

# CARES ACT - BEST PRACTICES

Rental / Mortgage & Micro-Enterprise Assistance



## Rental/Mortgage Assistance Application

### Rental/Mortgage Assistance Step A: Eligibility

Home

Rental Assistance & Homeless Prevention Application

Id: 10223

View Users (2)

Print Application

☒ A. Eligibility\*

☒ B. Applicant Information

☒ C. Household Members

☒ D. Asset Verification

☒ E. Income Verification

☒ F. Expenses

☒ G. COVID-19 Impact

☒ H. Required Documents

☒ Submit

A. Eligibility

The County is accepting applications for the Housing Financial Assistance Program. This program is designed to provide funds to renters and homeowners delinquent on mortgage and rent payments due to COVID-19 impacts. Funds will be provided for three months of delinquent rent and mortgage payments to approved applicants.

A.1. Is your household income below the 80% area median income level?

☒ Yes

☐ No

Household Size	1	2	3	4	5	6	7	8
Income 80%	\$32,600.00	\$37,250.00	\$41,900.00	\$46,550.00	\$50,300.00	\$54,000.00	\$57,750.00	\$61,450.00

A.2. Are you delinquent on your rent or mortgage payments?

☒ Yes

☐ No

A.3. Are you a resident of the County?

☒ Yes

☐ No

A.4. Do you have proof of loss of income related to COVID-19 impacts due to health and employment?

☒ Yes

☐ No

STOP

IF YOU ANSWERED NO; TO ANY OF THESE QUESTIONS, YOU ARE NOT BE ELIGIBLE FOR RENTAL ASSISTANCE & HOMELESS PREVENTION ASSISTANCE.

### Rental/Mortgage Assistance Step B: Applicant Information

Home

Rental Assistance & Homeless Prevention Application

Id: 10223

View Users (2)

Print Application

☒ A. Eligibility

☒ B. Applicant Information\*

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☒ D. Asset Verification

☒ E. Income Verification

☒ F. Expenses

☒ G. COVID-19 Impact

☒ H. Required Documents

☒ Submit

B. Applicant Information

Please provide the following information

PRIMARY APPLICANT

B.1. Applicant First Name:

Barney

B.2. Applicant Last Name

Rubble

B.3. Home Address

3423 Piedmont Road NE

Address Line 2

Atlanta

GA

30305

B.4. Mailing Address

3423 Piedmont Road NE

Suite 216

Atlanta

GA

30305

B.5. Telephone Number

(360) 964-0694

B.6. E-Mail

martin.greenlee@neighborlysoftw

B.7. Emergency Contact Name

Fred Flintstone

B.8. Emergency Contact Phone Number

(345) 123-6789

CO-APPLICANT (IF APPLICABLE)

B.9. Co-Applicant First Name

Betty

B.10. Co-Applicant Last Name

Rubble

B.11. Home Address

3423 Piedmont Road NE

Address Line 2

City

Zip Code

B.12. Telephone Number

B.13. E-Mail

# CARES ACT - BEST PRACTICES

Rental / Mortgage & Micro-Enterprise Assistance



## Rental/Mortgage Assistance Step C: Household Members

Home

Rental Assistance & Homeless Prevention Application

Id: 10223

View Users (2)

Print Application

A. Eligibility

B. Applicant Information

C. Household Members\*

D. Asset Verification

E. Income Verification

F. Expenses

G. COVID-19 Impact

H. Required Documents

Submit

C. Household Members

List all household members.

1

PRIMARY HOUSEHOLD MEMBER

Barney

Middle Name

Rubble

Birthdate:

06/01/1959

SSN:

\*\*\*-\*\*-\*\*\*\*

Show SSN

EMPLOYMENT

Employer 1

Hanna Barbera

Address 1

123 Main St

Start Date

03/15/1976

Address 2

Address 2

Phone

(360) 964-0694

City, State Zip

Atlanta

GA

30305

DEMOGRAPHICS

Self

White

Non-Hispanic / Non-Latino

Married

No

Disabled - No

Elderly - No

Male

Not Applicable

2

HOUSEHOLD MEMBER

Betty

Middle Name

Rubble

## Rental/Mortgage Assistance Step D: Household Asset Verification

Home

Rental Assistance & Homeless Prevention Application

Id: 10223

View Users (2)

Print Application

A. Eligibility

B. Applicant Information

C. Household Members

D. Asset Verification\*

E. Income Verification

F. Expenses

G. COVID-19 Impact

H. Required Documents

Submit

Household Asset Verification

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a Verification of No Financial Accounts.

