



Short Term Rental Assistance Program

This application is for use in determining eligibility for the City of Davenport's Short Term COVID 19 Rental Assistance Program. Please review the eligibility requirements as this program is funded by a federal grant with income and property eligibility requirements. This is a grant program, if you are eligible and approved, you will not have to pay back any money that is awarded to you. This is a short term assistance program and if eligible can assist with a portion of your household's rent for up to \$1,000 for up to 3 months.

Step 1. Determine your household's eligibility – Head of Household is the person filling out the application. To determine eligibility, answer the following questions.

- Were you working as of January 1, 2020 and your loss of employment was a result of COVID 19 or you are currently employed but your monthly income has been reduced by 50% as a result of COVID 19?
- Did you apply for unemployment benefits?
- Have you occupied your current rental housing since January 1, 2020?
- Were you current on your rent as of March 1, 2020?
- Were you current on all household utilities in your name as of March 1, 2020?
- Are you currently receiving rental assistance from another source?
- Is your household's current income under the following:

<u>Household Size</u>	<u>Program Income Limit</u>
1	\$30,450
2	\$34,920
3	\$39,300
4	\$43,620
5	\$47,160
6	\$50,640
7	\$54,120

*8 or more contact Program Staff. HUD Limits subject to change
Household Income includes current wages, unemployment benefits, child support, military benefits, and social security. All income coming into the household is required to be reported.

Step 2. Complete and sign the application.

- Review consents, any member of the household over 18 years of age and older needs to sign application and HUD Form.
- You must provide complete information regarding any employers, household members, and landlord information including phone numbers.
- You must complete the student affidavit for any members of the household 18 years of age or older who are attending college.
- Make copies of social security and photo id of every member of the household 18 years of age or older.
- Make a copy of your lease.
- Have your owner or managing agent sign the affidavit attached. Your landlord must agree to participate in this federal program.

See next page for application submission directions.

HOW TO TURN IN YOUR APPLICATION

1. APPLICATION CONSISTS OF THE FOLLOWING:

- a. The Application completed and signed by all household members 18 years of age or older.
- b. HUD Eligibility Form signed by all household members 18 years of age or older.
- c. Student Status Form completed and signed by the Head of Household.
- d. Landlord Affidavit Form completed and signed by landlord
- e. Copy of Lease
- f. Copy of Social Security Card and Photo ID for all household members 18 years of age and older.

IF YOU ARE UNABLE TO MAKE COPIES OF YOUR LEASE, SOCIAL SECURITY CARDS, and PHOTO IDS, PLEASE NOTE THIS ON YOUR APPLICATION.

Applications can be submitted in one of three ways:

- Mailed to the Office of Assisted Housing (501 W. 3rd Street, Davenport, Iowa 52801)
- Dropped off in the drop box in the lobby of the Office of Assisted Housing (see address immediately above)
- Emailed to CPED.info@davenportiowa.com

If you need accommodation for any reason, please contact our office at (563) 888-3424 email to:

cped.info@davenportiowa.com or TTY 563-326-6145.

Interpretive services are available at no charge. Servicios interpretativos libres estan disponibles



APPLICATION CHECKLIST
SHORT TERM RENTAL ASSISTANCE PROGRAM
COVID 19 RESPONSE

Complete this checklist before turning in your application, your application will be reviewed.

_____ **COMPLETED APPLICATION** – Incomplete applications will not be accepted.

_____ **SIGNED APPLICATION** – Must be signed by all household members 18 years of age & older.

_____ **SIGNED HUD PROGRAM ELIGIBILITY FORM** - Must be signed by all household members 18 years of age & over.

_____ **STUDENT STATUS** – Complete the student status form for all household members 18 year of age & older. If no students in the household, check appropriate box, sign, and return

_____ **LANDLORD AFFIDAVIT** – Must be completed and signed by your landlord.

_____ **SOCIAL SECURITY CARDS/PROOF OF LEGAL US RESIDENCY** – Copy of Social Security Card and/or immigration documentation for all household members 18 years of age & older

_____ **PHOTO ID** – Copy of Photo ID/Driver's License for all household members of 18 years of age & older.

_____ **LEASE** – Copy of your current lease.

_____ **UNEMPLOYMENT** - Verification the Head of Household has applied for unemployment this can include a copy of benefits or a copy of enrollment if waiting for benefits.

