



CARES ACT ASSISTANCE APPLICATION MORTGAGE/RENTAL/UTILITY ASSISTANCE OR CHILDCARE ASSISTANCE

Assistance is subject to eligibility requirements under the Coronavirus Relief Fund established by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) by the US Department of Treasury.

Mortgage/Rental/Utility Assistance Program is available to qualifying residents of Los Alamos County as long as funding remains for the program. The grant proceeds are meant to provide temporary emergency rental and mortgage assistance for applicants that have been economically impacted by COVID-19 between the time period of March 1, 2020 through December 30, 2020.

Households currently supported with a Section 8 housing voucher are not eligible.

The Childcare Assistance Program may assist with any parent, grandparent, or legal guardian, for qualifying residents of Los Alamos County, who have been directly impacted by a loss of income due to circumstances related to the COVID-19 pandemic between the time period of March 1, 2020 through December 30, 2020. Childcare would be for children ages 6 weeks to 13 years of age, or up to 18 years of age if special supervision is required.

To be an eligible applicant under either assistance program you must be a resident of Los Alamos County. Current annual household income must be at or below 80% of the Area Median Income (AMI) and for the size of the applicant household. Income is calculated based on the month preceding the month for which assistance is requested (e.g. March income for April assistance). Unemployment Insurance benefits are included in income calculations. Federal stimulus payments are not included as income, or as a potential duplication of benefit.

Los Alamos County will be using the Low-Income Limits by Household Size for Los Alamos County for 2020.

LOW INCOME LIMITS BY HOUSEHOLD SIZE FOR LOS ALAMOS COUNTY FOR 2020

Number of Persons in Family

	1	2	3	4	5	6
Very Low Income (50% AMI)	\$44,000	\$50,250	\$56,550	\$62,800	\$67,850	\$72,850
Low Income (80% AMI)	\$70,400	\$80,400	\$90,480	\$100,480	\$108,560	\$116,560

TAX DISCLAIMER

APPLICANTS RECEIVING FUNDING UNDER THE LOS ALAMOS CARES ACT ASSISTANCE PROGRAM SHOULD CONSULT WITH THEIR TAX, LEGAL, AND/OR ACCOUNTING ADVISORS AS TO ANY TAX CONSEQUENCES ASSOCIATED WITH THIS TRANSACTION.

NOTICE REGARDING THE INSPECTION OF PUBLIC RECORDS ACT

(N.M. Stat. Ann. § 14-2-1 et. seq.) ("IPRA")

UPON FILING OF AN APPLICATION UNDER THIS GRANT PROGRAM THE APPLICATION AND SUPPORTING DOCUMENTATION BECOME RECORDS SUBJECT TO DISCLOSURE UNDER IPRA. THE ACT DOES PROVIDE THAT THE FOLLOWING PERSONAL IDENTIFIER INFORMATION MAY BE REDACTED BEFORE RELEASE OF ANY DOCUMENT REQUESTED UNDER THE ACT:

- (1) ALL BUT THE LAST FOUR DIGITS OF A:
 - (a) TAXPAYER IDENTIFICATION NUMBER
 - (b) FINANCIAL ACCOUNT NUMBER
 - (c) DRIVER'S LICENSE NUMBER
- (2) ALL BUT THE YEAR OF A PERSON'S DATE OF BIRTH, AND
- (3) A SOCIAL SECURITY NUMBER.

Date of Application _____

REQUESTING ASSISTANCE WITH (check all that apply):

Rental Assistance Mortgage Assistance Utility Assistance Childcare Assistance

Applicant Name _____ Applicant SSN _____

Property Address _____

I Own the Property I Rent the Property

Applicant Telephone Number _____ Applicant Email Address _____

Marital Status Married Unmarried Separated

PART I: HOUSEHOLD COMPOSITION AND INCOME

A. Household Composition and Income (list income for all members living in your home age 18 and older)

HOUSEHOLD MEMBERS	DOB MM/DD/YYYY	GENDER M/F	RELATIONSHIP TO YOU	GROSS MONTHLY INCOME	SOURCE OF INCOME
1					
2					
3					
4					
5					
6					
7					
8					
9					

Information provided above will also be used if you are applying for childcare assistance (Part III).

Are any household members disabled and/or special needs? Yes No If Yes, list the type of disability and/or special needs:

B. Asset Information (If applicable, state estimated net value of each asset type held)

HOUSEHOLD MEMBERS	CHECKING	SAVINGS	OTHER REAL ESTATE

C. Are you receiving any of the following (Check all that apply) :

TANF and/or government assistance (VISTA, AmeriCorp, etc.)	\$ _____
SNAP (Food Stamps)	\$ _____
Child Support	\$ _____
Social Security Benefits	\$ _____
Unemployment Compensation Benefits	\$ _____

PART II: MORTGAGE/RENTAL/UTILITY FINANCIAL INFORMATION (Rental/Mortgage/Utility Assistance Only)

Reason for application (check all that Apply):