	ASSET TYPE	NAME OF BANK OR FINANCIAL INSTITUTION	CURRENT MARKET VALUE	INTEREST RATE	INTEREST INCOME
1	Retirement	Stonehenge Bank	\$ 2,000.00	1.3 %	\$ 26.00
	Asset Owner or Additional Details	Account Number			
	Documentation				
	Retirement statement				
2	Checking Account	Dino-Bank	\$ 890.00	0 %	\$ 0.00
	Asset Owner or Additional Details	Account Number			
	Documentation				
	Last two months bank statements				

TOTAL ASSETS MARKET VALUE: \$2,890.00

# CARES ACT - BEST PRACTICES

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## Rental/Mortgage Assistance Step E: Income Verification

Dashboard
Assets
Contractors
Funding
Loans
Reports
10223

STATUS
 AUDIT LOG

APPLICATION (8 OF 8)

- A. Eligibility
- B. Applicant Information
- C. Household Members
- D. Assets
- E. Income\***
- F. Expenses
- G. Required Documents
- Submit

ADMINISTRATION (0 OF 2)

Program Rental Assistance & Homeless Prevention  
Id 10223  
Status Application in Progress

Name Rubble, Barney  
Address No Property Address

### Household Income Verification

List all permanent household members, including all annual income for household members 18 years of age or older

1

HOUSEHOLD MEMBER

Barney Rubble

Age: 60

Total Income: \$ 26,000.00

Source

Additional Information

Annual Income

Gross Pay

Additional Information

\$ 26,000.00

Documentation

Two (2) months of most recent paystubs and Tax Returns

[December 2019 PayStub.pdf \(31k\)](#)  
[January 2020 PayStub.pdf \(31k\)](#)  
[February 2020 PayStub.pdf \(31k\)](#)

2

HOUSEHOLD MEMBER

Betty Rubble

Age: 55

Total Income: \$ 0.00

Source

Additional Information

Annual Income

No Income

Additional Information

\$ 0.00

Documentation

N/A

INCOME LIMITS

2017 HUD

TOTAL ANNUAL HOUSEHOLD INCOME

\$26,000.00

APPROVAL THRESHOLD

80%

+ ASSET INTEREST INCOME

\$27.00

CALCULATED % OF AMI

74.36%

= TOTAL COMBINED INCOME

\$26,027.00

AMI = AREA MEDIAN INCOME

% OF AMI (ROUNDED)

80%

Household Size	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
AMI 80%	\$23,200.00	\$28,000.00	\$32,000.00	\$36,000.00	\$40,000.00	\$44,000.00	\$49,600.00	\$55,200.00

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# CARES ACT - BEST PRACTICES

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## Rental/Mortgage Assistance Step F: Household Expenses

Home

**Rental Assistance & Homeless Prevention Application**  
Id: 10223

View Users (1) Print Application

- ☒ A. Eligibility
- ☒ B. Applicant Information
- ☒ C. Household Members
- ☒ D. Asset Verification
- ☒ E. Income Verification
- ☒ **F. Expenses\***
- ☒ G. COVID-19 Impact
- ☒ H. Required Documents
- ☒ Submit

F. Expenses

Please provide the following information

F.1. What are your total monthly expenses?

\$ 3,095.00

F.2. Please fill out the tables below regarding monthly expenses.

EXPENSE	MONTHLY AMOUNT
Rent   Mortgage Payment	\$ 900.00
Utilities (Water   Electric   Gas)	\$ 85.00
Car Payment	\$ 400.00
Gas (Automobile)	\$ 300.00
Phone (Cell/Cable)	\$ 120.00
Food	\$ 400.00
All Credit Cards	
Childcare or Child Support	
Medical	\$ 890.00
Student Loan	
All Loans/Debt	
Other	
	\$ 3,095.00

Describe any expenses in the "Other" category (if applicable).

