



Emergency Fund for Individuals Impacted by COVID-19

Overview

The City of Opelika's Emergency Housing and Utility Assistance Program is a program designed to help income eligible households with rental, mortgage, and utility payment assistance. The inability to cover these costs may result in eviction of residence or the disconnection of utilities leaving the individual(s) without housing, power, water, or gas. The maximum award will not exceed \$1,500 and can cover up to three (3) months **past due** expenses.

The following is the criteria for financial assistance:

Criteria

- The applicant must have a low-or moderate income ($\leq 80\%$ of the Area Median Income).
- The applicant must have experienced a 30% or more loss of income due to COVID-19.
- The applicant must live within the city limits of Opelika.
- The applicant must be able to provide **all** required documentation.
- Duplication of benefits is not allowed.



**Housing and Utility Assistance Application
CARES Act and COVID-19**

NOTE: Incomplete applications will not be accepted or processed

Applicant Name: _____ SS# _____ Date of Birth _____

Applicant Address: _____
Street City/State Zip Code

Phone Number: _____ Spouse Name: _____

Source(s) of income: _____ Amount \$ _____
_____ Amount \$ _____
_____ Amount \$ _____

Employer's phone number: _____ Date of next paycheck: _____

Monthly household earnings before COVID-19 \$ _____

Monthly household earnings during COVID-19 \$ _____

Why are you unable to pay housing/utility bill(s): _____

Description of Need: _____

Name and phone # of Landlord/Mortgage Lender: _____

Address of Landlord/Mortgage Lender: _____

Amount of rent or mortgage due: \$ _____

Name of Utility: _____ Account # _____ Amount due: \$ _____
_____ Account # _____ Amount due \$ _____
_____ Account # _____ Amount due \$ _____

Have you applied for another emergency assistance? Yes ___ No ___ If yes, with what program(s)? _____

(Please provide documentation of denial or proof of assistance approved).

I hereby certify that the information provided on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

Signature

Date

Return complete applications to:

Lisa Thrift
City of Opelika
Community Development Administrator
700 Fox Trail
Opelika, AL 36801
(334) 705-5155
Email: lthrift@opelika-al.gov

****Incomplete applications will not be accepted.**

Required Application submittals and Eligibility Certifications

By checking each box below, the undersigned hereby certifies that the statement is true and/or that the required submittals are provide in conjunction with the application.

- I confirm that my residence is located within the city limits of Opelika.
- I certify that my household income has declined 30% or more as a direct effect of COVID-19
- I have provided documentation to help verify the economic hardship suffered because of COVID-19.

Copy of most recent personal tax return

Copy of paycheck stubs prior to COVID-19 (Jan-Mar)

Copy of paycheck stubs since COVID-19 (April-present)

Letter from employer stating that layoff or reduced hours where directly due to COVID

Copy of unemployment compensation received

Copy of any/all proceeds or payment received to supplement income and/or assist with Household expenses

Copy of checking and savings account for all months above are provided (Jan-present)

Copy of past due rent or mortgage notice and/or delinquent utility bill

Completed W9 from vendor to be paid for rent or mortgage payments

I understand that payments must be made directly to vendor

I confirm that I have provided only outstanding mortgage, rent, and utilities due and understand that no arrearages are eligible per HUD guidelines.

I acknowledge that duplication of benefits (DOB) is not allowed under HUD guidelines. Any proceeds or payment, including insurance, FEMA or SBA or any other source received will be reported to the City of Opelika to determine if these additional amounts constitute a DOB. If some or all are determined to be a DOB, the portion that is a DOB shall be paid to the City of Opelika.

I certify that the above information, to the best of my knowledge, is accurate and true. I understand that the City of Opelika will rely on the accuracy of the submittals and certification made in conjunction with this application. Any misrepresentation or inaccurate information may be found enforceable under penalty of law and verifiable by federal government.

Applicant Signature

Date