TO COMPLY WITH SOCIAL DISTANCING APPLICATIONS WILL BE ACCEPTED IN THE FOLLOWING WAYS:

- AT THE OFFICE OF ASSISTED HOUSING, (501 W 3rd Street Davenport, Iowa). Complete applications can be placed in the in box at this location.
- YOU CAN ALSO MAIL YOUR APPLICATION TO:
CITY OF DAVENPORT
OFFICE OF ASSISTED HOUSING
501 WEST 3RD STREET
DAVENPORT, IOWA 52801
- Applications can also be emailed to: cped.info@davenportiowa.com

ADDITIONAL QUESTIONS CAN BE EMAILED TO cped.info@davenportiowa.com

PROGRAM DEDICATED LINE, PLEASE CALL 563-888-3424

ALL INQUIRIES WILL BE RETURNED BY PROGRAM STAFF IN THE ORDER THEY WERE RECEIVED. ALL PROGRAM INQUIRIES ARE DIRECTED TO THE EMAIL AND PHONE NUMBER LISTED ABOVE. DO NOT CALL OTHER CITY NUMBERS TO INQUIRE ABOUT THIS PROGRAM, YOU WILL BE DIRECTED TO THE NUMBER LISTED FOR THE PROGRAM.



Community Planning & Economic Development
226 West 4th Street
Davenport IA 52801
563-888-3424

Short Term Rental Assistance Program Application

This application is for use in determining eligibility for the City of Davenport's **Short Term Rental Assistance Program Application**. **APPLICATIONS WILL BE ACCEPTED BY MAIL, EMAIL OR YOU CAN DROP OFF THE APPLICATION TO:**

OFFICE OF ASSISTED HOUSING
501 WEST 3rd Street
Davenport, Iowa 52801

Applications will not be accepted at City Hall

Applications will be accepted on or after May 1, 2020 at 8:00 am.

Questions regarding this program, please call 563-888-3424 and leave a voicemail, Program staff will return calls as they are received.

- ◆ Current Address (including zip) # of Bedrooms
- ◆ **The Head of Household is the member of the household who has lost employment, or has had**
- ◆ **a reduction of at least 50% of their monthly income due to COVID 19.**
- ◆ **This member of the household must appear on the lease.**
- ◆ Head of Household (first, middle, last, name)

Did you recently, or do you now, call yourself by any other name? ___YES ___NO

If so, please provide Name _____

Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated

I am a: US Citizen Permanent Resident Alien Other

Contact Number: _____ **E-mail Address:** _____

LANDLORD INFORMATION – You must have a lease to participate in this program and have lived at your current address since January 1, 2020.

Who do you pay rent to? _____

Landlord Address: _____ City _____ State _____ Zip _____

Contact Number: _____ Email: _____

How long have you resided at this address? _

Do you have a lease? YES NO

What utilities are in your name? Gas/Electric, Water Sewer

Were you current on your utilities through April 1, 2020? ___YES NO

HOUSEHOLD MEMBERS: LIST ALL THE PEOPLE WHO ARE CURRENTLY LIVING WITH YOU REGARDLESS OF AGE OR RELATIONSHIP. (If you need additional space, attach a sheet of paper) (INCLUDE YOURSELF) (Incomplete information will result in program termination)

NAME	D.O.B	AGE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD

Under penalty of perjury you certify that the information presented in this certification is true and accurate to the best of your knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in program termination.

In order to be eligible for this program, you, as the Head of Household have lost your employment or have had your monthly income reduced to 50% or more due to a reduction in employment hours due to COVID 19. The Head of Household had to be employed as of January 1, 2020 and worked on average of 32 hours a week, this could include several part time jobs. You are required to list all income from all household members. Please complete for all household members age 18 and older and for household members under the age of 18 that receive benefits. Child Support should be reported as income for the parent receiving the support.

HEAD OF HOUSEHOLD NAME _____

EMPLOYMENT (Use a separate sheet of paper to add additional employment, income and/or assets)

Employer Name _____

Local Employer's Address _____ City _____ Zip _____

Employer Phone Number _____ Email _____

How long have you worked here? (Give start date) _____

How many hours a week did you work? _____ Hourly Rate per Hour _____

Tips if any per week _____ If salaried, list monthly salary _____

What date did you stop working? (Give Date) _____

If still working, how many hours a week are you working now? _____ Hourly Rate per Hour _____

Overtime if any per week _____ Tips if any per week _____

OTHER CURRENT INCOME (GROSS BENEFIT BEFORE TAXES)

