

Documenting Economic Impact During COVID-19 Pandemic Period - March 16, 2020 to present

Select all that apply:

- Workplace closure or reduced hours due to COVID-19, including lay-off, termination, loss of working hours, income reduction resulting from business closure, or other employer economic impacts of COVID-19.
 - Extraordinary out-of-pocket daycare expense paid to a daycare provider due to school closures.
 - Voluntary employment absence for the purpose of providing childcare or adult care as a result of school closure, childcare/adult daycare closure, or childcare/adult daycare capacity reductions.
 - Compliance with a physician recommendation to stay home, self-quarantine, or avoid congregating with others during the state of emergency as a result of one of the following:
 - Any household consisting of one or more members who are age 65 or older.
 - Any household consisting of one or more members who are immunocompromised or have a serious health condition.
 - Anyone with a household member who tested positive for COVID-19 test, or displayed symptoms consistent with COVID-19 and was under the care of a physician.
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Resources to Prevent Imminent Homelessness

Check one(required):

- I attest that my household **has** sufficient financial and social supports immediately available to prevent the household from moving to an emergency shelter or becoming “homeless.”
- I attest that my household **lacks** sufficient financial and social supports immediately available to prevent the household from moving to an emergency shelter or becoming “homeless.”

Briefly describe the circumstances for any checked above:

Prioritization

Complete this section to be considered for prioritization for rental assistance. Those persons who meet one of the two following conditions will be prioritized for funding provided all other eligibility requirements are met. Third party verification is required.

Check all that apply (optional):

- In the last three years, a current household member(s) was enrolled in Henrico Public Schools' McKinney-Vento Homeless Assistance program.

- In the last five years, a current household member(s) stayed in a homeless shelter or received Rapid Rehousing services within the Richmond region (Hanover, Ashland, New Kent, Goochland, Henrico, Richmond, Charles City, Powhatan, or Chesterfield).

Applicant certification

Required (Initial each)

_____ I certify that My rights and responsibilities have been explained and I have received a written copy.

_____ I certify that the application and all documents submitted with this application are complete and accurate, and that an application submitted without the required documents will be considered incomplete and subject to denial.

_____ I realize that if I give incorrect information, I could be prosecuted under the law.

_____ I also understand that all reported income and COVID-19 related economic impacts are subject verification by the Henrico COVID-19 ERA program.

_____ I hereby give the agency permission to contact my landlord, property management agent or company to pay down rentals in arrears.

_____ I also understand that this program is subject to funding availability.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
CO-HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

**PROCEED TO REQUIRED VERIFICATIONS
& APPLICATION CHECKLIST**

CHECKLIST OF REQUIRED VERIFICATIONS

Read these instructions carefully. Applications submitted without the required verifications will be considered incomplete and subject to denial.

PROOF OF APPLICANT'S IDENTITY <i>Must provide a copy of at least one of the following FOR THE APPLICANT.</i> <i>Proof of identity is not required for additional household members</i>	
Applicant's Identity	<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter Registration <input type="checkbox"/> Work ID, school ID, library card <input type="checkbox"/> Medical cards <input type="checkbox"/> Bill in applicant's name with their address

PROOF OF RESIDENCY <i>Both are required</i>	
Proof of Right to Occupy	<input type="checkbox"/> Current residential/lease agreement between the applicant the landlord, property management agent or company
Proof of Rental Arrears	<input type="checkbox"/> Complete rental ledger showing billing and payment history

PROOF OF HOUSEHOLD INCOME <i>Required for every adult household member.</i> <i>Verifications for ALL sources of income required</i>	
Salary	<input type="checkbox"/> Copies of paychecks starting one month prior to work disruption through the entirety of financial impact from COVID-19; or <input type="checkbox"/> Current Federal or State income tax returns or W-2 forms (not older than one year); or <input type="checkbox"/> Employment verification form
Self-Employed Profits	<input type="checkbox"/> Copy of IRS Form 1040/1040A (tax return) for the last year; or <input type="checkbox"/> Notarized affidavit stating prior year's estimated annual income.
Social Security (SS),	<i>The following must not be older than six (6) months unless noted:</i> <input type="checkbox"/> Copy of monthly award check; or <input type="checkbox"/> Copy of benefit verification letter (<i>applicant can request from local Social Security office</i>); or <input type="checkbox"/> Form SSA-2458 (<i>applicant can request from local Social Security office</i>); or <input type="checkbox"/> Form SSA-1099 (<i>yearly income benefit statement that may not be older than one (1) year</i>); or <input type="checkbox"/> Written certification from awarding agency verifying monthly benefits; or <input type="checkbox"/> Copy of bank statement showing direct deposit of applicant's award check.
Supplemental Security Income (SSI)	
Social Security Disability (SSD)	

