



If you're a renter struggling to pay your rent or utilities because of financial hardship Or during the coronavirus pandemic, you may be eligible for assistance through the Mountaineer Rental Assistance Program.

Eligible expenses may include:

- Past due and current rent beginning April 1, 2020 and up to three months forward rent
- Past due and current water, sewer, gas, electric and home energy costs such as propane
- A one-time stipend for internet expenses so you can use the internet for distance learning, telework, telemedicine and/or to obtain government services
- Other expenses such as security deposits, rental application fees, eviction related court costs, utility deposit/connection fees, and recovery housing program fees

Generally, rental payments will be made directly to the landlord and utility payments will be made directly to the utility company on behalf of the household. Rent, utilities or other expenses that have already been paid are not eligible to be reimbursed.

To see if you are eligible to apply, complete the Prescreening for Eligibility Questions included in this packet. If you prequalified:

1. Complete the enclosed application
2. Initial the Duplication of Benefits section on page 15
3. Make sure the Attestation of Hardship is signed by the head of household on page 1
4. Make sure the Affidavit Statements page is signed by the head of household on page 17
5. Mail your application (pages 1 to 17) and the documents listed below in the prepaid postage envelope to:

West Virginia Housing Development Fund  
5710 MacCorkle Avenue, SE  
Charleston, WV 25304-9940

## **Documents to submit with your application:**

### ❖ Proof of Identity for Head of Household

#### ○ Provide **one** of the following

- Driver's License or other Government issued ID
- A state-issued birth certificate
- Valid, unexpired U.S. Passport or official U.S. Passport card
- If foreign born, valid, unexpired Department of Homeland Security (DHS) document(s) or acceptable alternatives as outlined below.
  - Permanent Resident Card (Form I-551) issued by DHS (or INS)
  - Employment authorization document (EAD) issued by DHS, Form I-766 or Form I-688B
  - Certificate of Naturalization issued by DHS, Form N-550 or Form N-570
  - Certificate of Citizenship, Form N-560 or Form N-561, issued by DHS
  - Consular Report of Birth Abroad (CRBA) issued by the U.S. Department of State, Form FS-240, DS-1350 or FS-545
  - Foreign passport with a valid, unexpired U.S. visa affixed accompanied by the approved I-94 form documenting the applicant's most recent admittance into the United States

- ❖ Proof of Residency (List of eligible documents in prescreening questions)\*
  - Provide **one** of the following (Note: Any item used from the list below must be valid , current and contain the address of the current residency. )
    - Current Utility, Phone, or Internet Bill evidencing resident's address
    - WV Voter's Registration Card
    - WV Driver's License or other Government Issued ID
    - Proof of WV Public Assistance
    - Personal Property Tax Records
    - 2020 W-2
    - WV Weapons Permit
    - Valid WV Vehicle Registration Card
    - Pay Stub with current address
    - WV DMV Affidavit of WV Residency
    - SS Benefits Letter
    - US Selective Service Card
    - Letter from Public Housing Authority
    - Current Eviction Notice from Magistrate Court
- ❖ \*If you do not have a proof of residency because you are currently homeless and/or in transition to a new location, complete appendix 2 or a signed copy of your future lease and submit it with your application
- ❖ Proof of Income
  - Provide **one** of the following options:
    - Completed 2020 Taxes (1st two pages of IRS form 1040) **OR** Paystubs, wage statements or other proof of income for the past 30 days
    - Proof of assistance via:
      - CHIP (Children's Health Insurance Program)
      - SNAP (Supplemental Nutrition Assistance Program)
      - WIC (Supplemental Nutrition Assistance Program for Women, Infants & Children)
      - TANF (Temporary Assistance for Needy Families)
      - Medicaid
      - Section 8 OR Other Government Subsidized Rent
- ❖ Full Copy of Signed Lease\*
  - If you do not have a full copy of your lease, complete Appendix 1
  - If you or a member of your household is related to or an employee of your landlord, you must provide the following:
    - A current written lease signed by a member of the household listed on the application and the landlord that identifies where the applicant lives and establishes a rental payment amount **and**
    - Evidence that the tenant's address is different from the landlord's address **and**
    - Evidence that the household has paid utilities and rent at the residential unit. Evidence may include bank statements, cleared canceled checks, or other documentation that reasonably shows a pattern of paying rent and utilities.
- ❖ \*If you do not have a full copy of your signed lease because you are currently homeless and/or in transition to a new location, please complete appendix 2 and submit it with your application
- ❖ Copy of most recent bill for each utility you've requested assistance. The service address on the bill must match that of the application.
- ❖ Copy of most recent internet bill if you've requested internet assistance. The service address on the bill must match that of the application.
- ❖ Copy of invoices for other expenses such as security deposits, rental application fees, eviction court costs, utility deposit/connection fees, and recovery housing program fees.

