

# **COVID19 ESG Rapid Rehousing & Homelessness Prevention**

## **Emergency Rental Assistance Program**

### **Application 2020**

The City of Lawrence will be utilizing its CARES Act Emergency Solutions Grant (ESG) COVID 19 funding allocation to provide homelessness prevention and rapid re-housing emergency rental assistance to low income Lawrence residents who are housing insecure as a direct result of the COVID 19 pandemic. This program is in partnership with Greater Lawrence Community Action Council.

## **Rapid Re-Housing**

The program will provide financial assistance to homeless\* individuals/families who are extremely low-income (up to 30% Area Median Income\*), and who are homeless or at risk of homeless (As defined in the 576.2—EMERGENCY SOLUTIONS GRANTS PROGRAM) as a direct result of the COVID-19 pandemic. Financial assistance will include first and last month rent, security deposit, and up to 6 months of rental assistance, as needed, and based on funding availability.

Family Size	Extremely Low Income Limits (up to 30% AMI)
1	\$20,600
2	\$23,550
3	\$26,500
4	\$29,400
5	\$31,800
6	\$35,160
7	\$39,640
8	\$44,120

### **Eligibility:**

- Households with rental arrearages effective March 10, 2020
- No more than 6 months of the rental assistance can be applied to rental arrears
- A permanent resident of Lawrence.
- Households residing in city-assisted affordable housing projects and set aside units
- Priority is award to youth/young adults age 18-24 who reside in Lawrence

# Homelessness Prevention

The program will provide rental assistance to eligible individuals/families who are verified as low-income (up to 50% Area Median Income), according to HUD, who are experiencing loss of income and are at risk of losing their housing as a result of the COVID 19 pandemic.

Family Size	Low Income Limits (up to 50% AMI)
1	\$34,300
2	\$39,200
3	\$44,100
4	\$49,000
5	\$52,950
6	\$56,850
7	\$60,800
8	\$64,700

**Applications are taken on a first come first serve basis**

**For full details of the program go to [www.glcac.org](http://www.glcac.org) and then housing**

2020

Date application was received:

Staff initials: \_\_\_\_\_

*Identify one of the programs*



Rapid –rehousing or



Homelessness prevention

**Applicant Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Monthly Rent amount:** \_\_\_\_\_ **How many bedrooms:** \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship	Birthdate	Age	Sex
	Head of Household			

Race of Head of Household (Check One) - Optional

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

White

Black

Asian/Pacific Islander

Native American/Alaskan Native

Other: \_\_\_\_\_

Also, do you consider yourself Hispanic?  Y  N

**INCOME INFORMATION:**

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

Member's Full Name	Source of Income (Wages, Child Support, Public Asst.)	Amount Received	Payment Basis (weekly, monthly, etc.)	Total per year

**ASSET INFORMATION:**

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Type and Source of Asset (e.g. Bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

**APPLICATION CERTIFICATION:** I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the [Program Administrator] to verify all information provided on this application.

Head of Household Signature	Date	Spouse/Partner Signature	Date
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*Further documentation will be required if accepted into the program*