

Johnson County CARES Act Rent & Utility Assistance Fund

Johnson County government has established a fund using federal CARES Act Coronavirus Relief Fund resources to assist Johnson County households at-risk for eviction or mortgage default and subsequent housing loss due to nonpayment. The program is intended to assist families who, if they lost their current housing, would likely become homeless and either double up with friends and family or live unsheltered, both of which would increase the likelihood that they are infected with COVID-19 or would transmit it. Thus, the work to assure households maintain current housing prevents the potential further spread of COVID-19.

To seek housing assistance, an applicant must be a renter whose name is on the lease agreement for their residence or mortgage holder. To seek utility assistance, an applicant must have a utility account for their residence in their name.

If approved, assistance will be paid directly to the landlord or utility company, not the applicant.

Applicant First Name

Last Name

Date of Birth:

Last 4 digits of Social Security #:

Home Address of Person Seeking Assistance

Street Address: _____ Unit # _____

City: _____ State: _____ Zip Code: _____

Indicate whether you:

Rent your home Own your home

Contact Information:

Primary Phone Number: _____ Is this a cell number? Y/N _____

Secondary Phone Number: _____ Is this a cell number? Y/N _____

Email address: _____

Number of People in Your Household

Adults – 18 and over: _____ Children 17 and Younger: _____

Race of Person Seeking Assistance: _____

Ethnicity of Person Seeking Assistance: Hispanic Non-Hispanic

Date of Birth of Person Seeking Assistance: _____

Gender of Person Seeking Assistance: _____

List all adults in the household.

First Name	Last Name	Last 4 #s of SS#	Employed? Y/N
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First Name	Last Name	Last 4 #s of SS#	Employed? Y/N
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First Name	Last Name	Last 4 #s of SS#	Employed? Y/N
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First Name	Last Name	Last 4 #s of SS#	Employed? Y/N
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Declaration of Eligibility

To qualify for assistance, you must affirm that you:

- *Are a resident of Johnson County, Kansas;*
- *Have a lease agreement or mortgage for the residence in which you reside;*
- *Are experiencing a financial need resulting in unpaid rent, mortgage payment or utility account;*
- *Have been unable to obtain other forms of government assistance to meet the rent, mortgage or utility assistance need associated with this application;*
- *Have household income over the past 12 months—or expected in 2020—that will not exceed \$73,417, which is 80% of Area Median Income;*
- *Have a financial need that is related to the COVID-19 crisis*
AND/OR
- *Are unable to pay the full rent or mortgage payment and full utility payments due to substantial loss of household income, loss of compensable hours of work or wages, a lay-off, or extraordinary out-of-pocket medical expenses.*
AND/OR
- *Will become homeless if lost current housing, forcing you to seek temporary housing at a shelter or stay “doubled up” with another family, placing you at greater risk of contracting or spreading COVID-19;*
AND
- *Are making best efforts to make timely partial payments that are as close to the full payment as the individual’s circumstances may permit, taking into account other non-discretionary expenses.*

Enter your initials here to signify that you meet the eligibility requirements above. _____

Verification of Income Eligibility

Current monthly income from all sources: \$ _____
(Include wages, child support, disability income, social security payments, etc.)

If your household experienced a loss of income: before the income was reduced, what was the total monthly household income from all sources? \$ _____

What was the last month you had that income? _____

Indicated reasons your household is in need of assistance. If there are multiple adults in household, indicate all that apply.

- Unemployed / lost job
- Furloughed/laid off with possibility of returning to work
- Employed but reduction of work hours
- Unexpected medical expenses
- Unexpected other expenses

Please provide an explanation for the circumstances that led to your household getting behind in rent/mortgage or utility payments:

Assistance You are Seeking

I am seeking the follow help with housing:

- rent assistance
- mortgage assistance

If seeking rent or mortgage assistance, what is the amount of rent or mortgage payments that are owed?

\$ _____

What is the one-month amount of your rent or mortgage: \$ _____

If you have it, provide a name and telephone number for your landlord.

Name: _____

Telephone: _____

I am seeking utility assistance.

What is the amount of past-due utility charges that are owed?

Gas: \$ _____

Electric: \$ _____

Water: \$ _____

Other: \$ _____

Required Documentation

After submitting your application, you will be contacted by a case worker and will need to provide the following documentation:

Copy of Identification – driver’s license or other government-issued identification

Proof of residency – document that shows you live in the residence for which rent/mortgage or utility assistance is being requested.

Proof of need for housing assistance – letter from landlord stating amount that is owed or statement from your mortgage company showing the amount that is owed.

Proof of need for utility assistance – statement from utility company showing the amount that is owed.

Proof of income – one of the following:

1. Income Tax Return for 2019 for each working adult in the household that demonstrates that the household income did not exceed \$73,417.
2. Paycheck stub(s) that for each working adult in the household that demonstrate annual income does not exceed \$73,417. (Or bank statement showing the same.)
 - a. If needed paycheck exceeds the income limit, evidence of loss of income—such as unemployment payments—that has reduced annual income below \$73,417.
3. Documentation that your household participates in one of the following government-sponsored income-restricted programs:
 - Medicaid (not Medicare)
 - Children’s Health Insurance Program
 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
 - Supplemental Nutrition Assistance Program
 - Temporary Assistance for Needy Families
 - Housing Choice Voucher or other HUD-subsidized housing
 - Head Start
 - Free and Reduced Lunch Program
 - Social Security Disability Insurance or the Supplemental Security Income (SSDI/SSI) programs

By checking this box, I certify that the information provided in this application for assistance is accurate and truthful.

CONSENT FOR RELEASE OF INFORMATION

United Way of Greater Kansas City serves in a coordinating role for the distribution of rent and utility assistance to Johnson County residents. Households seeking assistance will be served by one of five partner organizations of United Way—Catholic Charities of Northeast Kansas, El Centro, Jewish Family Services, Johnson County Human Services and The Salvation Army. United Way will assign applications to one of these agencies.

By checking this box, I give permission to United Way of Greater Kansas City to provide a copy of my application to one of the five organizations listed above. I understand that the case worker in the organization will contact me to assist me with processing my application and—if approved—process payment on my behalf to my landlord or utility company.

FOR INTERNAL USE ONLY

Case referred to _____

Applications for assistance will be considered in the order in which they are received. Your application will be assigned to a case worker, who will contact you to schedule an interview.

Only one application per address will be considered. Please do not submit another application for your household as the second application will be ineligible and will cause a delay in scheduling of appointments.

While waiting to be contacted for an appointment, please gather your required documents together and—if you are able—scan or photograph the documents so that they may be emailed to the case worker.

SUBMIT YOUR APPLICATION