

United Way of Marion County

COVID-19 Assistance Fund

Processing Guidelines for MCHC

The Fund: United Way of Marion County will make \$150,000 available to assist families that have been financially impacted by the COVID-19 pandemic (to Interfaith and Marion County Homeless Council).

Eligibility: Individuals that have had their income reduced by at least 50% are eligible for assistance. Assistance will be rent (or mortgage) support or utility payments. Referrals can also be made for food services. Assistance will be limited to \$1,000 per household. This is a one-time assistance from this program. Applicants may receive further screening by a case manager if it is determined more long term assistance is needed.

Assistance Process:

- Referrals: Individuals will access assistance by calling 2-1-1 and being referred to one of the two organizations.

Requirements: Applicants must provide below documentation by either email, text or in person (if no access to computer).

- A ID card with Marion County address and social security cards for all adult household members
- pay stubs for February 2020 and each subsequent month up to period of request (i.e. if requesting assistance April 16 then need proof of income that are from February 2020 to April 15) .
- Their employer must also verify the reduction of hours either in writing (on their letterhead) or through a verbal verification originating from the Agency. The reduction of work time must be more than 50% and not be voluntary for the applicant to be eligible for assistance.
- documentation for the expenses needing to be covered listed below. It is not necessary for the applicant to have an eviction notice or shut off notice in order to receive assistance.
 - A lease or mortgage statement (rent paid that's due after April 1st or after). Leases may be month to month under this program.
 - utility bills would be appropriate (due after March 15th) .
- An appointment via phone or email will be set with the applicant (in person only if necessary).

Payments: All checks will be written to the landlord, mortgage company or utility provider – no payments will be provided directly to applicants. All payments must have verifying documentation to include a W-9 for companies being paid. Payments directly to the housing or utility provider will be processed and paid for out of the COVID-19 assistance funds.

Tracking: When the agency meets with the applicant, a Charity Tracker entry will be created (unless the referral came from 211, who will automatically start a pending file for the client). Agency will enter “determination pending” once they start a physical file on the applicant. Once the process is complete, Agency will change status to “processed”.

Restrictions: This fund is intended to help individuals and households impacted by the COVID-19 pandemic **ONLY**. Individuals must show that their loss of income is related to the COVID-19 pandemic and expenses paid by this fund must be related to this loss of income. If individuals have delinquencies or unpaid rent or utilities not related to COVID-19, they are not eligible for assistance through this fund.

COVID-19 Mortgage, Rent and Utilities

Pre-Screening

Date: _____

Assistance Needed: Rent Mortgage Utilities

(circle all that apply)

NAME: _____

PHONE: _____

1). Was this a result of reduced hours or loss of work because of COVID-19? _____

2). Did your business close? _____

3). Did your employer reduce your hours? _____

If yes to at least two of the above three questions, continue screening.

4). Did you not work for other reasons? _____

If yes, ask what those reasons were. Voluntary decisions to remain home are not eligible under this grant. (for MCHC only, these applicants may be considered for other prevention grant funding on a case by case basis).

5). Are you a resident of Marion County? _____

6). How long have you lived in Marion County? _____

7) What was your take home income in the month of February? _____

8) What was your take home income in the month of March 2020? _____

Same question for April and May if still screening during those months _____

(divide February by 2 to determine if reduced by 50% in either March or April)

Our agency is working with the United Way to assist those involuntarily affected by COVID-19.

We will need documents and information from you to process your request.

Do you have an email address that I can send the information to?

Email address: _____

If yes, send an email with request for documents list.

If no, provide a list verbally and then discuss options for getting the documents to us. (Pic on phone/intake questions completed by phone)

COVID-19 Rent and Utilities

Pre-Screening

REQUIRED DOCUMENTS

1. Completed intake form (signed and dated on each page)
2. Release of information and fraud statement form – signed
3. Paystubs from February 2020 to current
4. Name and contact number of employer (at time hours were reduced or job eliminated)
5. Copy of bills requesting assistance for (our grant only assists with mortgage, rent and utilities). Rent or mortgage request must be for April 1st or after and Utilities bills must have due date after March 15th.
6. Copy of Driver's License or ID for all adults in the home
7. Copy of social security cards for all adults in home.

24 hours to send back documents. Assistance is dependent on availability of funds.

