



SANTA CRUZ COUNTY CARES

(Emergency Rent, Utility & Mortgage Assistance)

ERUMA APPLICATION

ELIGIBILITY – Is This Program Available to Me?

Santa Cruz County is accepting applications for the Coronavirus Relief Fund Program for Rent, Mortgage, & Utility Assistance. This program is designed to provide funds to renters and homeowners residing in Santa Cruz County who are delinquent on rent and utility payments or mortgage and utility payments due to COVID-19 impacts. Funds will be provided as a grant for approved applicants. Applicants will be assisted on a first-qualified, first-served basis. Assistance is limited to no more than \$4000 per household and payments will be made directly to the landlord, mortgage company, or utility company.

The basic eligibility requirements are:

- ➔ **Is your combined annual household income at or below the median income levels in this table?**

Number of people in Household	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Household Income (Equal to or Less Than)	\$28,950	\$33,100	\$37,250	\$41,350	\$44,700	\$48,000	\$51,300	\$54,600

- ➔ **Are you delinquent on your rent, mortgage and/or utility payments? (utilities include electric, natural gas, propane, water, sewer, and trash). Please note – Documented evidence will be required.**
- ➔ **Are you a Santa Cruz County resident?**
- ➔ **Do you have proof of loss of employment income or reduction of employment income due to COVID-19 impacts on or after March 1, 2020?**



FIRST, PLEASE GATHER YOUR DOCUMENTATION

- **Photo Identification** for all members of the household over the age of 18
- **Social Security Numbers** for all members of the household over the age of 18
- **Documentation of a loss or reduction of income due to COVID-19**, such as
 - ➔ employer notice of reduced hours or layoff due to COVID-19;
 - ➔ pre- March 2020 and current pay stubs that show a reduction in income;
 - ➔ unemployment office documentation; and/or
 - ➔ other documentation showing a reduction in income related to COVID-19.
- **Current Income Information** for ALL income-earning members of the household, to include (if applicable)
 - ➔ last 2 months of pay stubs
 - ➔ child support (Award Letter or Court Order)
 - ➔ alimony (Court Order)
 - ➔ Social Security payments
 - ➔ Disability payments
 - ➔ Retirement payments
 - ➔ Unemployment benefits
 - ➔ Veterans benefits
 - ➔ Self-employment income
- **Asset** information for ALL members of the household, to include
 - ➔ Checking and Savings Accounts - pre-March 2020 and current statements
 - ➔ Individual Retirement Accounts,
 - ➔ Certificates of Deposit,
 - ➔ Stocks and Bonds
 - ➔ Equity in Properties,
 - ➔ Whole Life Insurance policies,
 - ➔ Pensions, etc.

All adults (18 years of age or older) in the household who do not have assets, must sign an affidavit of no assets provided in this application on page 15.

- **IF YOU RENT: Current Rental Lease** in household member’s name and contact information for your landlord. If you do not have a lease, a short letter from your landlord stating rental terms and arrearages must be submitted.

– OR -

- **IF YOU HAVE A MORTGAGE: Most Recent Mortgage Statement** in household member’s name and contact information. NOTE: Property must be primary residence.
- **Most Recent Utility Bill(s)** in household member’s name showing amount owed.



IMPORTANT NOTE:

This funding is intended for foreclosure and eviction prevention. THEREFORE, ONLY RENT AND MORTGAGE PAYMENTS THAT ARE IN ARREARAGE (LATE) ARE ELIGIBLE FOR ASSISTANCE PAYMENTS. Utility assistance FOR PAST DUE BILLS MAY be provided in conjunction with mortgage or rent assistance or may be provided if your lease specifically requires maintenance of utilities and non-payment could be a cause for eviction.

PLEASE SUBMIT YOUR COMPLETED APPLICATION ALONG WITH ALL REQUIRED DOCUMENTATION TO:

**SANTA CRUZ COUNTY CARES
ERUMA PROGRAM
2150 NORTH CONGRESS DRIVE, SUITE 119
NOGALES, AZ 85621**

APPLICATION REVIEW: After you submit your application, you will receive an email confirmation. The ERUMA Program Specialist will contact you within five (5) business days to discuss your application and review any additional information that may be needed. Note that additional information may be requested and required after your application has been reviewed. Your landlord or mortgage company must consent to participate in the program. Delays in receiving information from a landlord or mortgage company may hinder payment processing.

