

ESCAMBIA COUNTY
MORTGAGE, RENT, & UTILITY ASSISTANCE APPLICATION

A. ELIGIBILITY

Escambia County is accepting applications for the Escambia County Coronavirus Relief Fund Program for Rent, Mortgage, & Utility Assistance. This program is designed to provide funds to renters and homeowners residing in Escambia County (including the City of Pensacola and the Town of Century) who are delinquent on rent and utility payments or mortgage and utility payments due to COVID-19 impacts. Funds will be provided as a grant for approved applicants. Applicants will be assisted on a first-qualified, first served basis. Assistance is limited to no more than \$3000 per household and payments will be made directly to the landlord, mortgage company, or utility company

A.1. Is your combined annual household income below the 120% area median income level?

Household Size	1	2	3	4	5	6	7	8
Income	\$55,440	\$63,360	\$71,280	\$79,080	\$85,440	\$91,800	\$98,160	\$104,400

A.2. Are you delinquent on your rent, mortgage and/or utility payments? (utilities include electric, natural gas, propane, water, sewer, and trash). Please note – Documented evidence required.

A.3. Are you a resident living in Escambia County?

A.4. Do you have proof of loss of employment income or reduction of employment income due to COVID-19 impacts on or after March 1, 2020?



IF YOU ANSWERED “NO” TO ANY OF THESE QUESTIONS, YOU ARE NOT ELIGIBLE FOR ESCAMBIA COUNTY CORONAVIRUS RELIEF FUND RENT, MORTGAGE, AND UTILITY ASSISTANCE.

Before proceeding – please have the following documents ready to submit:

- **Photo Identification** for all members of the household over the age of 18
- **Social Security Cards** for all members of the household
- **Documentation of a loss or reduction of income due to COVID-19**, such as employer notice of reduced hours or layoff due to COVID; two paystubs that show a reduction in income; unemployment letter; and/or other documentation showing a reduction in income related to COVID-19.
- **Current Income Information** for ALL members of the household (This includes income from employment (last 2 months of pay stubs), child support (Award Letter or Court Order), alimony (Court Order), Social Security (Award Letter), Disability (Award Letter), Retirement (statement), Unemployment (statement), Veterans benefits (statement), or Self Employment Income. If no income – you must complete an affidavit of no income. NOTE: Food Stamps are not considered income; do NOT list food stamps.
- **Asset** information for ALL Household Members (This includes Checking and Savings Accounts (current statements), IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have assets, must sign an affidavit of no assets)
- **Current Lease** in household member’s name and contact information for your landlord (Landlord must agree to participate)
- **Most Recent Mortgage Statement** in household member’s name and contact information (Lender must agree to participate). Property must be primary residence as evidenced by Homestead Exemption
- **Most Recent Utility Bill(s)** in household member’s name showing amount owed

NOTE: This funding is intended for foreclosure and eviction prevention. Utility assistance can only be provided in conjunction with mortgage or rent assistance or can be provided if your lease specifically requires maintenance of utilities and could be a cause for eviction.

Online applications and general information may be found at www.myescambia.com/CARES

SUBMISSION INSTRUCTIONS: Online applications are available at www.myescambia.com/CARES beginning September 1 and will be accepted through September 14 or until all funding has been committed.

Paper applications will be available at the following locations starting Tuesday, September 1 for citizens that do not have computer access:

*[West Florida Public Library branches](#)—check branch for business hours

*Brownsville Community Center, 3200 W. DeSoto Street--Monday through Friday between 9am-5pm

*Escambia County Neighborhood Enterprise Division, 221 Palafox Place, Suite 200--Monday through Friday, 8am-5pm

Completed paper applications with attachments should be emailed to

EscambiaCaresRentandMortgage@myescambia.com or may be faxed to 850-595-0342 or dropped off at the Brownsville Community Center or Neighborhood Enterprise Division. Please make sure all attachments are clear and legible.

Applicants needing assistance with completing applications should call 850-595-1642 for further guidance.