COVID Emergency Funds Application

Application Date: _____

1. Client HMIS ID: _____

2. Applicant's Full Name: _____

(First, Middle, Last and suffix: as it appears on Driver's License, Photo ID or Birth Certificate)

Phone No. and Type: _____ Best contact option: Phone Call ___ Text ___ Email ___

Alternate Contact Info: _____

Address: _____ 3. Zip Code: _____

E-Mail: _____

4. Social Security No. _____ - _____ - _____ 5. Date of Birth: _____ / _____ / _____

7. Race (circle):

Asian Alaskan Native American Black Hawaiian Pacific Islander White Other

8. Ethnicity: Hispanic Non-Hispanic/Non-Latino Client doesn't know Client refused Data not collected

9. Gender: Male Transgender Male Client doesn't know Client refused Data not collected
 Female Transgender Female
 Gender Non-Conforming (i.e. not exclusively male or female)

10. . Total Number of Household members, including yourself: _____ Adults _____ Children
Others Household member (not including persons above)

Full Name _____ Relationship to HoH _____

Date of Birth: _____ SSN: _____

Full Name _____ Relationship to HoH _____

Date of Birth: _____ SSN: _____

Full Name _____ Relationship to HoH _____

Date of Birth: _____ SSN: _____

Full Name _____ Relationship to HoH _____

Date of Birth: _____ SSN: _____

(additional household members can be listed on back or bottom of this form.)

11. Were you employed in last 30-days? ___ Yes ___ No

12. Number of Hours Worked? _____ (in the last 30 days)

13. If less hours in last 30 -45 days, how many less hours did you work? _____

The above listed information was collected by the following means:

(check and complete all that apply):

_____ Intake completed over phone or electronically by MCHC staff member

_____ applicant completed form and turned in via email or in person.

Signature of applicant

date form submitted with documentation

_____ applicant completed form reviewed by staff and an additional intake conducted over phone, text or email to obtain missing information/confirm or clarify eligibility status

_____ Verbal consent to complete form was obtained by applicant, who attested to giving Truthful answers.

Signature of staff member

Date of last phone intake

Staff Only: You are authorized to use **Data Not Collected** for the following fields for COVID-19 applications only

Prior Night's Residence

Length of Stay in Prior Night's Residence

Current Housing Status

Authorization and Consent to Collect and Release Information (aka ROI)

I understand that Marion County CoC Service Providers are part of the Homeless Management Information System (HMIS), designed to collect and share information to reduce the amount of time and effort it takes for me to obtain the requested services I need. COC Service Providers have policies and procedures in place to protect my confidential information. I authorize the Service Provider, providing a service to me, to disclose to appropriate entities any information regarding my general condition, past and present, and/or information about other family members or other residents contained in the application concerning services provided to and/or requested by me and others I have listed on the application. This consent may be revoked by me or any other adult residents at any time except to the extent that action has been taken in reliance thereon. This consent, unless expressly revoked earlier, will expire two (2) years from the date indicated below. I declare that the information I give is true and correct to the best of my knowledge. Upon request, I will be provided a copy of the Full Privacy Notice, which outlines my rights as a consumer of services.

Signature of Applicant: _____ Date: _____

OR

This statement was read in its entirety to the client during a phone consultation on _____ by an employee of the Marion County Homeless Council (MCHC). The MCHC employee agent attests that the client stated that they understood the Authorization and Consent to Collect and Release Information.

Printed name of MCHCI Employee

Signature of MCHCI Employee

COVID-19 Relief Fund Assistance Request
Fraud Statement

Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50 to \$10,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Codes also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant, knowingly give the Marion County Homeless Council (MCHC) false information about your household's income including wages earned, child support, cash assistance from any source, retirement income, SSI or SSID or changes in your family's composition (family size) at the time of your application, your application will be deemed ineligible and you may be charged with fraud under Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the MCHC, you received any rental assistance, utility assistance or deposit assistance to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN A FINE, IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR ASSISTANCE FROM THIS AGENCY.

I have read the above statement or had it read or explained to me. I also understand the consequences of not correctly reporting my income, household size, or any other requirement of the Marion county Homeless Council.

Head of Household's Signature

Date

Co- Head of Household's Signature

Date

MCHC Representative's Signature

Date

**Internal Results of Request for Assistance form
(Staff only to complete)**

Name of Applicant: _____ HMIS # _____

Date of Application for assistance: _____

Type of assistance requested: **Mortgage** **Rent** **Utilities**

Amount of request: \$ _____

Results:

_____ Approved _____ full amount requested _____ less than requested

Reasons for non- approval or less than requested amount:

_____ amount of request exceeded \$ 1,000.00 limit

_____ not eligible for CoVID relief funding due to voluntary absence from work

_____ Requested bills assistance is outside dates of allowable assistance.

Other programs or assistance referred client to or provided: (please list all below)

This document should be placed at top of client file. An assistance record printout from HMIS which contains the same info as requested here can take the place of this form.