QUESTIONS: Please do your best to complete the application and gather your documentation. Should you have questions about the program or specific questions about the items on the application, please call 520-375-7688.



Please provide the following information: **PRIMARY APPLICANT:**

NAME

First Name Last Name

HOME ADDRESS

Street Address City Zip

MAILING ADDRESS (If different)

Address City/State Zip

TELEPHONE

Cell Other

EMAIL ADDRESS

EMERGENCY CONTACT

Name Telephone Relation

SOCIAL SECURITY #

CO-APPLICANT (IF APPLICABLE):

NAME

First Name Last Name

HOME ADDRESS

Street Address City Zip

TELEPHONE

Cell Other

EMAIL ADDRESS

DO YOU RENT YOUR RESIDENCE? YES NO

DO YOU OWN YOUR RESIDENCE? YES NO

HOUSEHOLD MEMBERS: List all household members as of today, including yourself. You will be required to submit photo identification, social security information, and/or resident alien documentation.

Household Member Name (List First and Last Name)	Relationship to Head of Household (spouse, son, etc.)	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Employed? Y/N

RACE--HEAD OF HOUSEHOLD ONLY (this information is asked for data reporting purposes only):

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial

ETHNICITY-HEAD OF HOUSEHOLD ONLY (this information is asked for data reporting purposes only):

<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
<input type="checkbox"/> 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 INCOME VERIFICATION – Tell Us How the Pandemic Affected Your Family Financially



List ALL household members MONTHLY HOUSEHOLD INCOME BEFORE MARCH 2020 and NOW.

*******BEFORE MARCH 2020 (Pre-COVID-19)*******

Household Member Name	Employment, Unemployment, Worker's Comp	Social Security, SSDI, VA Disability	TANF/WIC	Pension, Retirement, VA Benefits	Other Income, Alimony, Child Support, Etc

*******NOW*******

Household member Name	Employment, Unemployment, Worker's Comp	Social Security, SSDI, VA Disability	TANF/WIC	Pension, Retirement, VA Benefits	Other Income, Alimony, Child Support, Etc

ASSET VERIFICATION – What Financial Resources Do You Have?



For ALL Household Members, including minors, list Checking and Savings Accounts, Individual Retirement Accounts (IRAs), Certificates of Deposit (CDs), Bonds, Stocks, Real Estate, Whole Life Insurance Policies, Pensions, etc. All adults (18 years of age or older) in the household who do not have any of these financial accounts or resources, must sign the Affidavit of Verification of No Assets on Page 15.

Do not list your primary residence as an asset.

Household Member Name	Type of Asset	Current Cash Value of Asset	Interest Rate (Put N/A if not applicable)	Annual Income from Asset

HOUSING/UTILITIES REQUEST – How Can We Help?



Please provide the following information. You will be required to submit lease, most recent mortgage statement and/or most recent utility bill(s).

CHECK the type(s) of assistance you are requesting:

Mortgage Assistance

Rental Assistance

YOU MAY REQUEST UTILITY ASSISTANCE ALSO IF YOU ARE REQUESTING RENTAL OR MORTGAGE HELP



Water/Sewer Utility Assistance

Electric Utility Assistance

Gas/Other Utility Assistance

For MORTGAGE ASSISTANCE, please complete the following:

Past Due Amount: \$ _____

Current Bill Amount: \$ _____

Monthly Mortgage Amount: \$ _____

Company/Mortgage Holder Name: _____

Account Number: _____

Company/Mortgage Holder Address: _____

Company/Mortgage Holder Phone: _____

Company/Mortgage Holder Email (if known): _____

For which months is mortgage payment owed (note payments owed prior to March 1, 2020 are not eligible)?

(Please list all months currently owed) _____

Are you or a household member related to the mortgage holder? YES NO

FOR RENTAL ASSISTANCE, please complete the following:

Past Due Amount: \$ _____

Current Bill Amount: \$ _____

Monthly Rent Amount: \$ _____

Company/Landlord Name: _____

Account Number or Rental Unit Address: _____

Company/Landlord Address: _____

Company/Landlord Phone: _____

Company/Landlord Email (if known): _____

For which months is rent owed (note payments owed prior to March 1, 2020 are not eligible)?