PROOF OF HOUSEHOLD INCOME (CONTINUED)	
Temporary Assistance for Needy Families (TANF) <i>ONLY if received from a state other than Virginia</i>	<input type="checkbox"/> Benefit print out stating the amount of benefit; or <input type="checkbox"/> Copy of most recent monthly award check
Pension	<input type="checkbox"/> Copy of most recent pension check/payment stubs; or <input type="checkbox"/> Copy of pension award letter showing monthly benefits; or <input type="checkbox"/> Bank statement showing direct deposit of award check.
Alimony	<input type="checkbox"/> Copy of weekly or monthly check; or <input type="checkbox"/> Court decree establishing payments, (divorce papers); or <input type="checkbox"/> Notarized affidavit of child support or alimony certifying amount received.
Child Support <i>Not required if received through Virginia Child Support Enforcement</i>	
Unemployment Insurance	<input type="checkbox"/> Copy of award notice stating household member's benefit; or <input type="checkbox"/> Payment booklet; or <input type="checkbox"/> Unemployment notarized affidavit signed by the household member.
Interest from Bank Accounts and Cash Funds	<input type="checkbox"/> Bank statements showing last twelve (12) months of interest; or <input type="checkbox"/> Most recent Federal income tax return showing interest earned; or <input type="checkbox"/> Investment statements indicating the amount of dividends earned.
Rental Property Income	<input type="checkbox"/> Copy of property rental agreement signed by current tenant showing monthly rent; or <input type="checkbox"/> Copy of recent rent check; or <input type="checkbox"/> Copy of income tax return declaring earned rental income (not older than one year); or <input type="checkbox"/> Rent receipt book.
Other Income not shown above- List Sources	<input type="checkbox"/> Attach documentation to support declaration.

PROOF OF RESOURCES	
<i>Required for every adult household member</i>	
Cash, securities, property, and other items with financial value	<input type="checkbox"/> Copy of bank statements (checking, cash, and credit) for each adult household member starting from <u>2/1/2020</u> to present. <input type="checkbox"/> Trust documents <input type="checkbox"/> Capital Investments (stocks, treasury, bonds, certificate of deposits, etc.) <input type="checkbox"/> Retirement and Keogh accounts <input type="checkbox"/> Retirement and Pension documents <input type="checkbox"/> Copy of life insurance policy with cash value available before death <input type="checkbox"/> Deed or Mortgage showing ownership of real estate

PROOF OF ECONOMIC IMPACT FROM COVID-19

Required for every adult household member impacted by COVID-19

Workplace closure or reduced hours due to COVID-19, including lay-off, termination, loss of working hours, income reduction resulting from business closure, or other employer economic impacts of COVID-19	<input type="checkbox"/> Written notification from the employer; or <input type="checkbox"/> Employer verification form; or <input type="checkbox"/> Paystub from 2/1/20 to present; or <input type="checkbox"/> Self-employed or contract workers can submit bank statements dating two months prior to COVID-19 impact. Bank statements must reflect a clear decline in deposits.
Extraordinary out-of-pocket daycare expense paid to a daycare provider due to school closures.	<input type="checkbox"/> Ledger from licensed daycare provider from February 1, 2020 to present; or <input type="checkbox"/> If using a non-licensed daycare provider, the applicant must complete the Daycare Provider Verification for; and <input type="checkbox"/> Produce bank statements clearly showing payments to the daycare provider during the period services were provided.
Voluntary employment absence to provide childcare or adult care as a result of school closure, childcare/adult daycare closure, or childcare/adult daycare capacity reductions.	<input type="checkbox"/> Copies of paychecks starting one month prior to work disruption through the entirety of financial impact from COVID-19; <input type="checkbox"/> Written release to contact employer for verification of claims
Compliance with a physician recommendation to stay home, self-quarantine, or avoid congregating with others during the state of emergency as a result of one of the following:	
Any household consisting of one or more members who are age 65 or older.	<input type="checkbox"/> Mail in the individual's name at the household's address <input type="checkbox"/> Utility bill in the individual's name at the household's address <input type="checkbox"/> Rent Agreement/Lease with the individual at the household's address
Any household consisting of one or more members who are immunocompromised or have a serious health condition	<input type="checkbox"/> Note from a physician's office; or <input type="checkbox"/> Medical certification form signed by a medical professional; or <input type="checkbox"/> Medical records (within the last year) showing treatment for immunocompromised or other serious health condition
Any household member who tested positive for COVID-19 test, or displayed symptoms of COVID-19 and was under the care of a physician	<input type="checkbox"/> Note from a physician's office; or <input type="checkbox"/> Medical certification form signed by a medical professional

PROCEED TO APPLICANT CHECKLIST

APPLICANT CHECKLIST

Review the following items to insure that your application and supporting documentation are complete. *This form is for reference only and does not need to be turned in with the application.*

Required for all applications

- _____ Complete the application in its entirety
- _____ Sign and date the application, along with initialing the certifications section
- _____ Provide a full copy of your lease and ledger with the application
- _____ Provide proof of identify (see verifications)
- _____ Provide proof of household income (see verifications)
- _____ Complete and sign **separate** Individual Annual Income & Asset forms for **every** adult household member regardless of their income status
- _____ Provide a copy of bank statements (checking, cash, and credit) for **every** adult household member starting 2/1/2020 to present
- _____ Provide any additional proof of resources (see verifications)
- _____ Complete and sign the HCIS Release of Information

Required for COVID-19 Impact due to employment reduction or loss

- _____ Provide at least one form of documentation showing COVID-19 employment impact (see verifications)

Required for COVID-19 Impact due to daycare expenses

- _____ Provide the ledger from a licensed daycare facility; **or**
- _____ If using a non-licensed daycare provider complete the Daycare Provider Verification form; **and**
- _____ Provide proof of payment (see verifications)