## **MOUNTAINEER RENTAL ASSISTANCE PROGRAM**

### **PRESCREENING FOR ELIGIBILITY**

**Answer the following questions to see if you are eligible to request assistance:**

- 1. Since March 13, 2020, have one or more individuals in the household either:**
  - (i) qualified for unemployment benefits, OR
  - (ii) experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the coronavirus outbreak? OR
  - (iii) experienced a hardship during the pandemic but not due directly or indirectly to the coronavirus outbreak?
  
- 2. Since March 13, 2020, has one or more individual in the household experienced a risk of homelessness or housing instability?** *Examples include past due utility or rent notice, or an eviction notice*
  
- 3. Based on the Income limits chart (Exhibit 1), is your household's income equal to or less than the income shown on the chart, based on your county and household size?** (see page 4 of the application for how to calculate household size)
  
- 4. Do you have at least one of the following documents as proof of residency in a household member's (over the age of 18) name?** (Note: Any item used from the list below must be valid and current)
  - a. *Current Utility, Phone or Internet Bill with resident's name and address*
  - b. *WV Voter's Registration Card*
  - c. *WV Driver's License or other Government Issued ID*
  - d. *Proof of WV Public Assistance*
  - e. *Personal Property Tax Records*
  - f. *2020 W-2*
  - g. *WV Weapons Permit*
  - h. *WV Vehicle Registration Card*
  - i. *Pay Stub with current address*
  - j. *WV DMV Affidavit of WV Residency*
  - k. *Social Security Benefits Letter*
  - l. *US Selective Service Card*
  - m. *Future lease certification form if currently homeless or moving to a new residence*
  - n. *Letter from Housing Authority*
  - o. *Current Eviction Notice from Magistrate Court*
  
- 5. Is the address you are seeking rental, utility and/or internet assistance for your primary address?**

**Your lease agreement MUST NOT give you the right or option to purchase the property in the future.** If it does allow for purchase of the property you are not eligible for MRAP.

If you were able to answer "YES" to all the questions above, you are prequalified. Please note that prequalifying does not guarantee approval for funding.

**\*\* You must complete the remaining sections of this application to apply for funding. Failure to complete this application and provide the required documentation will prevent your application from consideration under the MRAP program. \*\***

**\* To speed up the application process, you can apply online at [wvrentalassistance.com](http://wvrentalassistance.com) \***