(Please list all months currently owed) _____

Are you or a household member related to the landlord? YES NO

For WATER/SEWER UTILITY ASSISTANCE, please complete the following:

Past Due Amount: \$ _____ Current Bill Amount: \$ _____

Water/Sewer Utility Company Name: _____

Water/Sewer Utility Account Number: _____

Water/Sewer Utility Telephone Number: _____

For ELECTRIC UTILITY ASSISTANCE, please complete the following:

Past Due Amount: \$ _____ Current Bill Amount: \$ _____

Electric Utility Company Name: _____

Electric Utility Account Number: _____

Electric Utility Telephone Number: _____

For GAS/OTHER UTILITY ASSISTANCE, please complete the following:

Past Due Amount: \$ _____ Current Bill Amount: \$ _____

Gas/Other Utility Company Name: _____

Gas/Other Utility Account Number: _____

Gas/Other Utility Telephone Number: _____

IMPORTANT DUPLICATION OF BENEFITS QUESTIONS

➔ Have you requested any COVID-19 rent/mortgage/utility assistance from another Program or Agency?

YES NO

If Yes, Name of Program or Agency: _____

➔ Have you received any COVID-19 assistance?

YES NO

If Yes, Name of Program or Agency: _____

Amount Received to Date: \$ _____



Please answer the following summary questions:

Were you or a household member affected by COVID-19 due to loss of income?

YES NO

For each household member affected by COVID-19 due to loss of income, provide the following information (only fill out as many as needed):

Name: _____

Date person became unemployed or under-employed: _____

Name of employer prior to being impacted by COVID-19: _____

What was the annual gross income of this person prior to being affected by COVID-19 or March 2020, whichever is later? _____

Is this person receiving unemployment benefits? YES NO

If yes, how much are they receiving monthly? \$ _____

Additional information about this person’s hardship: _____

Name: _____

Date person became unemployed or under-employed: _____

Name of employer prior to being impacted by COVID-19: _____

What was the annual gross income of this person prior to being affected by COVID-19 or March 2020, whichever is later? _____

Is this person receiving unemployment benefits? YES NO

If yes, how much are they receiving monthly? \$ _____

Additional information about this person’s hardship: _____

Name: _____

Date person became unemployed or under-employed: _____

Name of employer prior to being impacted by COVID-19: _____

What was the annual gross income of this person prior to being affected by COVID-19 or March 2020, whichever is later? _____

Is this person receiving unemployment benefits? YES NO

If yes, how much are they receiving monthly? \$ _____

Additional information about this person’s hardship: _____

Name: _____

Date person became unemployed or under-employed: _____

Name of employer prior to being impacted by COVID-19: _____

What was the annual gross income of this person prior to being affected by COVID-19 or March 2020, whichever is later? _____

Is this person receiving unemployment benefits? YES NO

If yes, how much are they receiving monthly? \$ _____

Additional information about this person's hardship: _____

=====
Name: _____

Date person became unemployed or under-employed: _____

Name of employer prior to being impacted by COVID-19: _____

What was the annual gross income of this person prior to being affected by COVID-19 or March 2020, whichever is later? _____

Is this person receiving unemployment benefits? YES NO

If yes, how much are they receiving monthly? \$ _____

Additional information about this person's hardship: _____

PLEASE PROVIDE ANY OTHER INFORMATION YOU WISH TO SHARE ABOUT HOW THE PANDEMIC HAS IMPACTED YOU AND YOUR FAMILY FINANCIALLY AND CONTRIBUTED TO YOUR NEED FOR THIS ASSISTANCE:



- Documentation showing loss of income as a result of COVID-19. Document(s) to be attached may include unemployment approval, layoff or furlough notice, letter from employer, two paystubs that show a reduction in income (one prior to March 2020 and one showing reduction since March 1, 2020) ***Required**
- Valid Arizona Photo ID or valid Driver's License for all adult household members (18 years of age or older) ***Required**
- Social Security information for all household members reporting loss of income ***Required**
- Current Lease for Rent Assistance requests or a short letter from your landlord stating rental terms and arrearages. ***Required FOR RENTAL ASSISTANCE**
- Most Recent Mortgage Statement showing delinquent amount owed for Mortgage Assistance requests. ***Required FOR MORTGAGE ASSISTANCE**
- Most Recent Utility Bill(s) showing delinquent amount(s) owed. ***Required FOR UTILITY ASSISTANCE**

IF SELECTED FOR ASSISTANCE, ALL ADULT HOUSEHOLD MEMBERS (18 YEARS AND OLDER) MAY BE REQUIRED TO SIGN INCOME CERTIFICATION DOCUMENTS AND DUPLICATION OF BENEFIT DISCLOSURE FORMS, AS APPLICABLE.

