



**COMMUNITY DEVELOPMENT BLOCK GRANT  
CDBG-CV EMERGENCY RENTAL OR MORTGAGE ASSISTANCE**

The Community Development Block Grant-Coronavirus (CDBG-CV) Emergency Rental or Mortgage Assistance (CDBG-CV EROMA) has been developed to prevent, prepare for, and respond to the coronavirus (COVID-19). This program will provide up to six (6) months of emergency rental assistance for qualifying families living inside the city limits and will only be granted one time per household. Applicant must demonstrate a financial hardship, such as a 50% reduction in hours or loss of employment that could result in eviction from their current residence. A hardship can be demonstrated by providing paystubs, unemployment checks or a letter from employer verifying a loss of income or reduction in hours. Assistance will be provided on a first come, first served basis. The program is available for households that rent, lease, or own their current place of residence.

**DUPLICATION OF BENEFITS**

Have you received assistance or received a commitment for assistance related to COVID-19, from any other source?  Yes  No

If yes, please disclose the agency: \_\_\_\_\_

**If yes, be aware that you are not eligible to receive duplicate funding under this program.**

APPLICANT'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

Does the applicant reside inside the City limits of Vineland? \_\_\_\_\_

**HOUSEHOLD/FAMILY INFORMATION**

Please complete the following for ALL household members residing in the residence:

FULL NAME	DATE OF BIRTH	RELATIONSHIP	GENDER

**HEAD OF HOUSEHOLD MEMBERS:**

- Caucasian       African American       Hispanic  
 Native American       Asian       Other

**EMPLOYMENT INFORMATION**

**APPLICANT'S EMPLOYER (CURRENT):**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

**CO-APPLICANT'S EMPLOYER (CURRENT):**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

*Please indicate which of the following statements apply to the Applicant and/or Co-Applicant:*

I have experienced a reduction in salary as a result of the coronavirus (COVID-19)

Explain: \_\_\_\_\_

I have had my hours reduced as a result of the coronavirus (COVID-19)

Explain: \_\_\_\_\_

I have been furloughed as a result of the coronavirus (COVID-19)

Explain: \_\_\_\_\_

I have been laid off as a result of the coronavirus (COVID-19)

Explain: \_\_\_\_\_

I have been terminated as a result of the coronavirus (COVID-19)

Explain: \_\_\_\_\_

Other Explain:

\_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD INCOME**

*Please list monthly income below for the applicant, co-applicant and each household member (HH MBR) 18+*

<b>INCOME SOURCES</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>	<b>HH MBR# 3</b>	<b>HH MBR# 4</b>
UNEMPLOYMENT COMPENSATION (INCLUDE REGULAR UNEMPLOYMENT, PANDEMIC UNEMPLOYMENT ASSISTANCE AND PANDEMIC EMERGENCY UNEMPLOYMENT COMPENSATION) (EXCLUDE FEDERAL PANDEMIC UNEMPLOYMENT COMPENSATION)	\$	\$	\$	\$
WAGES, SALARY, OVERTIME, HAZARD PAY, COMMISSIONS, FEES, TIPS, BONUSES (BEFORE PAYROLL DEDUCTIONS)	\$	\$	\$	\$
NET INCOME FROM BUSINESS AND SELF-EMPLOYMENT (INCLUDE INCOME FROM INDEPENDENT CONTRACTORS, GIG ECONOMY JOBS SUCH AS ETSY, AMAZON, EBAY, UBER, LYFT, INSTACART, GRUBHUB, ETC.)	\$	\$	\$	\$
INTEREST, DIVIDENDS, AND OTHER NET INCOME OF ANY KIND FROM REAL OR PERSONAL PROPERTY (INCLUDE RENTAL INCOME)	\$	\$	\$	\$
SOCIAL SECURITY (INCLUDE DISABILITY/SUPPLEMENTAL; INCLUDE GROSS AMOUNT PRIOR TO ANY MEDICARE PREMIUMS)	\$	\$	\$	\$
RETIREMENT/PENSION/INSURANCE POLICY/ANNUITIES	\$	\$	\$	\$
DISABILITY OR DEATH BENEFITS (DISABILITY COMPENSATION)	\$	\$	\$	\$
WORKER'S COMPENSATION AND SEVERANCE PAY	\$	\$	\$	\$
WELFARE ASSISTANCE PAYMENTS (TEMPORARY ASSISTANCE TO NEEDY FAMILIES)	\$	\$	\$	\$
REGULAR PAY, SPECIAL PAY, AND HOUSING ALLOWANCE FOR THE ARMED FORCES (EXCLUDE MILITARY HAZARD PAY)	\$	\$	\$	\$
VETERANS ADMINISTRATION (VA) BENEFITS (EXCLUDE DEFERRED DISABILITY BENEFITS)	\$	\$	\$	\$
ADOPTION ASSISTANCE PAYMENTS (EXCLUDE AMOUNT IN EXCESS OF \$480)	\$	\$	\$	\$
ALIMONY OR CHILD SUPPORT (INCLUDE ONLY AMOUNTS EXPECTED)	\$	\$	\$	\$
RE-OCCURRING CASH GIFTS FROM PRIVATE/NONPROFIT/CHARITY OR FRIENDS/FAMILY WHO WILL NOT RESIDE IN THE UNIT	\$	\$	\$	\$
OTHER (PLEASE DESCRIBE):	\$	\$	\$	\$
<b>TOTAL FOR EACH HOUSE HOLD MEMBER</b>	\$	\$	\$	\$
<b>TOTAL INCOME FOR HOUSEHOLD</b>	\$			