# Exhibit 1

## Mountaineer Rental Assistance Program 80% Income Limits (Low-Income) (effective April 1, 2021)\*

County	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Barbour County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Berkeley County	41,550	47,450	53,400	59,300	64,050	68,800	73,550	78,300
Boone County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Braxton County	31,300	35,750	40,200	44,650	48,250	51,800	55,400	58,950
Brooke County	37,150	42,450	47,750	53,050	57,300	61,550	65,800	70,050
Cabell County	34,750	39,700	44,650	49,600	53,600	57,550	61,550	65,500
Calhoun County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Clay County	34,250	39,150	44,050	48,900	52,850	56,750	60,650	64,550
Doddridge County	34,350	39,250	44,150	49,050	53,000	56,900	60,850	64,750
Fayette County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Gilmer County	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
Grant County	31,650	36,200	40,700	45,200	48,850	52,450	56,050	59,700
Greenbrier County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Hampshire County	45,600	52,100	58,600	65,100	70,350	75,550	80,750	85,950
Hancock County	37,150	42,450	47,750	53,050	57,300	61,550	65,800	70,050
Hardy County	31,600	36,100	40,600	45,100	48,750	52,350	55,950	59,550
Harrison County	39,550	45,200	50,850	56,500	61,050	65,550	70,100	74,600
Jackson County	34,550	39,500	44,450	49,350	53,300	57,250	61,200	65,150
Jefferson County	54,600	62,400	70,200	78,000	84,250	90,500	96,750	103,000
Kanawha County	34,250	39,150	44,050	48,900	52,850	56,750	60,650	64,550
Lewis County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Lincoln County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Logan County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
McDowell County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Marion County	36,300	41,500	46,700	51,850	56,000	60,150	64,300	68,450
Marshall County	36,700	41,950	47,200	52,400	56,600	60,800	65,000	69,200
Mason County	30,900	35,300	39,700	44,100	47,650	51,200	54,700	58,250
Mercer County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Mineral County	40,350	46,100	51,850	57,600	62,250	66,850	71,450	76,050
Mingo County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Monongalia County	42,700	48,800	54,900	60,950	65,850	70,750	75,600	80,500
Monroe County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Morgan County	36,050	41,200	46,350	51,450	55,600	59,700	63,800	67,950
Nicholas County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Ohio County	36,700	41,950	47,200	52,400	56,600	60,800	65,000	69,200
Pendleton County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Pleasants County	35,000	40,000	45,000	50,000	54,000	58,000	62,000	66,000
Pocahontas County	31,300	35,750	40,200	44,650	48,250	51,800	55,400	58,950
Preston County	42,700	48,800	54,900	60,950	65,850	70,750	75,600	80,500
Putnam County	43,400	49,600	55,800	62,000	67,000	71,950	76,900	81,850
Raleigh County	32,200	36,800	41,400	46,000	49,700	53,400	57,050	60,750
Randolph County	31,600	36,100	40,600	45,100	48,750	52,350	55,950	59,550
Ritchie County	31,200	35,650	40,100	44,550	48,150	51,700	55,250	58,850
Roane County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Summers County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Taylor County	34,850	39,800	44,800	49,750	53,750	57,750	61,700	65,700
Tucker County	32,800	37,450	42,150	46,800	50,550	54,300	58,050	61,800
Tyler County	32,850	37,550	42,250	46,900	50,700	54,450	58,200	61,950
Upshur County	30,800	35,200	39,600	44,000	47,550	51,050	54,600	58,100
Wayne County	34,750	39,700	44,650	49,600	53,600	57,550	61,550	65,500
Webster County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900
Wetzel County	31,150	35,600	40,050	44,500	48,100	51,650	55,200	58,750
Wirt County	33,900	38,750	43,600	48,400	52,300	56,150	60,050	63,900
Wood County	33,900	38,750	43,600	48,400	52,300	56,150	60,050	63,900
Wyoming County	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900

\*Subject to change on or around April 1, 2022

# MOUNTAINEER RENTAL ASSISTANCE PROGRAM APPLICATION

## COVID-19 HARDSHIP

**Self-Certification of (I) Unemployment or (II) Decreased Income and/or Expense (financial hardship).** You must answer “Yes” to at least one of the questions in this section to be eligible. Please answer each question.

- I. Since March 13, 2020, a member of my household has qualified for unemployment benefits?

Mark here if yes to option 1: \_\_\_\_\_

- II. Since March 13, 2020, a member of my household has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the pandemic.