APPLICATION REVIEW: After you submit your application, you will receive an email confirmation. A housing specialist will contact you within 5 business days to review any additional information that may be needed. Note that additional information may be requested and required after your application has been reviewed. Your landlord or mortgage company must consent to participate in the program. Delays in receiving information from a landlord or mortgage company may hinder payment processing.

B. APPLICANT INFORMATION

Please provide the following information:

B.1. PRIMARY APPLICANT:

NAME:

First Name

Last Name

HOME ADDRESS:

Street Address

City

Zip

MAILING ADDRESS

Street Address

City

Zip

TELEPHONE NUMBER:

EMAIL ADDRESS:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

B.2 CO-APPLICANT (IF APPLICABLE):

NAME:

First Name

Last Name

HOME ADDRESS:

Street Address

City

Zip

TELEPHONE NUMBER:

EMAIL ADDRESS:

B.3. DO YOU RENT YOUR RESIDENCE? YES NO

B.4. DO YOU OWN YOUR RESIDENCE? YES NO

C. HOUSEHOLD MEMBERS

C.1. HOUSEHOLD COMPOSITION: List all household members as of today, including yourself. You will be required to submit photo identification, social security cards, and/or resident alien documentation.

Household Member Name (List First and Last Name)	Relationship to Head of Household (spouse, son, etc.)	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Employed? Y/N

C.2. RACE--HEAD OF HOUSEHOLD ONLY (this information is being collected for reporting purposes only):

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial

C.3. ETHNICITY-HEAD OF HOUSEHOLD ONLY (this information is being collected for reporting purposes only):

<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

D. ASSET VERIFICATION

For ALL Household Members, including minors, list Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Real Estate, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a Verification of No Assets. Do not list your primary residence as an asset.

Household Member Name	Type of Asset	Current Cash Value of Asset	Interest Rate (Put N/A if not applicable)	Annual income from Asset

E. INCOME VERIFICATION

List ALL household members and their current incomes. Income includes: wages, salaries, tips, alimony, child support, military income, part-time income, temporary income, social security, unemployment benefits, disability benefits. FOOD STAMPS are NOT considered income; do not list food stamps.

HH Member Name	Full Time Student? (Y/N)	Source of Income (include employer name). List N/A if not employed	Rate of Pay	Payment Frequency (Hourly, Weekly, Biweekly, Monthly)	Annual Income

F. HOUSING/UTILITIES REQUEST

Please provide the following information. You will be required to submit lease, most recent mortgage statement and/or most recent utility bill(s).

F.1. CHECK the type(s) of assistance you are requesting:

- Mortgage Assistance
- Rental Assistance
- Water/Sewer Utility Assistance
- Electric Utility Assistance
- Gas/Other Utility Assistance

F.2. For MORTGAGE ASSISTANCE, please complete the following:

Past Due Amount: \$ _____

Current Bill Amount: \$ _____

Monthly Mortgage Amount: \$ _____

Company/Mortgage Holder Name _____

Account Number: _____

Company/Mortgage Holder Address: _____

Company/Mortgage Holder Phone: _____

Company/Mortgage Holder Email (if known): _____

For which months is mortgage payment owed (note payments owed prior to March 1, 2020 are not eligible)?

Are you or a household member related to the mortgage holder? YES NO

F.3. FOR RENTAL ASSISTANCE, please complete the following:

Past Due Amount: \$ _____

Current Bill Amount: \$ _____

Monthly Rent Amount: \$ \$ _____

Company/Landlord Name (must match what is on your lease): _____

Account Number or Rental Unit Address: _____

Company/Landlord Address: _____

Company/Landlord Phone: _____

Company/Landlord Email (if known): _____

For which months is RENT owed (note payments owed prior to March 1, 2020 are not eligible)?

