLEDGEMENT:

I/WE have read and understand the foregoing general qualification and condition statements. I/WE further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in MY/OUR not conforming to the requirements of the program will subject MY/OUR application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted.

Applicant Signature

Date

Co-Applicant Signature

Date

Please direct all questions regarding the EFSP-CV Mortgage Assistance Program to 909- 803-1059 X 2204 or loisl@wateroflifecc.org

Date Received	_____
Application No.:	_____



EFSP-Mortgage Assistance Program

Date: _____
(mm/dd/yyyy)

Client Information:

Client Name: _____

Client Address: _____
(house number / street name / city / state / zip code)

Type of Assistance:

Mortgage (check one) Past due Mortgage Payment Current Rent Payment

The monthly mortgage payment is \$ _____

The total owed (including the amount above) is \$ _____

The one month amount being paid by this agency is \$ _____

The amount being paid is for the amount of (month/year) _____

The one month amount being paid is/was due on (month/day/year) _____

The one month amount being paid is past due in its entirety at time of payment Yes No

LRO Verification (to be completed by the LRO staff):

LRO Staff Name: _____

LRO Staff Signature: _____ Date: _____
(mm/dd/yyyy)

Mortgage Holder Verification (to be completed by mortgage holder):

This is to confirm that _____ for the property at _____
(house number / street name / city / state / zip code) monthly payment of \$ (principal and interest only/ no other fees)
is/was due on _____ The total amount currently owed is \$ _____
(mm/dd/yyyy)

The individual/family now has mortgage due/past due for the month(s) of: _____
(mm(s) / year)

Mortgage Holder Name: _____	Phone: _____
Address: _____ (house number / street name / city / state / zip code)	
Mortgage Holder Signature: _____	Date (mm/dd/yy): _____

Important: Payment will guarantee residency for an additional 30 days!



EFSP-CV Mortgage Assistance Program

CERTIFICATION OF ANNUAL INCOME

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. CityLink requires supporting source documentation to be submitted as an attachment to this certification. A summary of documentation recommendations is provided in Table D. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

DEFINITION OF INCOME: For this program, CityLink is using the Part 5 definition of income.

APPLICANT’S NAME: _____

TABLE “C” – CURRENT MONTHLY INCOME AFTER COVID-19 (CURRENT)

INCOME SOURCE	APPLICANT AMOUNT	CO-APPLICANT AMOUNT	OTHER FAMILY MEMBERS AGE 18 OR OLDER AMOUNT	TOTAL
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).				
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to account.				
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received.				
Payments in lieu of earnings such as unemployment, disability, workers, and severance compensation. Report total amount received.				
Any public assistance or welfare payments from state or local welfare office. Report amount received.				
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.				
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.				
Total Present Gross Monthly Income			A	\$
Multiply by 12 months in a year			B	X12
A times B is equal to TOTAL ANNUAL INCOME			C	\$

INCOME DOCUMENTATION: Please provide the requested items below, if applicable to your family for all family members over the age of 18. All documents submitted must be copies and will not be returned. **Do not send originals.**

TABLE “D” – INCOME DOCUMENTATION REQUIRED

IF YOU OR A MEMBER OF YOUR FAMILY HAVE INCOME FROM ANY OF THE FOLLOWING SOURCES:	YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS:	COVERING THE FOLLOWING PERIOD(S) OF TIME:
Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items.	Copies of last 3 paycheck stubs / earnings statements	Most recent three (3) months
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).	Complete (all pages) for the most recent filed Federal Income Tax Return; or Profit and Loss Statement showing the net amount after business expenses.	January 1, 2020 – Current
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	Bank Statements	Most recent three (3) months
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report the total amount received.	Social Security or other Award Letter; or Bank Statements	Current year’s award letter or Most recent three (3) months bank statements
Payments in lieu of earnings such as unemployment, disability, workers, and severance compensation. Report the total amount received.	Award letter; or Bank Statements	Current year’s award letter or Most recent three (3) months bank statements
Any public assistance or welfare payments from state or local welfare office. Report the amount received.	Award letter; or Statement from source of assistance	Current year’s award letter or statement of current benefits from the source of assistance
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.	Award Letter; or Bank Statement	Most recent three (3) months
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.	Bank Statement; Copy of last three paystubs	Most recent three (3) months



EFSP-CV Mortgage Assistance Program

DEMOGRAPHIC INFORMATION

INSTRUCTIONS: The information on this sheet is strictly confidential and will be combined with the statistical information for federal reporting purposes only.

I. **ETHNICITY:** Hispanic Non-Hispanic

II. **RACIAL BACKGROUND (PLEASE CHECK APPROPRIATE SPACES):**

Single Race Categories:

- African American
- Asian
- Native American
- Pacific Islander
- White (Includes Hispanic)

Double Race Categories:

- African American and White
- African American and Native American
- Asian and White
- Native American and White
- Other Multi – Racial

CERTIFICATION: I/we certify that this information is complete and accurate and have provided supporting documentation as part of this application. I/we certify that the address listed in the application is my/our permanent residence.

DUPLICATION OF BENEFITS CERTIFICATION: I/We certify under penalty of perjury, under the laws of the State of California, that I/we are not able to receive, and have not received, other federal or non-federal benefits or assistance for rent assistance for the period of rental assistance that will be provided through the EFSP-CV Rental Assistance Program. Applicant further certifies that I/We will not pursue other federal or non-federal benefits for the same uses of this grant program for rental costs for the period of rental assistance provided through the EFSP-CV Rental Assistance Program.

TABLE "E" – CERTIFICATION SIGNATURES

APPLICANT SIGNATURE, PRINTED NAME, AND DATE		
Signature	Printed Name	Date

OTHER ADULTS IN THE FAMILY SIGNATURE, PRINTED NAME, AND DATE		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



DECLARATION OF COVID-19-RELATED FINANCIAL DISTRESS

Code of Civil Procedure Section 1179.02(d)

I am currently unable to pay my rent or other financial obligations under the lease in full because of one or more of the following:

1. Loss of income caused by the COVID-19 pandemic.
2. Increased out-of-pocket expenses directly related to performing essential work during the COVID-19 pandemic.
3. Increased expenses directly related to health impacts of the COVID-19 pandemic.
4. Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member directly related to the COVID-19 pandemic that limit my ability to earn income.
5. Increased costs for childcare or attending to an elderly, disabled, or sick family member directly related to the COVID-19 pandemic.
6. Other circumstances related to the COVID-19 pandemic that have reduced my income or increased my expenses.

Any public assistance, including unemployment insurance, pandemic unemployment assistance, state disability insurance (SDI), or paid family leave, that I have received since the start of the COVID-19 pandemic does not fully make up for my loss of income and/or increased expenses.

Signed under penalty of perjury under the laws of the State of California.

Mortgagor Signature

Date (mm/dd/yyyy)

Mortgagee Signature

Date (mm/dd/yyyy)

For information about legal resources that may be available to you, visit <https://lawhelpca.org/>

For information, resources, and support visit www.LandlordTenant.dre.ca.gov