



Horizon Housing Development Company

3001 Arsenal Street St. Louis MO 63118

(314) 865-0383 • www.hhdc-stl.org

COVID-19 Rental Assistance Application Package

To begin the application process for rental assistance related to COVID-19 the following application package must be completed and submitted along with the applicable supporting documents. Applications are processed on a first-ready, first-served basis. For detailed information about the program and eligibility criteria, please refer to the program website at www.hhdc-stl.org.

Horizon Housing Development Company will require documentation of all funds received related to COVID-19.

Eligibility Requirements for Horizon Housing's CARES Act Prevention Program:

1. Households with disabilities that have been impacted in some way by COVID-19.
2. Normal yearly income pre-COVID-19 cannot exceed 150% of the St. Louis City Area Median Income (AMI).
3. Written documentation must be provided stating the full amount of rent or mortgage due, including fees and be willing to comply with program requirements if rent is paid through the STL City CARES Prevention Program.

When submitting the application package please include copies of the following as applicable:

- Picture id for head of household and co-head of household (applicants).
- Documentation of earned income for the last month for any household member or a self-certification of no-income (examples: pay stubs, profit and loss statement if self-employed)
- Benefit award letters for unearned income for any household member (examples: current year social security letter, pension letter, unemployment, cash assistance, etc...)
- Current rental agreement or lease agreement
- Court Documents or eviction letter
- Self-certification of loss of income due to COVID-19; included in the application, which includes:
 - Any State funds received related to COVID-19
 - Any Federal funds received related to COVID-19
 - Any other funds received related to COVID-19
 - Medical documentation supporting COVID-19 related medical issues

It will take approximately 30 days to process your complete application package. A Horizon Housing staff member will contact you by mail or email should additional information or documentation be needed. Incomplete applications will delay the review process and failure to provide required information and/or documents may result in denial.



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CDA Income Limits

Income Limits for the CDBG, HOME and NSP programs for 2019

2020

CDBG & NSP Income Limits

Effective: CDBG 4/1/2020 & NSP 7/1/2020

Income %	1	2	3	4	5	6	7	8
30%	\$17,400	\$19,900	\$22,400	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
50%	\$29,050	\$33,200	\$37,350	\$41,450	\$44,800	\$48,100	\$51,400	\$54,750
60%	\$34,860	\$39,840	\$44,820	\$49,740	\$53,760	\$57,720	\$61,680	\$65,700
80%	\$46,450	\$53,050	\$59,700	\$66,300	\$71,650	\$76,950	\$82,250	\$87,550
120%	\$69,650	\$79,600	\$89,550	\$99,500	\$107,450	\$115,400	\$123,350	\$131,300

HOME Income Limits

Income %	1	2	3	4	5	6	7	8
30%	\$17,400	\$19,900	\$22,400	\$24,850	\$26,850	\$28,850	\$30,850	\$32,850
50%	\$29,050	\$33,200	\$37,350	\$41,450	\$44,800	\$48,100	\$51,400	\$54,750
60%	\$34,860	\$39,840	\$44,820	\$49,740	\$53,760	\$57,720	\$61,680	\$65,700
80%	\$46,450	\$53,050	\$59,700	\$66,300	\$71,650	\$76,950	\$82,250	\$87,550

Effective: July 1, 2020

*The St. Louis Area (MO-IL) Median Family Income for FY 2020 is \$82,900. Area Median Income (AMI) limits vary depending upon household size.

The **gross annual income (including income earned from assets) must be below the published limits above in order to qualify for funding through Community Development Administration.

Homebuyer eligibility is determined by the federal funding source used to assist the development and the HUD National Objective for the expenditure of those federal dollars (such as benefiting low- and moderate-income households). For example, a for-sale rehabilitation project assisted with HOME funds must be sold to an owner-occupant owner whose total household income does not exceed 80% AMI. But a for-sale rehabilitation project assisted with NSP funds may be sold to an owner-occupant owner whose total household income is less than or equal to 120% AMI.