Are you or a household member related to the landlord? YES NO

F.4. For WATER/SEWER UTILITY ASSISTANCE, please complete the following:

Past Due Amount: \$ _____

Current Bill Amount: \$ _____

Utility Company Name: _____

Utility Account Number: _____

F.5. For ELECTRIC UTILITY ASSISTANCE, please complete the following:

Past Due Amount: \$ _____

Current Bill Amount: \$ _____

Utility Company Name: _____

Utility Account Number: _____

F.6. For GAS/OTHER UTILITY ASSISTANCE, please complete the following:

Past Due Amount: \$ _____

Current Bill Amount: \$ _____

Utility Company Name: _____

Utility Account Number: _____

F.7. Did you request any COVID-19 rent/mortgage/utility assistance from another program or agency? YES

NO

F.8. Have you received any COVID-19 assistance? YES NO

F.9. Name of Agency(ies) providing assistance: _____

F.10. Amount Received to Date: \$ _____

G. COVID 19 IMPACT

Please provide the following information

G.1. Were you or a household member affected by COVID-19 (documented evidence will need to be provided)?

YES NO

G.2. For each HH member affected by COVID-19, provide the following information:

Name: _____

Date person became unemployed or under-employed _____:

Name and address of employer prior to being impacted by COVID-19:

What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020, whichever is later? _____

Is this person receiving unemployment benefits? YES NO

If yes, how much are they receiving monthly? \$ _____

Additional information about hardship:

Click or tap here to enter text.

H. REQUIRED DOCUMENTS

Please provide the following information with your application.

- Documentation showing loss of income as a result of COVID-19. Document(s) to be attached may include unemployment approval, layoff or furlough notice, letter from employer, two paystubs that show a reduction in income (one prior to March 1, 2020 and one showing reduction since March 1, 2020) ***Required**
- Valid Florida Photo ID or valid Florida Driver's License for all adult household members (18 years of age or older) ***Required**
- Social Security Cards for all household members ***Required**
- Current Lease for Rent Assistance requests (Landlord must agree to participate)
- Most Recent Mortgage Statement showing delinquent amount owed for Mortgage Assistance requests (Lender must agree to participate)
- Most Recent Utility Bill(s) showing delinquent amount owed

IF SELECTED FOR ASSISTANCE, ALL ADULT HOUSEHOLD MEMBERS (18 YEARS AND OLDER) MUST SIGN THE DOCUMENTS BELOW WHICH WILL BE PROVIDED BY COUNTY STAFF.

- Self Certification of Income Form
- Duplication of Benefit Agreement
- Resident Income Certification Form

I. DISCLOSURES AND ACKNOWLEDGEMENTS

- The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Escambia County Mortgage, Rent, and Utility Assistance Program.
- I/we understand that Florida Statute Chapter 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a crime punishable by fines and imprisonment provided under sections 775.082 and 775.083, Florida Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification.
- I/we certify that the application information provided is true, complete, and current.
- I/we understand and agree that the collection of Social Security number(s) is for the purpose of personal identification and is imperative for the performance of the County's duties and responsibility as it relates to the verification of information disclosed on the application for the Escambia County Mortgage, Rent, and Utility Assistance Program.
- I/we agree to provide any requested documentation to assist in determining eligibility and I am/we are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.
- I/we further grant permission and authorize any bank, employer, or other third party to disclose information deemed necessary to complete this application. I/we authorize the County or any of its duly authorized representatives or agents to obtain information from a third party regarding our eligibility and continued participation in the Rent, Mortgage, and Utility Assistance Program
- I/we understand that Information provided to the County may be subject to Florida Public Records Law, except as exempted by law. I/we understand and agree that it's my/our responsibility to inform the County of any applicable exemption.
- I agree to save harmless, indemnify, and defend County and its agents, officers, and employees from any and all claims, suits, actions, damages, liabilities, expenditures, or causes of action of any kind, losses, penalties, interest, demands, judgments, and cost of suit, including attorneys' fees and paralegals' fees, for any expense, damage, or liability incurred by any of them in the performance of this Assistance Program. I also understand and agree that such indemnification by me relating to any matter, which is the subject of this Assistance Program, shall extend throughout the term of this Assistance Program and any statutes of limitation thereafter.

Applicant Signature: _____ **Date:** Click or tap to enter a date.