___ Yes ___ No Unemployment Benefits Per Week \$ _____ (Inc. \$600/week, if receiving)

___ Yes ___ No Child Support Monthly Amount Received \$ _____

___ Yes ___ No Social Security and/or Disability Benefits Monthly Amount Received \$ _____

___ Yes ___ No Military Benefits Monthly Amount Received \$ _____

___ Yes ___ No Retirement Plan Payments Monthly Amount Received \$ _____

___ Yes ___ No Other Income \$ _____ How often? Weekly Monthly Annual

Describe Other Income _____

List Current Assets (List all savings and checking accounts; stocks, bonds, savings certificates, money market funds, IRA, company retirement/pension funds that can be withdrawn without retiring or terminating employment; inheritances, capital gains, lottery winnings, insurance settlements; cash value of life insurance policies.

Checking \$ _____ Bank Name _____

Savings \$ _____ Bank Name _____

CDs/IRAs \$ _____ Bank Name _____

Other Assets \$ _____ Asset Name _____

___ I certify I have no assets

HOUSEHOLD MEMBER NAME _____

EMPLOYMENT (Use a separate sheet of paper to list additional employment, income, and/or assets)

Employer Name _____
Local Employer's Address _____ City _____ Zip _____
Employer Phone Number _____ Email _____
How long have you worked here? (Give start date) _____
How many hours a week did you work? _____ Hourly Rate per Hour _____
Tips if any per week _____ If salaried, list monthly salary _____
What date did you stop working? (Give Date) _____
If still working, how many hours a week are you working now? _____ Hourly Rate per Hour _____
Overtime if any per week _____ Tips if any per week _____

OTHER CURRENT INCOME (GROSS BENEFIT BEFORE TAXES)

Yes No Unemployment Benefits Per Week \$ _____ (Inc. \$600/week, if receiving)
 Yes No Child Support Monthly Amount Received \$ _____
 Yes No Social Security and/or Disability Benefits Monthly Amount Received \$ _____
 Yes No Military Benefits Monthly Amount Received \$ _____
 Yes No Retirement Plan Payments Monthly Amount Received \$ _____
 Yes No Other Income \$ _____ How often? Weekly Monthly Annual
Describe Other Income _____

List Current Assets (List all savings and checking accounts; stocks, bonds, savings certificates, money market funds, IRA, company retirement/pension funds that can be withdrawn without retiring or terminating employment; inheritances, capital gains, lottery winnings, insurance settlements; cash value of life insurance policies.)

Checking \$ _____ Bank Name _____
Savings \$ _____ Bank Name _____
CDs/IRAs \$ _____ Bank Name _____
Other Assets \$ _____ Asset Name _____
 I certify I have no assets

HOUSEHOLD MEMBER NAME _____

EMPLOYMENT (Use a separate sheet of paper to list additional employment, income, and/or assets)

Employer Name _____
Local Employer's Address _____ City _____ Zip _____
Employer Phone Number _____ Email _____
How long have you worked here? (Give start date) _____
How many hours a week did you work? _____ Hourly Rate per Hour _____
Tips if any per week _____ If salaried, list monthly salary _____
What date did you stop working? (Give Date) _____
If still working, how many hours a week are you working now? _____ Hourly Rate per Hour _____
Overtime if any per week _____ Tips if any per week _____

OTHER CURRENT INCOME (GROSS BENEFIT BEFORE TAXES)

Yes No Unemployment Benefits Per Week \$ _____ (Inc. \$600/week, if receiving)
 Yes No Child Support Monthly Amount Received \$ _____
 Yes No Social Security and/or Disability Benefits Monthly Amount Received \$ _____
 Yes No Military Benefits Monthly Amount Received \$ _____
 Yes No Retirement Plan Payments Monthly Amount Received \$ _____
 Yes No Other Income \$ _____ How often? Weekly Monthly Annual
Describe Other Income _____

List Current Assets (List all savings and checking accounts; stocks, bonds, savings certificates, money market funds, IRA, company retirement/pension funds that can be withdrawn without retiring or terminating employment; inheritances, capital gains, lottery winnings, insurance settlements; cash value of life insurance policies.