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Applicant Information:	
Head of Household:	
Co-Head of Household:	
Current Physical Address:	
Current Mailing Address:	
Contact Numbers:	
E-Mail Address:	

The following information is collected to ensure compliance with Federal Fair Housing & Equal Opportunity regulations:

Race: American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander
 White Black or African American Multi-Racial Other:

Ethnicity: Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
 Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Household Composition:			
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Please list all persons, including yourself, who will live in the household over the next 12 months:

Legal Name	Birthdate	Social Security Number	Gender

Attach additional pages as necessary



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Household Monthly Income:

Please indicate the type of income any household member is expected to receive monthly for the next 12 months, including the source and amount of the income. This can include, but is not limited to, employment, retirement, social security, child support, alimony and income from others.

Name	Income Source	Amount
Example: Joe Smith	Social Security	\$ 781.00

Attach additional pages as necessary

Current Rent:

Current Monthly rent amount: _____

If any portion of this rent is paid by anyone outside of your household, please provide complete the following:

Name of provider	Phone/E-mail of provider	Monthly amount being provided



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Eligibility Release / Release of Information

Your signature on this form, and the signature of the co-head if applicable, authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and participation in the COVID-19 rental Assistance Program. Each applicant must sign this form.

Privacy Act Notice Statement: City of St. Louis requires the collection of the information listed in this form to determine an applicant's eligibility for the Program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. City of St. Louis is authorized to ask for this information under the National Affordable Housing Act of 1990.

Inquiries to the following sources may be needed to process this application:

Past and Present Employers

Unemployment Agencies

Retirement Systems

Agencies Providing Welfare or Assistance

Social Security Administration

Veterans Administration

Information may be released to the following sources related the assistance received as a result of this application. The purpose of sharing this information is only to coordinate services and prevent a duplication of benefits:

Agencies Providing Welfare or Assistance St. Louis Municipalities providing assistance

All St. Louis Non-Profit Entities providing prevention funds

St. Louis City Department of Human Services St. Louis United Way 211

Applicant's Authorization: I authorize Horizon Housing Development Company, to obtain information about me and my household that is pertinent to determining my eligibility for participation in the program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the County of Volusia and to request correction of any information I believe to be inaccurate; AND
- (4) The Head of Household and the Co-Head, if applicable, will sign this form and cooperate with Horizon Housing Development Company in the eligibility verification process.

Print Name

Signature

Date



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COVID-19 Rental Assistance Application Package COVID-19 Rental/Mortgage Assistance Self Certification

I, _____, certify all information provided in this application, including the following statements to be true by my initial next to each statement and by providing my signature on the form.

Initial the following that you are certifying to as part of your application for assistance:

_____ I have a loss of income as a direct result of the COVID-19 pandemic, equal to or exceeding the grant amount.

Briefly describe your loss of income below:

_____ I have not been reimbursed, nor will I apply for future reimbursement for the amount of income loss, for the months of rental/mortgage grant funds have/will be provided, by any program of insurance or other government program.

Note the following that you have received, initialing each line to show it has been reviewed:

_____ State funds received related to COVID-19, explain:

_____ Federal funds received related to COVID-19, explain:

_____ Other funds received related to COVID-19, explain:

_____ Any rental/mortgage assistance, amounts and months:

Print Name	Signature	Date
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This form is only for applicants with no household income in the last 30 days.

Applicants who have had household income in the last 30 days do not need to complete.

DO NOT submit this form to report unemployment benefits.

Provide documentation of unemployment benefits received as your income documents.

SELF-DECLARATION OF INCOME

Client/Applicant Name: _____

Head of Household Name (if different): _____

Relationship to Head of Household: _____

This form is to be completed and signed by **each** household member 18 years of age and older claiming **UNDOCUMENTED** or **ZERO** income for any period in the last 30 days.

Please select all that apply to you in the previous 30 days from the application date:

Self-Employment Wages (paid to you in cash) Amount: \$ _____

Relative or friend assistance (paid to you in cash for more than 1 month) Amount: \$ ____

OR

I have received no form of any income within the previous 30 days.

Someone in my household receives TANF (aka food stamps): Yes ____ No ____

I have been able to maintain basic necessities such as food, water, and shelter by:

I attest that the information stated above is true and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination, denial of services, and/or penalties including disqualification from future Horizon Housing Development Company Assistance benefits.