Job loss;

Reduction in compensation;

Closure of place of employment;

Obligation to be absent from work to care for home-bound school-aged child;

Requirement to be quarantined based on a diagnosis of COVID-19;

Requirement to self-quarantine based on a directive of the Governor, the advice of a healthcare provider

Advice/directive of a local/state public health authority

Enforcement officer;

Being over 65 or having any health condition that places tenant at enhanced risk for COVID-19; or

Other pertinent circumstances

A. Mortgage or Rental Consumer Debt Information

Outstanding Mortgage/Rent Balance due as of 3/1/2020-Current: \$ _____

Name of Mortgage Lender or Landlord: _____

What is your normal Monthly Payment? \$ _____

Are Utilities included as part of your Lease Agreement: Yes No

Are you current on your utility bill payments: Yes No

B. Utility Consumer Debt Information

Dollar Amount Owed from 3/1/2020-Current: \$ _____

PART III: CHILDCARE ASSISTANCE

Reason for application (check all that Apply):

Emergency individual need due to loss of income

Altered schedule changes due to COVID-19

Needed care for children while at work.

Needed care for children while in a training or school program.

Work an altered shift schedule other than 9am-5pm

Child needs childcare program that helps prepare for school.

Children needing opportunities for Developmentally Appropriate Activities.

Children needing socialization skills – learning to play, learn, and communicate with peers and others outside of their family.

A. From the list of household members listed above in Part I, please indicate who you are requesting Childcare Assistance for:

1 2 3 4 5 6 7 8 9

B. Parent or Caregiver Employment/Training/Schooling Information – Work (W), Education (E), Training (T)

SCHEDULE	ACTIVITY (W, E, or T)	EMPLOYER OR EDUCATION INSTITUTION (NAME, ADDRESS, PHONE)

C. Childcare Agency

Name of Childcare Agency _____ Phone Number _____

Address of Childcare Agency _____

Dollar Amount Owed from 3/1/2020-Current: \$ _____

PART IV: DOCUMENTATION CHECKLIST

Required Documents were included:

- Copy of Photo ID or Drivers License
- Proof of Residency (Lease Agreement, Mortgage Statement showing Residence or Address, Current Utility Bill)
- Annual household income at or below 80% of the Area Median Income (AMI) and for the size of the applicant household. (Documents used to determine income are but not limited to:) Copy of three most current pay stubs from all household members 18 years of age or older; 5) If applicable, copy of current year's retirement and/or social security benefit statement, disability benefit, veteran's benefit, unemployment benefit, child support; 6) Copy of 2019 Federal tax returns for all household members 18 years of age or older, if required to file; 7) Copy of three most current bank statements for all household members 18 or older; 8) Copy of three most current statements for all financial accounts, including checking, saving, money market, CDs, stock and bond accounts, brokerage accounts, including IRA and 401(k) accounts)
- Proof of Financial Hardship (only one type of document is required): - Release from work statement (Loss of Job) - Altered work schedule due to COVID-19 - Decreased of Work Hours - Unemployment record/Award - Reduction in compensation related to: Closure of place of employment; Obligation to be absent from work to care for home-bound school-aged child; Requirement to be quarantined based on a diagnosis of COVID-19; Requirement to self-quarantine based on a directive of the Governor, the advice of a healthcare provider; Advice/directive of a local/state public health authority; Being over 65 or having any health condition that places tenant at enhanced risk for COVID-19;
- Verification of birth for all applicant children (Childcare Assistance ONLY, birth certificate, hospital records, birth center records, Guardianship: court order, sworn statement, attorney records)
- School, Work, or Training schedule for applicant or designated caregiver (Childcare Assistance ONLY)
- Business contact information for Childcare provider being utilized (Childcare Assistance ONLY)
- Proof of Payment for any dollar amount being requested for reimbursement (Receipt or Canceled Check)

Funding Date Period _____

PART V: APPLICATION CERTIFICATION AND AGREEMENT

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under Los Alamos County CARES Act Grant Funding or who knowingly accepts funding to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Any change to the information provided on this form once it is submitted must be reported immediately to Los Alamos County.

Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct; expenditures are properly documented and have not been submitted for reimbursement under any other local, state or federal grant award, and are valid expenditures or actual receipts; and that the grant activity is in full compliance with applicable laws in the State of New Mexico.

I hereby make a claim for assistance and affirm that the information I have provided on this form is true. If applicable, I authorize Los Alamos County to release any requested information, including information related to my Mortgage, Lease Agreement, Utilities Bill, or Childcare Provider as it pertains to my request for assistance under this application. Furthermore, I authorize my mortgage lender, landlord, Utility Department, or childcare provider to furnish any desired information to Los Alamos County as it pertains to my request for assistance under this application.

I further acknowledge that if I receive assistance under this program, I am subject to eligibility and compliance requirements set forth under the Coronavirus Relief Fund established under section 601(a) of the Social Security Act, as added by section 5001 of the CARES Act.

Applicant Signature