



CITY OF MANCHESTER, NH

CARES Act Support Fund



Emergency Housing Assistance to Manchester Homeowners or Renters

In response to the Coronavirus Aid, Relief, and Economic Security (CARES) Act the City of Manchester can provide relief of rent or mortgage payment for up to three (3) months to alleviate the housing burden for low- or moderate- income households that have lost their employment income as the result of the Coronavirus pandemic.

Assistance – Emergency housing assistance to low- or moderate- income households will be capped at \$4,500 (\$1,500/month for three (3) consecutive months) for rent, mortgage, or utility payments. The assistance cannot be extended for more than three (3) consecutive months.

Applicant Selection – Applicants that fulfill the eligibility requirement will be selected in a first-come, first-served basis while funding is available.

Eligibility Requirement – Eligible applicants must fulfill the following criteria:

- Renters and Homeowners living in the City of Manchester that are low or moderate income (below or equal to 80% of Adjusted Median Household Income) as that term is defined by the U.S. Department of Housing and Urban Development (HUD)

HUD Household Income by Household Size – Manchester, NH – 2020

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$47,800	\$54,600	\$61,450	\$68,250	\$73,750	\$79,200	\$84,650	\$90,100

- Applicant must be able to prove impacts in household income as a result of Coronavirus
- Renter must provide documentation from the rental property owner that no evictions were pending for failure to pay rent prior to Coronavirus (*Landlord – Tenant Agreement Form*)

Individual/Residential Applicant Preference Criteria

1. Renters and Homeowners who have lost household income as a result of Coronavirus
2. A gap exists between household income and/or expenses prior to Coronavirus and now, despite of income received from employment or any governmental assistance program due to the Coronavirus (such as unemployment compensation)

Application Documents – In order to apply, please complete this application and provide the following documentation. This information is needed in order to evaluate the economic impact caused by the Coronavirus, and to verify if applicant meets HUD’s requirements.

1. Bank statement for the month of February 2020 (*or other month prior to the Coronavirus impact on household income or expenses*)
2. Bank statement for the most recent month (*or other month that would better evidence hardship during the Coronavirus pandemic*)
3. Documentation proving rent, mortgage or utility (i.e. copy of lease/mortgage, utility bills that documents average monthly costs, and landlord / mortgage payment plan)
4. Renter must provide documentation from the rental property owner that no evictions were pending for failure to pay rent prior to Coronavirus (*Landlord – Tenant Agreement Form*)
5. W-9 Form from landlord or mortgage lender

Application Review – Southern New Hampshire Services will manage the program on behalf of the City of Manchester. The contents of the application may use 3rd party verification methods to

document income, assets, and expenses for all applicants. The program will use applicant's income self-certification and supporting bank statements to determine the impact of the Coronavirus pandemic in the household income. Other governmental benefits received as a response to the Coronavirus to assist with housing expenses must be listed in the application form.

Assistance Award – Applicants that fulfill the eligibility requirement will be selected in a first-come, first-served basis while funding is available. Program eligibility will be determined within 30 days. *Payments.* All payments made on behalf of the applicant will be paid directly to lender, landlord or utility company. Under no circumstance will the payment be made directly to the household.

Use of Funds – Program funds must be used to assist successful applicants pay their housing costs for up to three months following approved applications. Program funds may be used to pay arrearages of rent, mortgage or utility bills.

Please be advised that all information you submit to our program is strictly confidential and only used for the purposes of enrollment in the Manchester CARES Act Support Fund.

If you have any questions or need additional information, please do not hesitate to call our program. Please review the program information and eligibility criteria **before** applying.

Southern New Hampshire Services
PO Box 5040
Manchester, NH 03108-5040
Phone: 603-668-8010

Completed applications should be emailed to housingassistance@snhs.org
Applications can also be dropped off at 51 Manchester Street

Community Improvement Projects:
Planning and Community Development
One City Hall Plaza
Manchester, NH 03101
Phone: 603-792-6722
Office Hours: Monday - Friday, 8:00 am to 5:00 pm



CITY OF MANCHESTER, NH
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**Emergency Housing Assistance
 Application Form**

Full Name: _____

Address: _____

Phone No.: _____ E-mail: _____

HOUSEHOLD - Please provide information for everyone living in this household starting with the head of the household. For Employment Status, please use the list below:

- 1. Working Full-time; 2. Working Part-time; 3. Self- Employment; 4. Unemployment, looking for work
- 5. Unemployment, not looking for work; 6. In-job training; 7. Temporarily laid off; 8. Retired; 9. Permanently disabled; 10. Temporary disability; 11. In school; 12. Something else, specify.