Checking \$ _____ Bank Name _____
Savings \$ _____ Bank Name _____
CDs/IRAs \$ _____ Bank Name _____
Other Assets \$ _____ Asset Name _____

I certify I have no assets

HOUSEHOLD MEMBER NAME _____

EMPLOYMENT (Use a separate sheet of paper to list additional employment, income, and/or assets) Employer Name _____

Local Employer's Address _____ City _____ Zip _____

Employer Phone Number _____ Email _____

How long have you worked here? (Give start date) _____

How many hours a week did you work? _____ Hourly Rate per Hour _____

Tips if any per week _____ If salaried, list monthly salary _____

What date did you stop working? (Give Date) _____

If still working, how many hours a week are you working now? _____ Hourly Rate _____

Overtime if any per week _____ Tips if any per week _____

OTHER CURRENT INCOME (GROSS BENEFIT BEFORE TAXES)

Yes No Unemployment Benefits Per Week \$ _____ (Inc. \$600/week, if receiving)

Yes No Child Support Monthly Amount Received \$ _____

Yes No Social Security and/or Disability Benefits Monthly Amount Received \$ _____

Yes No Military Benefits Monthly Amount Received \$ _____

Yes No Retirement Plan Payments Monthly Amount Received \$ _____

Yes No Other Income \$ _____ Circle one Weekly Monthly Annual

Describe Other Income _____

List Current Assets (List all savings and checking accounts; stocks, bonds, savings certificates, money market funds, IRA, company retirement/pension funds that can be withdrawn without retiring or terminating employment; inheritances, capital gains, lottery winnings, insurance settlements; cash value of life insurance policies.

Checking \$ _____ Bank Name _____

Savings \$ _____ Bank Name _____

CDs/IRAs \$ _____ Bank Name _____

Other Assets \$ _____ Asset Name _____

I certify I have no assets

If you have more members of the household with income that need to be reported use a separate sheet of paper and attach to the application.

How much is your monthly rent? \$ _____

Per your lease what is included in your monthly rent and part of your lease?

_____ Parking Space _____ Pet Fee _____ Internet/Cable _____ Utilities

Does any member of this household member receive rental assistance?

_____ Section 8 _____ HUD-VASH _____ TBRA _____ Salvation Army Rental Assistance

Other _____

Certification of Short Term Rental Assistance Application

Under penalty of perjury you certify that the information presented in this certification is true and accurate to the best of your knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in program termination. ALL HOUSEHOLD MEMBERS 18 OF AGE AND OLDER MUST SIGN THE APPLICATION.

HEAD OF HOUSEHOLD SIGNATURE

DATE

PRINT NAME

ADULT HOUSEHOLD MEMBER

DATE

PRINT NAME

ADULT HOUSEHOLD MEMBER

DATE

PRINT NAME

ADULT HOUSEHOLD MEMBER

DATE

PRINT NAME



Federal fair housing law and local civil rights ordinances bars discrimination in the sale, rental, or financing of dwellings based on race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, ancestry, sexual orientation, gender identity or disability. It also requires reasonable modification of dwellings and reasonable accommodation in policies for persons with disabilities. Interpretive services are available at no charge. Servicios interpretativos libres estan diponibles.

DO NOT WRITE BELOW THIS LINE

Date Application Received _____

Placed on Program List _____



HUD PROGRAM ELIGIBILITY RELEASE FORM

Purpose: Your signature on this HUD Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Housing Rehabilitation programs administered by the City of Davenport.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a HUD Program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household over 18 years of age must sign a Program Eligibility Release Form prior to the receipt of benefits.

Authorization: I authorize the above-named HUD Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation Program.

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- 3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household – Signature, Printed Name, and Date:
Family Member: HEAD OF HOUSEHOLD

Other Adult Member of the Household – Signature, Printed Name, and Date:
Family Member #2

X

X

Other Adult Member of the Household – Signature, Printed Name, and Date
Family Member #3

Other Adult Member of the Household – Signature, Printed Name, and Date
Family Member #4

X

X

Other Adult Member of the Household – Signature, Printed Name, and Date
Family Member #5

Other Adult Member of the Household – Signature, Printed Name, and Date
Family Member #6

X

X

Owner or Managing Agent Affidavit

Dear Building Owner or Managing Agent

Your tenant is applying for the City of Davenport's federally funded Short Term Rental Assistance Program in response to Covid 19. Eligible applicants receiving rental assistance through this program would receive up to \$1,000 per month (not to exceed monthly rent identified in the lease) for up to 3 months starting by June 1, 2020. This affidavit is part of an application, no eligibility determination has been made at this time and there is no guarantee of funding. In order to complete the application for the tenant, the owner and/or managing agent must agree to the following. This will only take effect if/when the tenant receives program approval and a program agreement is signed by both you and the tenant.

