



Union CARES For Families Individual Assistance Grant Packet for Rent, Mortgage, and Utilities CHECKLIST

Documents to be returned to Union CARES Grant Applications Team:

- Intake Application (included in packet)
- Self-Certification of Income Form (included in packet or available for download, must be notarized)
- Duplication of Benefits Agreement (included in packet)
- Photo I.D. for the applicant (Driver's License, Passport, State I.D.)
- Social Security card for the applicant, or a document from a government entity or verifiable institution that includes full social security number
- Proof of past due rent, mortgage or utility payments for the months of March – Present. (All bills have to have been current in the month of Feb.)
- Proof of Union County residency
 - One of the following:*
 - Driver's License
 - Proof of Homestead Exemption
 - Vehicle registration
 - Recent water, electric, gas, telephone, or other utility bills in the name of the applicant indicating a current address within Union County
 - Bank statement
- Landlord Certification (included in packet or available for download, for rental applicants only)
- Landlord W9 (blank form included in packet or available for download, for rental applicants only)
- Documentation showing COVID-19 hardship
 - One or more of the following:*
 - Unemployment letter showing award or other information related to COVID-19
 - Employer notice of reduced hours, furlough, or layoff due to COVID-19
 - Any other document that shows a reduction of income related to COVID-19



UNION *County*
LAKE BUTLER • WORTHINGTON SPRINGS • RAIFORD • PALESTINE • PROVIDENCE

Union County Board of County Commissioners
15 Northeast 1st Street, Lake Butler, FL 32054 • Phone: 386-496-4241 • Fax: 386-496-4240

Union CARES for Families Individual Assistance for Rent, Mortgage, and Utilities Application

Welcome to the application for Union CARES for Families, individual assistance for rent, mortgage, and utilities. This program will provide economic support to Union County residents who have suffered employment or business interruptions due to the COVID- 19 pandemic. The program is designed to help with rent or mortgage payments, and utility bills such as electric, water, and gas. The program will not issue payments directly to applicants. Instead, payments will be sent directly to landlords and utility companies which must be willing to participate in this program. Landlords must be able to provide Union County with completed W-9s. Read the information below, and please apply if you meet the criteria.

Due to funding constraints, the County will accept applications on a first come, first served basis beginning September 10, 2020. It will cease once the funds are depleted or no later than 4:30 PM on Friday, October 30, 2020.

The Union CARES program will provide a one-time assistance up to \$1,000 per household.

The County will utilize Coronavirus Relief Funds provided by the CARES Act to support this program. The rules and regulations associated under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") will govern the use of the funds.

The grant is first come first serve. Applications will be accepted beginning on Thursday, September 10, 2020. It will cease once the funds are depleted or no later than Friday, October 30, 2020 at 4:30 PM.

You can call (386)-496-4241 for more information or for help applying. Call volumes will be higher than usual during the application window. Once your signed forms and residency documentation have been received, you will receive a message confirming the status of your application. Upon approval, all payments will go directly to the eligible utility, mortgage lender or landlord. You **WILL NOT** receive a direct payment.

Please note: Assistance requests will be processed as quickly as possible. Due to the widespread impact of the pandemic on our local community, we anticipate a high volume of requests. Please do not call to check on the status of your request as this will slow down our process of approving and distributing assistance.

Eligibility Requirements

- Reside full-time in Union County, Florida
- Pay rent, mortgage, or utilities only for their main residence in Union County, Florida
- One member of the household has lost their job or experienced a reduction in income due to COVID-19 (adult with COVID-19 impact must be the applicant)
- Be a U.S. Citizen or permanent legal resident (adult applying for the assistance must be a U.S. Citizen or permanent legal resident)
- Willing to sign an attestation confirming your situation.
- Cannot have received (CRF) Coronavirus Relief Funds through any other federal or state programs (including but not limited to FEMA, SHIP, SREC, CSBG, United Way or Red Cross)

Required Documents

- Photo I.D. for the applicant (Driver's License, Passport, State I.D.)
- Social Security card for the applicant, or a document from a government entity or verifiable institution that includes full social security number
- Proof of past due rent, mortgage or utility payments for the months of March – Present. (All bills have to have been current in the month of Feb.)
- For rent to be paid, a completed W9 from the landlord is required.
- Documentation showing a loss of income (**only one is required**), such as:
 - ❖ Employer notice of reduced hours, furlough, or layoff due to COVID-19.
 - ❖ Unemployment letter showing award or other information related to COVID-19.
 - ❖ Any other document that shows a reduction of income related to COVID-19.
- Proof of Union County Residency (**one of the following**)
 - ❖ Driver's License
 - ❖ Proof of Homestead Exemption
 - ❖ Vehicle registration
 - ❖ Recent water, electric, gas, telephone, or other utility bills in the name of the applicant indicating a current address within Union County.
 - ❖ Bank statement

You may submit your application by one of the following:

1. Drop off at the Union County Board of County Commissioner's Office located at 15 NE 1st Street, Lake Butler, FL 32054 between 9:00 AM to 4:00 PM
2. Email to: applications@ucbocc.gov
3. Mail to: Union County Board of County Commissioners
Attn. UNION CARES
15 NE 1st Street
Lake Butler, FL 32054
4. Upload through the Union County Website at: <https://unioncounty-fl.gov/>

Beginning Thursday, September 10, 2020 at 9:00 AM.