Signature/Date



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Document Checklist

- Completed Application through Horizon Housing Development Company
- Active lease agreement – this may include an agreement to rent month to month – however, it must clearly be stated on the lease.
- Landlord Affidavit (includes a W-9 IRS form)
- photo ID
- Proof of Income for all adults (age 18 and older). If there was a loss of income due to COVID-19 proof of income needs to be of income received pre-COVID-19. Acceptable forms of income are: one month's worth of paycheck stubs, SSI/SSDI 2020 Award Letter, pension letter, etc.
- Documentation of disability according to the American Disability Act

Documents may include:

- Pay stubs
- Bank Statements from previous 90 days – *if self employed*
- Unemployment statement – showing you are not approved for the Federal Pandemic Unemployment Compensation (\$600 additional weekly benefit).
- TANF statement
- Tax return
- Social Security check stubs or proof of deposit
- Pension statement
- Veterans benefit statement
- Proof of alimony
- Proof of child support
- Workman's compensation check stubs
- Military pay stubs
- Documentation Requirements for CARES Act Prevention Program:
- Copy of client's Lease, which is proof of address. All clients entered into the STL City CARES Prevention Program, must be residents of St. Louis City.
- Written document from landlord or mortgage lender, stating full rental arrears owed, with late fees listed separately.
- Client must submit a "COVID-19 Impact Statement." This is a written statement on the recent impact COVID-19 had on the household which affected their ability to pay rent or mortgage. For example: lost wages due to lay off/furlough, unemployment money not being received timely, decrease in work hours, health condition which worsened, quarantine causing lack of work or income, etc.
- Signed document from landlord which states that landlord is willing to stay an eviction if rental arrears are paid as negotiated (when applicable).

If the applicant is unable to provide the documents as outlined above, a 90-day bank statement showing proof of deposits will be acceptable. However, there needs to show a decrease in income, and it is based on GROSS income.



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Intake Assessment

Contact made ____ Yes ____ No

Type of contact _____ Date _____

Still living at address? ____ yes ____ no ____ unknown

If no contact: ____ house/apt appears to be vacant ____ occupied by others ____ unknown
____ left letter ____ mailed letter

Head of household _____ DOB _____

Address _____

Phone _____

Emergency contact _____

Email _____

Number of children in household ____ Number of adults ____

Income (include amounts): employment ____ (approximately monthly income)

Unemployment ____ Do you expect to return to work (when)? _____

SSI ____ SSD ____ SS ____ child support ____ no income ____
other _____

Plan for housing? ____ already moved ____ have located housing

____ live with relatives/friends ____ don't know yet

If no income and nowhere else to go, are you willing to go into a shelter? _____

Help needed? Locating housing ____ Number of bedrooms preferred _____

Disabilities? _____

Monthly rent that you can afford _____

Pets? _____

Security deposit assistance needed (amount) _____

Getting utilities turned on (gas and/or electric, amount, in whose name?)

Other _____



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Eviction case number _____

Did you know before today that an eviction lawsuit was filed against you? _____

Did you go to court? (yes/no) _____ (when?) _____

Have you paid any money to your landlord since the court date? What months? _____

Last month paid rent in full? _____

Monthly rent amount _____

Total amount owed to the Landlord (broken out if possible, by rent arrears and fees) _____

Behavior related (nuisance property, other) _____

Previous evictions (ask and look in CASENET)? _____
_____ (include dates of previous evictions)

Is/was your rent subsidized by the federal government? (e.g. Section 8, public housing, project-based housing) _____

Have you filed for bankruptcy in the past 7 years? _____

Do you have any current criminal justice involvement? If yes, explain

_____ (this qualifies for a certain program)

Current landlord's name and number _____

Landlord's email address _____

When did you last talk to the landlord? _____

Do you have a decent relationship with the landlord (describe)? _____

Do I have your permission to forward your information to a service provider? _____

Referred to the following providers – include agency and dates/ other follow up notes:

Name of person completing intake _____

Date _____