Mark here if yes to option 2: \_\_\_\_\_

- III. Since March 13, 2020, a member of my household has experienced a reduction in income, incurred significant costs, or experienced other financial hardship not due directly or indirectly to the pandemic. The hardship includes (check all that apply):

Mark here if yes to option 3: \_\_\_\_\_

Hardship Type	Experienced? (X) = yes
Loss of Work / Decrease in Available Hours at Work	
Forced Work Closure	
Inability to Access or Get to Work	
Unpaid wages or Other Unpaid Compensation Ordinarily Received	
Increase in Childcare Costs	
Healthcare costs, including care at home for individuals with COVID-19	
Forced to Take Off Work due to School Closure or Childcare Change	
Self-Quarantined at Home under Government or Medical Recommendation	
Stay at Home or Shelter in Place Order by any level of Government Authority	
Forced to Take Off Work to Care for a Family Member	
Increase in Family Expenses due to Pandemic or Emergency Preparedness	
Unemployment Insurance Unavailable, Insufficient, or Delayed	
Emergency Assistance Unavailable, Insufficient, or Delayed	
The household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for monthly expenses, rather than wages or other income	

**Self-Certification of Risk for Homelessness or Housing Instability.** You must answer yes to at least one of the hardships listed below in this section to be eligible.

Since March 13, 2020, a member of my household has experienced a risk of experiencing homelessness or housing instability. (The hardship does not need to exist as of the date of the application, as long as it existed for any period of time since March 13, 2020.) The hardship includes (check all that apply -or- leave blank to signal you had no housing instability hardship.):

Hardship Type	Experienced? (X) = yes
A member of the household became unemployed at any time after March 2020 and has since been reemployed	
Received an eviction notice	
Received a utility disconnect notice	
Member of the household (18 and over) has been unemployed for 90 days or more and continues to be unemployed	
Received a past due utility or rent notice	
Living in an overcrowded residence (number of household members is greater than the number of total rooms), which can increase the risk of exposure to COVID-19	
The household struggles to purchase essential goods or services and pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school	
Monthly rent and utilities are more than the household can afford	
The household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income	
One or more household members have experienced homelessness	
If I pay for rent now, I will not be able to meet my or my family's basic needs	

**Additional Screening Questions** (check all that apply):

Question	(X)
Do you live in the same home/apartment/unit as your landlord?	
Are you related to or an employee of your landlord? Related party includes: spouse, parent, child, brother, sister, grandparent, grandchild, including steps, and in-laws; and any person cohabitating with any of the people identified above	

## APPLICANT INFORMATION

### Primary Applicant Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number (ex. 123-456-7890): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (ex. 123-45-6789): \_\_\_\_\_

Rental Address: \_\_\_\_\_ Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Mailing City : \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip Code: \_\_\_\_\_

### Additional Applicant Information

Mark one for each of the following questions:

Is the Rental Address above your primary residence?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Gender:

Male: \_\_\_\_\_

Female: \_\_\_\_\_

Non-binary / unspecified: \_\_\_\_\_

What is your ethnicity?

Hispanic or Latino: \_\_\_\_\_

Not Hispanic or Latino: \_\_\_\_\_

Prefer not to say / unspecified: \_\_\_\_\_

What is your race?

American Indian or Alaska Native: \_\_\_\_\_

Asian: \_\_\_\_\_

Black or African American: \_\_\_\_\_

White: \_\_\_\_\_

Native Hawaiian or Other Pacific Islander: \_\_\_\_\_

Unspecified: \_\_\_\_\_

What is your household size? \_\_\_\_\_

### Calculating Household Size

Household members includes all adults and children living in the unit, including the following:

- Children temporarily absent due to placement in a foster home
- Children in joint custody who live in unit at least 50% of the time
- Children away at school but live with the family during recess
- Unborn children of pregnant women
- Children in the process of being adopted
- Temporarily absent family members who are still considered family members
- Family members in the hospital or rehab facility for limited or fixed time
- Persons permanently confined to a hospital or nursing home.