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# CARES ACT - BEST PRACTICES

Rental / Mortgage & Micro-Enterprise Assistance



## Rental/Mortgage Assistance Step G: COVID-19 Impact

Home

Rental Assistance & Homeless Prevention Application

Id: 10223

View Users (2)

Print Application

☒ A. Eligibility

☒ B. Applicant Information

☒ C. Household Members

☒ D. Asset Verification

☒ E. Income Verification

☒ F. Expenses

☒ G. COVID-19 Impact\*

☒ H. Required Documents

☒ Submit

G. COVID-19 Impact

Please provide the following information

G.1. Identify any of the following situations that apply to you. (Check all that apply)

☒ My rent is past due

☐ My mortgage is past due

☐ I have an eviction notice or a non-renewal notice

☐ I need assistance to move-in to a more affordable rental

☒ My water is past due or disconnected

☐ I need help finding a job

☒ I need assistance paying for my prescriptions

☐ My electricity has been disconnected

☐ I have a shut off notice from my electric company

☐ I need deposit assistance

☒ My current electric bill is past due/delinquent

☐ My work hours were reduced

☒ I was laid off from my job

☐ A wage earner left my household

☐ Loss of Child Support

☐ Loss of TANF

☐ I have a pending SSI or SSD application

☐ I am fleeing domestic violence

☐ I am living in a car, outside, or other place not meant for human habitation

☐ I had an unexpected medical or funeral expense

☐ My residence was burned in a fire

☐ Code enforcement issues a notice that I had to leave my residence

Other Situation

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## Rental/Mortgage Assistance Step H: Required Documents

Home

Rental Assistance & Homeless Prevention Application

Id: 10223

View Users (1)

Print Application

☒ A. Eligibility

☒ B. Applicant Information

☒ C. Household Members

☒ D. Asset Verification

☒ E. Income Verification

☒ F. Expenses

☒ G. COVID-19 Impact

☒ H. Required Documents\*

☒ Submit

H. Required Documents

Please provide the following information

ALL ADULT HOUSEHOLD MEMBERS (18 YEARS AND OLDER) MUST SIGN THE DOCUMENTS BELOW

[Authorization for the Release of Information](#)

[Authorization for the Release of Information and Privacy Act](#)

[Notice of Collecting Social Security Numbers](#)

Documentation

☒ Valid Florida Photo ID or valid Florida Driver's License for all adult household members (18 years of age or older)

☐ Social Security Cards for all household members

☐ Verification of No Financial Accounts

☐ Authorization for Release of Information


☐ Authorization for Release of Information and Privacy Act Notice


# CARES ACT - BEST PRACTICES

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## Rental/Mortgage Assistance Submit

 Home



**Rental Assistance & Homeless Prevention Application**  
Id: 10223

 View Users (2)

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☒ A. Eligibility

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☒ D. Asset Verification

☒ E. Income Verification

☒ F. Expenses

☒ G. COVID-19 Impact

☒ H. Required Documents

☒ **Submit\***

Submit

Please provide the following information

☒ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Polk County's Rental Assistance and Homeless Prevention Program.

☒ I understand that Florida Statute Chapter 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under sections 775.082 and 775.083, Florida Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification.

☒ I certify that the application information provided is true and complete to the best of my/our knowledge.

☒ I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.

☒ I further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

Authorized Signature

Barney Rubble

Barney Rubble

Electronically signed by martin.greenlee@neighborlysoftware.com on 4/27/2020

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### Microenterprise Economic Development Application

#### Microenterprise Economic Development Eligibility

##### Eligibility



This program is available to a limited number of businesses that meet specific requirements set by the CDBG Microenterprise Program and specific priorities intended to advance economic development in the City of Columbia. The Program provides grants, loans, loan guarantees, and other forms of financial support, for the establishment, stabilization, and expansion of microenterprises.

