



City of Urbana  
 Community Development Services  
 Grants Management Division  
 400 South Vine Street  
 Urbana, IL 61801  
 (217) 384-2447  
 FAX (217) 384-2367  
[www.urbanaininois.us](http://www.urbanaininois.us)

**CITY OF Urbana**  
**HOUSING ASSISTANCE PROGRAM APPLICATION**

Please submit questions to: [Sheila Dodd, sedodd@urbanaininois.us](mailto:Sheila.Dodd@urbanaininois.us)  
 Please submit completed applications to: [Alyssa Jaje, acjaje@urbanaininois.us](mailto:Alyssa.Jaje@urbanaininois.us)  
[Applications can be emailed or mailed.](#)

Have you received assistance or received a commitment for assistance from any other source for the requested assistance?    \_\_\_ Yes            \_\_\_ No

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

**SECTION 1: CONTACT INFORMATION**

Requested Assistance:            Rent                            Utility                            Both

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**SECTION 2: HOUSEHOLD/FAMILY INFORMATION**

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

Full Name	Date of Birth	Relationship	Gender

**SECTION 3: CHARACTERISTICS OF HEAD OF HOUSEHOLD MEMBER**

**Race/Ethnicity:**

White	Black	Hispanic
Native American (Indian)	Asian	Other

**Marital Status:**

Single	Married	Separated
Divorced	Widowed	

**SECTION 4: EMPLOYMENT**

**Employment (Applicant)**

Current Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Please indicate which of the following statements apply to the Applicant:

- I have experienced a reduction in salary as a result of the coronavirus (COVID19)

Explain:

- I have had my hours reduced as a result of the coronavirus (COVID19)

Explain:

- I have been furloughed as a result of the coronavirus (COVID19)

Explain:

- I have been laid off as a result of the coronavirus (COVID19)

Explain:

- I have been terminated as a result of the coronavirus (COVID19)

Explain:

- Other

Explain:

**Employment (Co-Applicant)**

Current Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Please indicate which of the following statements apply to the Co-Applicant:

- I have experienced a reduction in salary as a result of the coronavirus (COVID19)

Explain:

- I have had my hours reduced as a result of the coronavirus (COVID19)

Explain:

- I have been furloughed as a result of the coronavirus (COVID19)

Explain:

- I have been laid off as a result of the coronavirus (COVID19)

Explain:

- I have been terminated as a result of the coronavirus (COVID19)

Explain:

- Other  
Explain:

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**SECTION 5: HOUSEHOLD INCOME**

Please indicate an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

<b>SOURCE</b>	<b>APPLICANT</b>	<b>CO-APPLIANT</b>	<b>OTHERS AGE 18+</b>
Gross Salary (before deductions)			
Overtime, Tips, Bonuses, etc.			
Social Security			
Disability			
Pensions, Veterans Benefits, etc.			
Unemployment/Workers Comp			
Alimony, Child Support			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF, Aid to Families with Dependent Children, etc.)			
Other			
<b>TOTALS</b>			

**SECTION 6: ASSETS**

**APPLICANT**

<b>TYPE</b>	<b>CASH VALUE</b>	<b>INCOME FROM ASSET</b>	<b>BANK OR POLICY NAME</b>	<b>ACCOUNT NO.</b>
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Collectibles				
Whole Life Insurance				
VEHICLES (other than main)				
<b>TOTALS</b>				

**CO-APPLICANT**

<b>TYPE</b>	<b>CASH VALUE</b>	<b>INCOME FROM ASSET</b>	<b>BANK OR POLICY NAME</b>	<b>ACCOUNT NO.</b>
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Collectibles				
Whole Life Insurance				
VEHICLES (other than main)				
<b>TOTALS</b>				

**ADULT MEMBER OF HOUSEHOLD**

TYPE	CASE 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 Property Owned				
Collectibles				
Whole Life Insurance				
VEHICLES (other than main)				
<b>TOTALS</b>				

**SECTION 7: HOUSEHOLD LIABILITIES**

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
Mortgage			
2 <sup>nd</sup> Mortgage			
Rent/Lease Payment			
Car Loan			
Credit Card			
Credit Card			
Vehicle Loan			
Other			
<b>TOTALS</b>			