Household members do not include:

- Live-in aides
- Guests
- Individuals in the same residence that have a separate lease obligation

**Names of all additional household members (DO NOT include the primary applicant from the previous page):**

Household Member	First Name	Middle Name	Last Name
2			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)

Household Member	First Name	Middle Name	Last Name
3			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)



## Additional Household Members - Continued

Household Member	First Name	Middle Name	Last Name
4			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)

Household Member	First Name	Middle Name	Last Name
5			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)

Household Member	First Name	Middle Name	Last Name
6			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)

Household Member	First Name	Middle Name	Last Name
7			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)

## Additional Household Members - Continued

Household Member	First Name	Middle Name	Last Name
8			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)

Household Member	First Name	Middle Name	Last Name
9			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)

Household Member	First Name	Middle Name	Last Name
10			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)

Household Member	First Name	Middle Name	Last Name
11			
	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? (Y/N)

## PROXY INFORMATION

**Are you currently receiving assistance from the following sources?**

Assistance Requested	Received Assistance? (X) = yes
CHIP (Children's Health Insurance Program)	
SNAP (Supplemental Nutrition Assistance Program)	
WIC (Special Supplemental Nutrition Program for Women, Infants & Children)	
TANF (Temporary Assistance for Needy Families)	
Medicaid	
Section 8 OR Other Government Subsidized Rent	

If you have received assistance from any of the sources above skip the following income page and attach one of the following from the agency administering the program assistance marked above:

1. A letter dated January 1, 2020, or later stating that a member of the household has qualified for the program **or**
2. A statement/invoice showing that a member of the household has received benefits under the program dated on or after January 1, 2020.

## INCOME

**Household Income.** Please provide your 2020 annual household adjusted gross income (Option 1) **OR** your current monthly household gross income (Option 2).

**Option 1** – 2020 Annual Income – This is the easiest method. Using the Annual Income Option and providing your 2020 federal income tax return form 1040 allows you to use your Adjusted Gross Income (which is less than your gross income), and if you request additional assistance from this program later, you may not need to provide this information again.

If you are choosing option 1, please provide the household's adjusted gross income here: \$ \_\_\_\_\_

- ❖ Submit 2020 IRS Form 1040 for all household members 18 years or older
- ❖ For each household member over 18, indicate whether they are included in the tax returns provided or are attesting to no income by placing an "X" in the appropriate column (Note: only choose one option for each household member)

Household Member Over 18	Included in Tax Return (1040) Attached? (X) = yes	Attesting to No Income? (X) = yes

INCOME - CONTINUED

**Option 2** - Using the Current Monthly Income Option

Mark here to indicate you will be filling the attestation of income below as monthly: \_\_\_\_\_

❖ For each person listed below, **you must provide pay stubs or other proof of income for the past month** (i.e., wage statements, unemployment benefit statements, or other income proof for all household members 18 years or older). If \$0 is listed, that household member is attesting to no income

**Attestation of Income**

Fill in the **yearly (option 1)** or **monthly (option 2)** income for each household member including yourself

Household Member Over 18	Gross Income Over the Last 30 Days(\$)

❖ If a member of the household over 18 is unable to produce documentation of income, complete and submit an attestation of income

## ASSISTANCE

### My Landlord's name and contact information.

Company Name (if applicable): \_\_\_\_\_

Landlord First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number (ex. 123-456-7890): \_\_\_\_\_

❖ Provide a full copy of your lease signed by both a member of the household and the landlord.

- If you do not have a full copy of your signed lease, please complete the lease certification (Appendix 1)

**Are you or someone in your household related to or an employee of your landlord?** For the purposes of lease verification, “related to” includes any of the following with respect to any member of the applicant household: spouse, parent, child, brother, sister, grandparent, grandchild, including steps and in-laws, and any person cohabitating with any of the people identified above.