1. Applicants must be a microenterprise, meaning they have five or fewer employees, including the owner, at the time of application. Does your business meet this requirement?

- ☒ Yes  
☐ No

2. Applicants must be a private for profit business that is legally operating within the City of Columbia. Non-profit entities are not eligible for microenterprise funds. Does your business meet this requirement?

- ☒ Yes  
☐ No



IF YOU ANSWERED 'NO' TO EITHER OF THE ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE MICRO-ENTERPRISE PROGRAM.

3. To qualify, a microenterprise must either be owned by someone from a low-to-moderate income (LMI) household OR 51% of the business's employees must be LMI households. Income limits are as follows:

Household Size	1	2	3	4	5	6	7	8
Income 80%	\$44,450.00	\$50,800.00	\$57,150.00	\$63,500.00	\$68,600.00	\$73,700.00	\$78,750.00	\$83,850.00

Based on these income limits, please note whether you will qualify. Check all that apply:

- ☒ The Owner is from a LMI Household [?](#)  
☐ 51% of the business's employees are LMI households



IF YOU DID NOT CHECK ANY BOX ABOVE, YOUR BUSINESS WILL NOT QUALIFY FOR THE MICRO-ENTERPRISE PROGRAM

4. The funding must result in the creation or retention of at least one full-time equivalent position to benefit a person from a low-to-moderate income household. Please check the box for how the funding will be utilized.

- ☒ The funding will **retain** at least one full-time equivalent position for a person from a LMI household. [?](#)  
☐ The funding will **create** at least one full-time equivalent position for a person from a LMI household.

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[↺ Reopen](#)



# CARES ACT - BEST PRACTICES

Rental / Mortgage & Micro-Enterprise Assistance



## Microenterprise Economic Development Step A: Contact Information

### A. Contact



Please provide the following information

A.1. Owner/Authorized Signers Name:

Michael Scott

A.5. Alternate Contact Name

Dwight Schrute

A.2. Owner Home Address

3423 Piedmont Road NE

A.6. Alternate Contact Title

VP Paper Sales

Suite 216

A.7. Alternate Contact Phone

(339) 299-2000

Atlanta

GA

30342

A.3. Owner Telephone

(770) 274-4338

A.8. Alternate Contact Email

dschrute@dundermifflin.com

A.4. Owner Email Address

msscott@dundermifflin.com

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Save

Complete & Continue





# CARES ACT - BEST PRACTICES

Rental / Mortgage & Micro-Enterprise Assistance



## Microenterprise Economic Development Step B: Business Information

### B. Business Information



Please provide the following information

**B.1. Legal Name of Business**

Dunder Mifflin

**B.2. Fictitious Business Name (Doing Business As)**

The Office

**B.3. Business Address**

3423 Piedmont Rd

Address Line 2

Atlanta

GA

30305

**B.4. What year was the business established?**

2009

**B.5. Type of Business**

Corporation

**B.6. Federal Employer Identification Number (FEIN)**

489002

**B.7. Dun & Bradstreet Number (DUNS)**

940202

**B.8. Please provide a description of the business and services/products offered:**

Sales of paper products.

**B.9. What is the business tax year (MM/DD - MM/DD)?**

01/01 - 12/31

**B.10. Has the business ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties?**

☐ Yes

☒ No

If "Yes," please explain:

NA

**B.11. Has this business been funded through any other public sector grant /loan program in the last five years?**

☐ Yes

☒ No

If "Yes," what year?

**B.12. Does the business qualify as woman owned?**

☐ Yes, Woman Owned

☒ No

**B.13. Does the business qualify as minority owned?**

☐ Yes, Minority Owned

☒ No

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Save

Complete & Continue



# CARES ACT - BEST PRACTICES

Rental / Mortgage & Micro-Enterprise Assistance



## Microenterprise Economic Development Step C: Employees

### C. Employees



Please provide the following information

C.1. Total number of current employees in the business.

C.2. Provide a list of current employees, including the owner, officers, full/part time and leased employees. Note that income self certification will be required for all employees designated as Low/Moderate Income (LMI).