Do you have a valid, current rental license for this property with the City of Davenport?

_____ YES _____ NO

Is the tenant related to you? _____ YES _____ NO

If Yes, what is the relationship? _____

Has the tenant requesting the assistance occupied the unit since January 1, 2020?

_____ YES _____ NO

Do you have a current lease with the tenant since January 1, 2020? _____ YES _____ NO

Has the tenant been current with rent through March 2020? _____ YES _____ NO

If no, how many months of rent is the tenant delinquent? _____

Have you started eviction proceedings on this tenant? _____ YES _____ NO

If yes, are these proceedings on hold due to COVID 19? _____ YES _____ NO

Due to federal funding the owner or managing agent must agree with the following terms. If the tenant is approved for funding these requirements will be present in the program agreement that you will be required to sign. Please review these terms as they are required in whole to participate and certify below your willingness to participate in the City of Davenport's federally funded Short Term Rental Assistance Program.

Program Requirements

- Eviction Proceedings – The owner or managing agent will not begin eviction proceedings for nonpayment through July 27, 2020.
- Late Fees – The owner or managing agent must waive all late fees incurred from April 1, 2020 on as the tenant should be current on rent through March 2020 through program end.
- Violence Against Women Act (VAWA) Addendum – The owner or managing agent must have VAWA language in the current lease with the tenant. At contract signing if the language is not present, the owner or managing agent will sign Violence Against Women Act Lease Addendum attached.
- Housing Quality Standards (HQS) Inspection – The tenant will certify at agreement signing that there are no known safety hazards in their unit. The owner or managing agent is required to allow an HQS inspection when it is safe for City Staff to do so, this will occur no later than 120 days after December 31, 2020. The Owner or managing agent will have 30 days after inspection to correct any deficiencies noted.

- Lead Based Paint Visual Inspection – In any building built 1978 or later, the owner or managing agent is required to allow City Staff to perform a visual lead inspection on the property prior to signing the program agreement, when and if it is safe for City Staff to do so. The owner or managing agent is required to remedy any deficiencies noted in the inspection prior to signing program agreement.
- W-9 Completion – The owner or managing agent is required to submit a W-9 to the City of Davenport.
- City Rental License – The owner or managing agent is required to have the rental unit registered with the City of Davenport.

If the tenant is approved for federally funding, these requirements will be included in the program agreement signed by owner or signing agent and the tenant, failure to meet any one of these requirements will result in repayment of federal funds.

I hereby certify that all information is true and correct to the best of my knowledge. I understand that any and all information is subject to verification.

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

 Owner or Managing Agent

 Date

Student Status Self Affidavit

List all members of the household who are either:

- currently enrolled in college, vocational, technical or other post-high school formal training;
OR
- will be enrolled within the next 12 months in college, vocational, technical or other post-high school formal training.

Name	Age	Institution	Status
1 _____			Full Time Part Time
2 _____			Full Time Part Time
3 _____			Full Time Part Time
4 _____			Full Time Part Time

For each individual attending college, vocational, technical, or other post-high school formal training, please complete the information below:

Household Member 1 (Name): _____

- This person is under 24 years of age.
- This person is not a military veteran.
- This person is unmarried.
- This person had no dependent children.
- This person has no disabilities.
- This person is claimed as a dependent of another person or household.

Household Member 2 (Name): _____

- This person is under 24 years of age.
- This person is not a military veteran.
- This person is unmarried.
- This person had no dependent children.
- This person has no disabilities.
- This person is claimed as a dependent of another person or household.

Household Member 3 (Name): _____

- This person is under 24 years of age.
- This person is not a military veteran.
- This person is unmarried.
- This person had no dependent children.
- This person has no disabilities.
- This person is claimed as a dependent of another person or household.

Household Member 4 (Name): _____

- This person is under 24 years of age.
- This person is not a military veteran.
- This person is unmarried.
- This person had no dependent children.
- This person has no disabilities.
- This person is claimed as a dependent of another person or household.

If no one in the household is enrolled in (nor will become enrolled in) these types of programs during the next 12 months, please check "No" below and sign and date the form.

- By checking this box, I certify that no member of this household is a full or part time student at any post-high school college, technical, vocational, or other formal training program, and no member of this household will be enrolled in such a program during the next 12 months.

I/we hereby certify that all information given is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected.

Signature of Head of Household

Date