Applicant Information							
First Name:				Last Name:			
Last four digits of Social Security Number:							
Address Line 1:							
Address Line 2:							
City:			State:			Zip Code:	
Email:							
Phone:				Other Phone:			
Date of Birth:				Gender:	Male		Female
Marital Status:		Married	Divorced	Separated		Single	Widowed

Household Members (Excluding Applicant)		
(2) Other Household Member:		
Relationship to Applicant:		Age:
Date of Birth:		
(3) Other Household Member:		
Relationship to Applicant:		Age:
Date of Birth:		
(4) Other Household Member:		
Relationship to Applicant:		Age:
Date of Birth:		
(5) Other Household Member:		
Relationship to Applicant:		Age:
Date of Birth:		
(6) Other Household Member:		
Relationship to Applicant:		Age:
Date of Birth:		
Total Number of Household Members:		

Income Declaration Form	
(1) Household Member:	Income Source:
Monthly Income Amount: \$	
(2) Household Member:	Income Source:
Monthly Income Amount: \$	
(3) Household Member:	Income Source:
Monthly Income Amount: \$	
(4) Household Member:	Income Source:
Monthly Income Amount: \$	

(5) Household Member:	Income Source:
Monthly Income Amount: \$	
(6) Household Member:	Income Source:
Monthly Income Amount: \$	
Total Monthly Household Income*	

Hardship Affidavit
Date the Hardship Occurred:
Please provide a brief and clear description of the hardship.
What is the household's CURRENT gross monthly income?

Instructions:

1. Choose from the list of eligible expense types. You may choose more than one. The expenses must be for payments due beginning on March 1, 2020 and onward. Documentation to support the expenses listed below must be provided. Examples of documentation include past due rental notice, mortgage statement, water statement, electric statement, gas statement.
2. Enter the regular monthly payment for the eligible expense.
3. Indicate the months you are needing assistance for.
4. Provide a total amount due for the expense.

Example:

Expense Type	Payment Amount	Past Due Dates	Total Amount Due
Rental Payment	\$850.00	May 2020-June 2020	\$900.00

I (We) have experienced financial hardship caused by the COVID-19 pandemic, and my (our) household is unable to meet the financial obligations. I (We) need assistance with the following eligible program expenses

Expense Type	Payment Amount	Past Due Dates	Total Amount Due

Homeowner(s) must provide written documentation in support of the claim of financial hardship related to COVID-19. The types of documentation that are acceptable include, but are not limited to, a letter or notice from employer, establishing proof of reduction in work hours or proof of employer/business shut down due to COVID-19, medical documentation, etc. If you are self-employed, you will need to provide proof of self-employment including most recent federal income tax returns and a signed explanation of the hardship, as well as a year to date profit and loss statement.

Contact information for previous/current employer			
First Name:		Last Name:	
Address Line 1:			
Address Line 2:			
City:	State:	Zip:	Phone Number:
First Name:		Last Name:	
Address Line 1:			
Address Line 2:			
City:	State:	Zip:	Phone Number:

My (Our) ability to pay the household expenses listed above has been negatively affected by the COVID-19 virus for the following reasons (check all the apply).

- My hours were reduced due to COVID-19.
- My employer went out of business due to COVID-19.
- I was laid off or terminated due to COVID-19.
- Other: _____
- _____
- _____

Duplication of Benefits Information						
Have you received assistance from any other source for your COVID -19 related hardship?			Yes		No	
If yes, please provide the agency name and phone number, as well as the amount of assistance you received.						
Agency Name:		Phone:		Amount of Assistance:		
Agency Name:		Phone:		Amount of Assistance:		

Disclaimers, Releases, and Notices, Public Records

1. Applicant, by submission of this Application, releases the information herein to Union County, Florida, by and through the Union County Board of County Commissioners, its officers, employees, agents, consultants and contractors (collectively the "County"), who may use the information contained herein to determine eligibility for the grant applied for herein. Applicant understands, acknowledges and agrees that the information herein, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as otherwise provided by applicable law, all information in this Application and its attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and furthermore is subject to audit by federal, state, and local authorities.

2. Applicant agrees that if Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

3. Social Security numbers are collected, maintained and reported by the County in accordance with IRS 1099 reporting requirements and are exempt from public records pursuant to Florida Statutes §119.071.

4. Applicant agrees and understands that application for the grant DOES NOT GUARANTEE AWARD of funding. The total amount awarded, if any, will be based on the grant criteria met, availability of funds, order of receipt of applications, and other applicable law and regulations.