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Employment (1-12)	Disabled (Yes/No)
	Head of Household				

DEMOGRAPHICS - Check all self-identified race that applies

- White
- American Indian/Alaskan Native
- Asian
- African American
- Native Hawaiian/Other Pacific Islander
- Other Multi-Racial (specify): _____

Are you or any member of your family Hispanic, Latino, Spanish Yes No

ASSISTANCE FOR HOUSING AND UTILITIES

Assistance Requested: Mortgage Rent Utilities

LENDER / LANDLORD INFORMATION

Name of Lender or Landlord: _____

Address: _____

Agent / Contact person: _____

E-mail: _____ Phone No.: _____

Monthly mortgage / rental payment: \$ _____

Mortgage / rental payment owed since April 1, 2020: \$ _____

Did you receive any type of mortgage or rental assistance / relief benefit from any private, public or faith-based institution? No Yes (list sources, amount and time-frame relief was used)

Source, Description	Amount	Time-Frame
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

HOUSEHOLD INCOME - In the table below, please list current and pre-Coronavirus gross income (before taxes and deductions) for each member of your household age 18 and above:

- Employment and Wages - Includes full-time employment, part-time employment and overtime. **You must include pay frequency (Yearly, Monthly, Weekly, Bi-weekly). See example on first row.**
- Social Security and Pensions - includes retirement benefits, disability insurance benefits, social security benefits and social security disability
- Public Assistance - Includes unemployment benefits, public assistance income, student financial aid, temporary assistance for needy families, rent relief, supplemental security income
- Other Income - Includes self-employment, contract child support, rent income.

PRE –CORONAVIRUS INCOME INFORMATION – list all sources of income prior to the Coronavirus impact

Name	Employment Wage and Frequency	Social Security and Pensions	Public Assistance and Frequency	Other income and Frequency	Total Monthly Income
Rose Smith	\$1,350.00 <u>monthly</u>	\$ 0.00	\$ 500.00 <u>monthly</u>	\$0.00	\$1, 850.00
					\$
					\$
					\$
					\$
Total Household Income, including/confirming pay frequency					\$

CURRENT INCOME INFORMATION – list all sources of income during economic hardship caused by the Coronavirus

Name	Employment Wage and Frequency	Social Security and Pensions	Public Assistance	Other income and Frequency	Total Monthly Income
Rose Smith	\$3,350.00 <u>monthly</u>	\$ 0.00	\$ 0.00	\$1,000.00 <u>monthly</u>	\$3, 350.00
					\$
					\$
					\$
					\$
Total Household Income, including/confirming pay frequency					\$

HOUSEHOLD IMPACT FROM THE CORONAVIRUS

Please indicate which of the following statements apply to members of the Household:

- One or more members of the household have experienced a reduction in salary as a result of the coronavirus
- One or more members of the household have been furloughed as a result of the coronavirus
- One or more members of the household have been terminated as a result of the coronavirus
- One or more members of the household have had hours reduced as a result of the coronavirus
- One or more members of the household have been laid off as a result of the coronavirus
- Self-employed, or not eligible for Unemployment, decreased income
- Children home from school, used extra utility usage
- Children home from school, used extra money toward food
- Working from home and increased expenses on utilities
- Other Explain: _____

HOUSEHOLD EXPENSES – Please describe below if your household suffered an increase in expenses due to the Coronavirus:

APPLICATION CERTIFICATIONS

By Signing Below, You Make the Following Certifications:

I understand that the City is relying on this information to prove my household’s eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I hereby grant the City the right to process this application for the purpose of providing emergency assistance. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date



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Emergency Housing Assistance Application Form

APPLICATION CHECKLIST

You must provide the following documentation in order to apply for the City of Manchester, NH Emergency Housing Assistance Program:

- Bank statement for the month of February 2020 (*or other month prior to the Coronavirus impact on household income or expenses*)
- Bank statement for the most recent month (*or other month that would better evidence hardship during the Coronavirus pandemic*)
- Documentation of income received as a result of any governmental response program due to Coronavirus (such as unemployment compensation)
- Documentation proving rent, mortgage or utility (i.e. copy of lease/mortgage, utility bills that documents average monthly costs, and landlord / mortgage payment plan)
- Landlord – Tenant Agreement Form signed by the landlord
- W-9 Form from landlord or mortgage lender

Completed applications should be emailed to housingassistance@snhs.org