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| **NC Realtors Housing Foundation-NC Housing Coalition****Application for COVID-19 Relief Assistance** |
| ***Type of Assistance***Assistance is available to qualified applicants towards one of the following options: 1) Monthly mortgage or rental expense for the primary residence. Relief assistance is limited to a maximum of $1,000 per applicant per household. Deadline for application submission is December 31, 2020. Please note this assistance is for housing relief only; other expenses including vehicle purchase, repair and or mileage are ineligible for reimbursement under this program.***Eligibility***Recipient must be a full-time resident and U.S. citizen or legally admitted for residence in the United States. Applications will be reviewed without knowledge of the identity of the applicant.***Confidentiality***All information provided on this form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. This includes providing a copy of this application to the applicant's lender, if requested. It will not be shared with other parties for any other purpose.***Disbursement of Funds***In order to provide for a reasonable and equitable distribution of funds, assistance will be provided on a first come, first serve basis. All grants are contingent upon the availability of funds. Grants will be payable to the mortgage lender or landlord. |
| **Attachment Checklist** |
| ***Required for All Applicants***1. Proof of Residency [i.e. driver's license or other governmental documentation evidencing residency]
2. Copy of Mortgage Statement or Mortgage Payment Coupon or Rent Statement or Lease Agreement
3. Proof of Financial Hardship (ex. Letter of Termination or Furlough, Proof of unemployment)
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**GENERAL INFORMATION**

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| ***Please complete all information to be considered for assistance*** |
| **Full Name:** |  |
| **Email Address:** |  |
| **Street Address:** |  |  |
| **Unit #:** |  |  |
| **City:** |  |  | **State:** |  | **Zip code:** |  |
| **Mobile Phone:** |  | **Other Phone:** |  |
| **Type of Dwelling:** |  **Single Family**  |  **Condo/Townhouse** |
|  **Rental (house or apartment)** |  |

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| **Please detail any financial assistance you have received from other sources:** |
| **Provider** | **Description of Assistance** | **Amt Received** |
|  |  | $ |
|  |  | $ |
|  |  | $ |

 **Rental Assistance**

$

$

**Amount of monthly housing obligation:**

**Please indicate type of**

**assistance sought:**

 **Mortgage payment (primary residence)**



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| **Name of lender/mortgage servicer or Landlord:** |  |
| **Mailing address:** |  |
| **Telephone:** |  |
| **Mortgage Loan Account #, if applicable:** |  |

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| **DECLARATION**By signing this application, I verify that all the information presented herein is true and correct to the best of my knowledge. I agree that the lender listed above may be contacted to verify information contained in this application. I also provided all supplemental documents as required. |
| **Print Name of Applicant:** |  |
| **Signature of Applicant:** |  |
| **Date:** |  |
| **Mail, email, or fax application with attachments to the attention of:**NC Housing CoalitionAttn: COVID-19 Relief104 City Hall Plaza #201Durham, NC 27701Email: sdarden@nchousing.org919.800.0878 [www.nchousing.org](http://www.nchousing.org/) |
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| ***For NCHC Use Only:*** |
| **We have reviewed the attached NCRHF COVID-19 Relief funding application and recommend to NCHC Accounting staff that it be considered for funding.** |
| ***Recommended Amt:*** | $ |  ***Mortgage*** |  ***Rent*** |
| ***Signature of Designated Staffer (DS):*** |  |
| ***Special Notes:*** |  |
| ***For NCHC Accounting Office Use Only:*** |
| ***Date Received from DS:*** |  |
| ***Reviewed by:*** |  |
| ***Amount Approved/Processed for Grant Funding:*** | $ |
| ***Special Notes:*** |  |

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