**ASSETS**

**APPLICANT:**

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
CHECKING				
SAVINGS				
CASH/BANK CARD				
401(K) RETIREMENT				
STOCKS/BONDS/MUTUAL FUNDS				
MONEY MARKET				
OTHER ACCOUNTS				
OTHER OWNED PROPERTY				
LIFE INSURANCE				
VEHICLES (OTHER THAN MAIN)				
<b>TOTALS</b>	\$	\$	N/A	N/A

**CO-APPLICANT:**

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
CHECKING				
SAVINGS				
CASH/BANK CARD				
401(K) RETIREMENT				
STOCKS/BONDS/MUTUAL FUNDS				
MONEY MARKET				
OTHER ACCOUNTS				
OTHER OWNED PROPERTY				
LIFE INSURANCE				
VEHICLES (OTHER THAN MAIN)				
<b>TOTALS</b>	\$	\$	N/A	N/A

**ADULT MEMBER OF HOUSEHOLD:**

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
CHECKING				
SAVINGS				
CASH/BANK CARD				
401(K) RETIREMENT				
STOCKS/BONDS MUTUAL FUNDS				
MONEY MARKET				
OTHER ACCOUNTS				
OTHER OWNED PROPERTY				
LIFE INSURANCE				
VEHICLES (OTHER THAN MAIN)				
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	N/A	N/A

Are you or the co-applicant on a waiting list for assistance from another agency?  Yes  No

**If you have answered yes, please list the agency and describe the requested assistance:**

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**FAIR MARKET RENT**

The current Fair Market Rent (FMR) published by HUD determines the maximum subsidy for a family as follows, however is subject to change:

**FY 2020 Vineland-Bridgeton, NJ FMRs for All Bedroom Sizes**

<https://www.huduser.gov/portal/datasets/fmr.html>

FY 2020 FMRs BY UNIT BEDROOMS					
YEAR	EFFICIENCY	ONE-BEDROOM	TWO-BEDROOM	THREE-BEDROOM	FOUR-BEDROOM
FY 2020 FMR	\$853	\$960	\$1,259	\$1,670	\$1,985

HOME funded emergency rental or mortgage assistance is limited to income eligible families whose annual income does not exceed 80 percent of the area median income, [as determined by HUD](#). Assistance is limited to (a) applicants who have lost employment or income either permanently or temporarily due to the COVID-19 pandemic and to (b) homeless individuals or families.

TOTAL COMBINED HOUSEHOLD INCOME HUD INCOME GUIDELINES ACCORDING TO FAMILY SIZE AS OF JULY 1, 2020	
1 PERSON	\$41,100
2 PERSON	\$47,000
3 PERSON	\$52,850
4 PERSON	\$58,700
5 PERSON	\$63,400
6 PERSON	\$68,100
7 PERSON	\$72,800
8 PERSON	\$77,500

**LEASE/MORTGAGE ARREARS INFORMATION**

PROPERTY INFORMATION	
ADDRESS	
CITY/STATE/ZIP	
HOW LONG HAVE YOU LIVED AT THE ADDRESS	
MONTHLY RENT/MORTGAGE AMOUNT	\$
NUMBER OF BEDROOMS	
ARREARS INFORMATION	
AMOUNT OF RENT OR MORTGAGE YOU ARE PAST DUE:	\$ MONTH OF
	\$ MONTH OF
	\$ MONTH OF
	\$ MONTH OF
TOTAL AMOUNT PAST DUE	\$
HOW MUCH ARE YOU ABLE TO PUT TOWARD THE PAST DUE AMOUNT? (MINIMUM OF 30% INCOME CONTRIBUTION)	\$

Have you received rental assistance from another organization after March 9, 2020?  Yes  No

If yes, what organization? \_\_\_\_\_

If yes, what amount was received and for what months? \_\_\_\_\_

LANDLORD OR MORTGAGEE INFORMATION	
NAME OR BANK	
PHONE NUMBER	
EMAIL ADDRESS	
MAILING ADDRESS	
CITY/STATE/ZIP	

**APPLICATION CERTIFICATION**

By signing this application, I certify under oath that the information given in and attached to this application is true, complete, and accurate. I am aware and understand that if any information contained in or attached to this application is willfully false, my application will be closed and I may be subject to criminal prosecution under N.J.S.A. Section 2C:28-2. I agree to cooperate with any reasonable requests to provide additional information and understand that if it is not provided within five (5) business days of the request, my application will be closed and the documents I submitted will be shredded. I also authorize Community Development to: (1) communicate with other agencies that provide Assistance to my household for the purpose of income verification and to release information that is relevant to the CDBG- CV Emergency Rental or Mortgage Assistance (EROMA) Program, (2) verify any information contained in or attached to this application, and (3) share limited identifiers from my application with other entities that provide rental relief to ensure that there is no Duplication of Benefits.

**DUPLICATION OF BENEFITS**

City of Vineland must ensure that households that receive assistance from the CDBG-CV EROMA Program do not receive a duplicative benefit from another program. Assistance received from this program cannot overlap with assistance from any other source, and the total amount of all assistance to the household must not exceed the total amount in arrears. Payments through the CDBG-CV program will only cover amounts not paid by or offered to be paid by other sources. The Community Development Office will work with other relevant agencies to ensure that there is no Duplication of Benefits and will conduct a corresponding review of each application. By signing this application, I certify that I have not received a duplicative payment from another source that is in excess of the amount needed to make my rent current. I also acknowledge that the information provided in this application is subject to verification by HUD at any time, and that Title 18, Section 1001 of the US Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent state meant to the U.S. Government.

<b>APPLICANT</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>CO-APPLICANT</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>OTHER ADULT HOUSEHOLD MEMBERS 18+</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

<b>FOR OFFICE USE ONLY:</b>	
Is the Landlord willing to accept rent payment assistance for this household? If No, please provide explanation:	
How many months of assistance will be provided?	
Eligibility Reviewed and Verified by:	