THESE WILL BE PROVIDED BY COUNTY STAFF.

RETURN BY MAIL OR DROP OFF THE COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:

**SANTA CRUZ COUNTY CARES
ERUMA PROGRAM
2150 NORTH CONGRESS DRIVE, SUITE 119
NOGALES, AZ 85621**



By signing this application, I/we certify under oath that the information given in and attached to this application is true, complete, and accurate. I/we am/are aware and understand that if any information contained in or attached to this application is willfully false, this application will be closed and I/we may be subject to criminal prosecution under Arizona law.

I/we agree to cooperate with any reasonable requests to provide additional information and understand that if it is not provided within five (5) business days of the request, this application may be closed and, if so, the documents submitted will be shredded.

Duplication of Benefits Statement ➔ Initial

Background: Santa Cruz County must ensure that households that receive assistance from the County ERUMA Program do not receive a duplicative benefit from another program. Assistance received from this program cannot overlap with assistance from any other source, and the total amount of all assistance to the household must not exceed the total amount in arrears. Payments through the County ERUMA program will only cover amounts not paid by or offered to be paid by other sources.

The County will work with other relevant agencies to ensure that there is no Duplication of Benefits and will conduct a corresponding review of each application.

By signing this application, I/we certify that I/we have not received a duplicative payment from another source that is in excess of the amount needed to settle applicable arrearages. I/we also acknowledge that the information provided in this application is subject to verification by the United States Department of Housing and Urban Development at any time, and that Title 18, Section 1001 of the US Code provides for punishment including fines and imprisonment for any person knowingly and willfully making a false or fraudulent statement to the U.S. Government.

I/we authorize the County to: (1) communicate with other agencies that provide assistance to this household for the purpose of income verification and to release information that is relevant to the County ERUMA Program, (2) verify any information contained in or attached to this application, and (3) share limited identifiers from this application with other entities that provide similar emergency assistance to ensure that there is no Duplication of Benefits.

Hold Harmless Statement ➔ Initial

I/we agree to hold harmless, indemnify, and defend County and its agents, officers, and employees from any and all claims, suits, actions, damages, liabilities, expenditures, or causes of action of any kind, losses, penalties, interest, demands, judgments, and cost of suit, including attorneys' fees and paralegals' fees, for any expense, damage, or liability incurred by any of them in the performance of this Program. I/we also understand and agree that such indemnification relating to any matter, which is the subject of this Program, shall extend throughout the

term of this Program and any statutes of limitation thereafter.

Public Information and Third Party Information Disclosure Statement ➔ Initial

I/we understand that information provided to the County may be subject to Arizona Public Records Law, except as exempted by law. I/we understand and agree that it is my/our responsibility to inform the County of any applicable exemption. I/we understand and agree that the collection of Social Security number(s) is for the purpose of personal identification and is imperative for the performance of the County’s duties and responsibility as it relates to the verification of information disclosed on the application for the County ERUMA Program.

I/we further grant permission and authorize any bank, employer, or other third party to disclose information deemed necessary to complete this application. I/we authorize the County or any of its duly authorized representatives or agents to obtain information from a third party regarding our eligibility and continued participation in the County ERUMA Program.

Name

Signature

Date

Name

Signature

Date

PLEASE INITIAL SECTION HEADINGS WHERE INDICATED

AFFIDAVIT OF VERIFICATION OF NO ASSETS



ONLY TO BE COMPLETED BY HOUSEHOLD ADULTS WHO DO NOT HAVE ANY ASSETS, SUCH AS CHECKING OR SAVINGS ACCOUNTS, REAL ESTATE, ETC. (SEE PAGE 7)

Under penalty of law, the undersigned certifies that for the purposes of this application and grant:

1. I had no reportable assets.

Name Signature Date

Name Signature Date

Name Signature Date

Name Signature Date

2. I had no reportable assets.

Name Signature Date

Name Signature Date

Name Signature Date

Name Signature Date



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**THANK YOU FOR APPLYING.
YOU WILL HEAR FROM COUNTY STAFF WITHIN A FEW DAYS OF
RECEIPT OF YOUR APPLICATION.**