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:**

**All of the following documents must be returned with this application:**

- Copy of valid identification card or driver’s license for every household member 18 years and older with a current City of Urbana address.
- Copy of Social Security Cards for all household members
- Paystubs showing employment status on or before February 29, 2020 or a statement from employer
- Most recent tax returns. If filing separately, copies for all members.
- Documentation of all income for all household members. For example, unemployment, social security, disability, pension, alimony, child support, etc.)
- Self-Declaration Form (Attachment A) for all adult household members if you report no income.
- Bank Statements (checking, savings, money market, annuities, cash cards, or other investment accounts) for Applicant, Co-Applicant, and all other adult members in the household
- Social Security Number Waiver Form (Attachment B)
- Release of Information From (Attachment C)

**The following documents must be attached to this application (as applicable for the type of assistance being sought):**

- Current Lease (showing monthly rent)
- Statement from Landlord showing arrearage/amount due
- Statement from Utility Provider (showing amount needed)

**Warning: Failure to provide all required documentation will delay assistance and may result in the denial of assistance.**

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. I/We understand that the information provided is needed to determine eligibility and in no way assures qualification for assistance. I/We also agree to provide any other documentation necessary to verify my/our eligibility.

**I/We are aware that all non-exempt information is subject to Illinois’s Public Records Law.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Other Adult Household Member

**Grants Management Staff**

Reviewed by: \_\_\_\_\_  
Grants Program Staff

Reviewed by: \_\_\_\_\_  
Sheila Dodd, Manager, Grants Management Division

**ATTACHMENT A:  
DISASTER SELF- CERTIFICATION OF INCOME FORM**

*(To be completed by adult household members only, if appropriate.)*

Household Name: \_\_\_\_\_

Local Government: CITY OF URBANA \_\_\_\_\_

1.  I hereby certify that I am a victim of **COVID-19 (coronavirus pandemic)**
  
2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
  - Y    N    Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - Y    N    Income from operation of a business;
  - Y    N    Rental income from real or personal property;
  - Y    N    Interest or dividends from assets;
  - Y    N    Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - Y    N    Unemployment or disability payments;
  - Y    N    Public assistance payments;
  - Y    N    Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - Y    N    Sales from self-employed resources (For example: Avon, Mary Kay, etc.);
  - Y    N    Any other source not named above.
  - Y    N    I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Please explain any Y (yes) answers and list the annual amounts:

3.  I certify that I have provided income documentation for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc.); or  
 I certify that I am unable to provide complete: 3<sup>rd</sup> party verification or income documentation because:

4. I will be using the following sources of funds to pay for rent, food, transportation, utilities, and other necessities:

**Therefore I certify my anticipated gross annual income for the next 12 months to be:**

**\$\_\_\_\_\_.**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

**ATTACHMENT B  
CITY OF URBANA  
COVID19 HOUSING ASSISTANCE PROGRAM**

**Certification and Waiver of Privacy**

The applicant(s) certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding from City of Urbana’s COVID19 Housing Assistance Program.

I/We understand that providing willful false statements or misrepresentations concerning income, assets, or liability information relating to your financial condition may be, punishable by fines or repayment of the assistance. I/We further understand that any willful misstatement of information will be grounds for disqualification and barring of any future assistance. I/We certify to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance.

I/We agree to provide any documentation needed to assist in determining eligibility and agree to give my/our consent to City of Urbana, its agents, subrecipients, and contractors to examine any confidential information given herein.

_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Signature other Household Member	_____ Date
_____ Signature other Household Member	_____ Date

**ATTACHMENT C  
CITY OF URBANA  
COVID19 HOUSING ASSISTANCE PROGRAM  
RELEASE OF INFORMATION FORM**

I/We, \_\_\_\_\_, the undersigned do hereby authorize \_\_\_\_\_, to release, without liability, information regarding my/our employment, income and/or assets to the City of Urbana for the purposes of verifying information provided as part of my application for assistance under the COVID19 Housing Assistance Program.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility.

**CONDITION**

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that I/We can provide is incorrect.

_____	_____	_____
Head of Household	Social Security Number	Date
_____	_____	_____
Co-Applicant	Social Security Number	Date
_____	_____	_____
Adult Member	Social Security Number	Date
_____	_____	_____
Adult Member	Social Security Number	Date

**NOTE: This General Consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.**