Yes \_\_\_\_\_

No \_\_\_\_\_

❖ If yes, you must submit the following with your application:

1. A current written lease signed by a member of the household listed on the application and the landlord that identifies where the applicant lives and establishes a rental payment amount **AND**
2. Proof the landlord owns the property through a tax ticket or other evidence **AND**
3. Evidence that the household has paid utilities and rent at the application address. Evidence may include bank statements, cleared canceled checks, or other documentation that reasonably shows a pattern of paying rent and utilities for at least a three-month period.

## RENTAL ASSISTANCE

**Amount of Rental Assistance.** The maximum length of rental assistance is 18 months of past due, current and future rent.

### Monthly Rental Payment:

My household pays \$ \_\_\_\_\_ per month in rent

## RENTAL ASSISTANCE REQUEST

**Past Due Rent.** Enter the amount **you owe** your landlord for rent from April 1, 2020, through the application date. If you receive state, federal or any other rental assistance, apply only for the portion of the rent you pay. **Rent that has already been paid is not eligible.**

**Current Rent.** Enter the amount **due this month** to your landlord. If you receive state, federal or any other rental assistance, apply only for the portion of the rent you pay.

**Future Rent.** Applicants can apply for up to three months of future rental payments. The maximum amount of rental assistance you can receive is 18 months of past due, current, and future rent payments.

Assistance Period	Amount Requested (\$)
Total Rent Past Due (total)	
Current Month Due	
Future Rent Requested (3 months maximum)	

### Recovery Housing Assistance

If you are paying rent or living costs as part of a recovery house or sober living program, provide the costs of your program agreement below. If no, skip to the next page.

Recovery Housing Assistance is eligible for up to 18 months of past due, current and future rent with proof of residency.

Program Fees: \$ \_\_\_\_\_ Number of Months: \_\_\_\_\_

❖ Provide the program agreement or proof of program costs with this application

## UTILITY ASSISTANCE

Do you need help paying your utility bills? If yes, continue. If no, skip to Internet Assistance.

**Amounts Due to Utility Providers.** My household owes utility providers the amounts listed below for electricity, gas, water, sewer, trash removal, or energy costs from no earlier than April 1, 2020, to now. (Maximum of 18 months can be requested). **Utilities that have already been paid are not eligible.**

Utility Type	Provider Name	Account Holder	Account Number
Water			
	Provider City	Provider State	Amount Owed (\$)

Utility Type	Provider Name	Account Holder	Account Number
Electric			
	Provider City	Provider State	Amount Owed (\$)

Utility Type	Provider Name	Account Holder	Account Number
Gas			
	Provider City	Provider State	Amount Owed (\$)



## UTILITY ASSISTANCE - CONTINUED

Utility Type	Provider Name	Account Holder	Account Number
Trash			
	Provider City	Provider State	Amount Owed (\$)

Utility Type	Provider Name	Account Holder	Account Number
Mass Fuel			
	Provider City	Provider State	Amount Owed (\$)

Utility Type	Provider Name	Account Holder	Account Number
Sewer			
	Provider City	Provider State	Amount Owed (\$)

❖ You must submit your most recent bill for each of the above utility providers. The bills must include the name, service address, account number and type of service provided.

## INTERNET ASSISTANCE

Do you need help paying your internet bill so you can use the internet for distance learning, telework, telemedicine and/or to obtain government services? If yes, input your provider's name below. If no, leave this section blank and skip to the Additional Assistance section below.

A one-time \$300 internet payment will be paid to eligible applicants.

Provider: \_\_\_\_\_ Available Assistance:   \$300.00  

- ❖ You must submit your current internet bill to show proof of service. The bill must include the name, service address, account number and type of service provided.