5. Applicant agrees and understands that the County WILL NOT BE RESPONSIBLE FOR TAX WITHHOLDING, PAYMENT OF ANY TAXES OR OTHER OBLIGATIONS DUE FROM ANY FUNDS DISBURSED. ALL AWARDS OF GRANT FUNDING WILL BE REPORTED TO THE IRS AS INCOME TO THE APPLICANT VIA 1099 FORM. It is the sole responsibility of the Applicant to determine or seek independent advice regarding the tax implications to the Applicant, for any funds disbursed.

6. WARNING: Florida Statutes Chapter 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or 775.83.

Applicant Certification:

By typing or signing my name below, I agree, and swear or affirm :

1. That all of the information provided in this Application is true and reflects my current financial information, and current status regarding COVID-19.

2. I understand that providing false representations herein constitutes an act of fraud. I understand that the information provided is subject to verification by the County. I understand that a material misstatement fraudulently or negligently made in this affidavit or any other statement made by me in connection with an application for assistance may constitute a federal violation punishable by a fine and/or denial of my application for assistance.

3. I authorize Union County to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.

4. I authorize Union County to use my Social Security Number to acquire such information as necessary as to determine my eligibility for this grant and for tax reporting purposes.

5. I understand and agree to all of the disclaimers, releases, and notices set forth above.

6. I will assist in the verification of information provided in this application and provide further information, if requested.

7. I certify that no portion of the grant funds, if awarded, will be used for lobbying or to try to influence legislation in any way.

Applicant Signature

Date

Co-Applicant Signature

Date

CRF DUPLICATION OF BENEFITS AGREEMENT

Applicant Name: _____

Street Address: _____

City, State, Zip: _____

Whereas, Applicant is receiving Coronavirus Relief Funds (CRF) through the Union CARES Individual Assistance Grant, distributed by Union County, Florida (the “County”) from their award of \$2.4 million through the CARES Act, in the amount of up to \$1,000 to provide funding to pay rent, pay mortgage payments, or pay utilities for the Property (defined as the address above);

Now, therefore, Applicant and the County has an option to recoup assistance used on the above described Property upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations

Applicant agrees that if he/she receives further federal benefits, charitable donations, or other financial assistance towards rent, mortgage payments, or utilities in connection with the COVID-19 response, the Applicant will report receiving benefits by emailing applications@ucbocc.gov or calling (386)-496-4241 within one (1) month of receipt of additional proceeds and/or benefits. If Applicant fails to report additional federal benefits or charitable donations, then the County may require immediate repayment in full of the entire amount of assistance provided by the County. Additional assistance sources may include, but are not limited to: FEMA (Federal Emergency Management Administration), CSBG (Community Services Block Grant), Red Cross, United Way, (SREC) Suwannee River Economic Council, (SHIP) State Housing Initiatives Partnership, any additional Federal or State program, etc.

Duplication of Benefits

Applicant agrees that if benefits received subsequent to the receipt of CRF funds are as defined by the Stafford Act, 42 USC §5155, and other applicable Federal and/or State law, received from other sources such as federal benefits or charitable donations that the following shall apply:

1. If the Award has been fully expended by the County, any Subsequent DOB Proceeds shall be repaid by Applicant to the County up to the amount of the Award.
2. If no portion of the Award has been expended by the County, any Subsequent DOB Proceeds shall be paid by Applicant to the County and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the Applicant to the City/County shall be returned to the Applicant, and this Agreement shall terminate.
3. If some portion of the Award has been expended by the County, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Applicant to the County to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by the County; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Applicant, and this Agreement shall terminate.
4. If the County makes the determination that the Applicant does not qualify to participate in the Program or the Applicant decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the Applicant to the County that have not been used or obligated by the Program shall be returned to the Applicant, and this Agreement shall terminate.

5. Once the County has recovered an amount equal to the Award, the County will reassign to Applicant any rights assigned to the County pursuant to this Agreement.

Income Eligibility

Applicant certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Applicant's eligibility to receive CRF funds.

Enforcement

The Applicant and the County acknowledge that the County has the right and responsibility to enforce this agreement.

Whereas, if the Applicant does not violate any of the terms listed in this agreement, then this agreement will be considered released upon the expenditure of the commitment of funds, or December 30, 2020, whichever occurs first.

IN WITNESS WHEREOF, the undersigned Applicant(s) has/have affixed their signature(s) and seal(s) this ___ day of _____, 2020.

Signed, Sealed, and Delivered in the presence of:

Witness to Applicant

Applicant

Witness to Co-Applicant

Co-Applicant

Witness to Household Member

House Hold Member Age 18 or Over

Witness to Household Member

House Hold Member Age 18 or Over

Witness to Household Member

House Hold Member Age 18 or Over

Witness to Household Member

House Hold Member Age 18 or Over