## ADDITIONAL ASSISTANCE

### Relocation Expenses

If you are moving to a new location and need help paying fees, fill out the following table. If no, skip to the Eviction Related Court Cost section below.

Assistance Requested	Amount (\$)
Rent Security Deposit	
Application Fee	
Utility Service Deposit or Connection Fees	

- ❖ You must submit your new lease signed by a member of your household and your landlord, as well as bills to show proof of each relocation expense.

### Eviction Related Court Costs

If you have received a bill for eviction related court costs, fill out the amount of assistance needed below. If no, skip to the Duplication of Benefits section below.

I request \$ \_\_\_\_\_ to cover eviction related court costs

- ❖ You must submit the court invoice to show proof of costs. Court costs already paid are not eligible for reimbursement

## **DUPLICATION OF BENEFITS / OTHER FEDERAL, STATE, OR LOCAL RENTAL ASSISTANCE**

We must implement procedures to prevent any Duplication of Benefits (DOB). By completing the above, you 1) outlined the assistance you are requesting; 2) requested only assistance for expenses that have not already been or will be paid from another source of assistance; 3) certify to the accuracy of the information; and 4) agree to repay any awarded MRAP assistance that is duplicated.

Applicant Initials: \_\_\_\_\_

**--- PLEASE CONTINUE TO THE NEXT PAGE ---**

**Privacy Policy:**

MRAP is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations and will only be shared as necessary with our agents, your landlord or property management company, utility and internet companies, and third-parties assisting in reviewing MRAP applications and other agencies and organizations as necessary to confirm the accuracy of any information included in your application and to prevent a duplication of benefits. We may also disclose any nonpublic personal information about you or former customers to anyone as required by law.

**Third Party Authorization:**

The Applicant and any co-applicants and residents 18 years and older (if any) named below (individually and collectively, "Applicant"), authorize the Landlord and utility/internet providers named within this Application and the Third Parties assisting in the review of the MRAP applications (Individually and collectively, "Third Party") to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the lease, utilities, and/or the MRAP application of the Applicant.

**Disclaimer/Limitation of Liability**

You agree to defend, indemnify and hold harmless WVHDF and its assignees ("Agency") and its affiliates, subsidiaries, agents, and their respective officers, directors, employees, and agents from and against all claims, liabilities, costs, and expenses arising under any representation or warranty made by the Agency; your failure to comply with the 'Terms and Conditions', your negligence, actions, or omissions; your violation or alleged violation of the rights of a third party. Under no circumstances will WVHDF or its assignees be liable for any lost profits, lost opportunity or any direct, consequential, incidental, special, punitive, or exemplary damages arising out of your use of or inability to use the WVHDF site or its services or programs, even if the WVHDF has been apprised of the likelihood of such damages occurring and regardless of the form of action, whether in contract, warranty, tort (including negligence), strict liability, or otherwise. This includes any damages or losses based on any statement, representation, negligence, action, or omission by any housing counselor or their employees or their agents.

## Affidavit Statements

**Each household member 18 years or older, is to read each statement and sign to agree at the bottom of the form.**

By signing below, all members of the household attest to the following terms:

1. That all information provided in your application is complete and accurate.
2. That the household's income information contained in the application is true and accurate.
3. That, if the MRAP administrator or any of its partners determine that any information submitted is incorrect or inaccurate, the information may be adjusted by the MRAP administrator or its partners/agents.
4. That you understand and acknowledge that providing inaccurate or incomplete information is illegal and may violate Federal and/or state law and may result in fines, imprisonment, and disqualification from receiving MRAP assistance.
5. That you understand that the MRAP administrator may seek additional information to verify the accuracy and completeness of any information provided.
6. That you understand and acknowledge that MRAP is not intended to duplicate other funds that you have received for the same expenses.
7. In the event any MRAP payments are made directly to you, you agree to use the assistance only for the intended purpose of the expenses included in your MRAP application.
8. If you receive MRAP assistance for any security deposits, you agree that if you receive a return of your security deposit from your landlord within four months of the date that your request for security deposit assistance is approved, you will return the security deposit to the MRAP administrator.
9. That you will provide the MRAP administrator immediate notice if you move before the last day of the month for which you receive MRAP rental assistance, and the party receiving the future rent payments (either you or the landlord) will be responsible for repaying all or a portion of the future rent.

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Signature of Head of Household

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Printed Name of Head of Household

---

Date

**CERTIFICATION OF LANDLORD/TENANT RELATIONSHIP****USE THIS FORM ONLY IF THERE IS NO WRITTEN LEASE****Part I – Lease Information**

Head of Household's Name: \_\_\_\_\_

Other Household Members 18 &amp; Over: \_\_\_\_\_

Landlord's Name (name where rent is sent): \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Landlord's Email Address (if any): \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ (the "Property")

How long have you rented the Property: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

Monthly Rent Payment \_\_\_\_\_

Are any utilities included in your rent payment? ☐ Yes ☐ No If yes, list which utilities are included:

\_\_\_\_\_

Are you behind in rent: ☐ Yes ☐ No If yes, how much rent is past due \$ \_\_\_\_\_?**Part II – Attachments**

If Landlord agrees to execute this form below, one of the following documents must be attached to this Certification:

- Evidence that the Landlord owns the property (deed, tax ticket, other proof of ownership); or
- Evidence the Management Company is authorized to manage the property (property management agreement)

If Landlord does not agree to execute this form below, the following documents must be attached to this Certification:

- Evidence of Rent payments (may include bank statements, cleared or cancelled checks, or other documentation that reasonably evidences a pattern of paying rent) (i) paid by tenant to the Landlord listed in the application; and (ii) for a period of 3 or more months since January 1, 2020.

And

- Evidence Utility Payments (may include bank statements, cleared or cancelled checks, or other documentation that reasonably evidences a pattern of paying

utilities) (i) paid at the address listed on the application, (ii) for a period of 3 or more months since January 1, 2020; (iii) utility invoice must be dated within thirty days of the application date; and (iv) fully completed Tenant's Certification of Lease.

### **Part III – Signatures**

#### **Head of Household**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the MRAP Program and other remedies available under applicable law.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Printed Name of Head of Household

\_\_\_\_\_  
Date

#### **Landlord** (if Landlord agrees to sign)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the MRAP Program and other remedies available under applicable law.

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Printed Name of Landlord

\_\_\_\_\_  
Date

## FUTURE LEASE CERTIFICATION FORM

**USE THIS FORM ONLY IF YOU ARE RELOCATING TO A NEW RESIDENCE AND DO NOT HAVE A  
CURRENT LEASE WITH YOUR LANDLORD AND IF YOU ARE RELATED TO THE LANDLORD OR  
AN EMPLOYEE OF THE LANDLORD**

### Part I – Lease Information

Head of Household's Name: \_\_\_\_\_

Other Household Members 18 & Over: \_\_\_\_\_

Landlord's Name (name where rent will be sent): \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Landlord's Email Address (if any): \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ (the "Property")

Expected Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

Monthly Rent Payment \_\_\_\_\_ Security Deposit (if any) \_\_\_\_\_ Application Fee (if any) \_\_\_\_\_

Will any utilities be included in your rent payment? ☐ Yes ☐ No If yes, list which utilities are included:

\_\_\_\_\_

### Part II – Attachments

Attach the following:

Evidence that the Landlord owns the property (deed, tax ticket, other proof of ownership); or

Evidence the Management Company (if any) is authorized to manage the property (property management agreement)

**The failure to provide an attachment may impact your eligibility for the program.**

### Part III – Signatures

#### Head of Household

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Printed Name of Head of Household

\_\_\_\_\_  
Date

#### Landlord

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Printed Name of Landlord

\_\_\_\_\_  
Date