EMPLOYEE NAME	EMPLOYEE JOB TITLE	TYPE OF EMPLOYEE	ANNUAL WAGE/SALARY	IS THIS A LMI EMPLOYEE?	WILL REQUESTED FUNDING BE USED TO RETAIN THIS EMPLOYEE?	
Micahel Scott	CEO	Full Time	\$ 55,000.00	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	⊗
Dwight Schrute	VP Sales	Full Time	\$ 40,000.00	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	⊗
Pam Beesly	Secretary	Full Time	\$ 22,000.00	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	⊗
Creed Bratton	Sales Executive	Full Time	\$ 30,000.00	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	⊗
Jim Halpert	Director Sales	Full Time	\$ 60,000.00	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	⊗

Add Employee

C.3. List all Principals/Owners Owning 20% or More of the Business - Provide Title(s) and Percentage of Ownership:

PRINCIPAL / OWNER NAME	PERCENT OF OWNERSHIP	
Michael Scott	100 %	⊗

Add Principal / Owner

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Save

Complete & Continue





## Microenterprise Economic Development Step D: Funding Request

### D. Funding Request



Please provide the following information

D.1. How much funding are you requesting?

\$ 25,000.00

D.2. Please describe how this grant will help your business maintain sustainable operations:

The funding will allow us to retain two LMI employees payroll as we navigate through the business disruptions associated with COVID-19.

D.3. Describe the effect the funds will have on the success of the business and its overall impact on the community at large.

Dunder Mifflin has been a proud part of the local community for over 40 years. We participate in many fundraising events and employee 4 members of the local community. This funding will allow us to continue operations through these difficult times at full staff capacity.

D.4. Total full time equivalent position(s) created for a person from an LMI household.

D.5. Total full time equivalent position(s) retained for a person from an LMI household.

D.6. USE OF FUNDS: All expenditures must be reasonable, allowable and necessary for the type businesses requesting the funding. Funds under this Program may not be used to reimburse expenses incurred prior to Grantee approval of loan or grant.

FUNDING USE	AMOUNT (\$)
Salaries/Benefits to Retain Jobs	\$ 20,000.00
Salaries/Benefits to Add Jobs	
Machinery	
Equipment	
Operating Expenses	\$ 5,000.00
Other	
	\$ 25,000.00

Please describe funds in the "Other" line item (if applicable)

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Save

Complete & Continue



# CARES ACT - BEST PRACTICES

Rental / Mortgage & Micro-Enterprise Assistance



## Microenterprise Economic Development Step E: Owner LMI Verification (if applicable)

### E. Owner LMI Verification

Applicants must complete Section E if the business qualifies for Microenterprise funding based on the Owner of the business being a member of an LMI Household (from eligibility page). If the business qualifies for Microenterprise funding based on 51% of employees being LMI households, you DO NOT need to complete Section E. Rather, businesses that qualify for Microenterprise funding based on 51% of LMI employees must have each LMI employee complete a Self Income Certification in Section F. Required Documents.

**LMI Business Owners must list all permanent household members, including all annual income for household members 18 years of age or older.**

#### 1 HOUSEHOLD MEMBER

Michael Scott	Age: 45	Total Income: \$ 22,000.00
Source	Additional Information	Annual Income
<input checked="" type="radio"/> Gross Pay	<input type="text" value="Additional Information"/>	\$ 22,000.00
Documentation Two (2) months of most recent paystubs and Tax Returns		<a href="#">Upload File</a>
<a href="#">Add an Income Source</a>		



[Click here to add a new household member](#)

INCOME LIMITS	2019 HUD	= TOTAL COMBINED INCOME ⓘ	\$22,000.00
APPROVAL THRESHOLD	80%		

**CALCULATED % OF AMI ⓘ** **80.00%**  
AMI = AREA MEDIAN INCOME

# CARES ACT - BEST PRACTICES

Rental / Mortgage & Micro-Enterprise Assistance



## Microenterprise Economic Development Step F: Required Documents

### F. Required Documentation



Complete the CDBG Self Certification Form by downloading it [HERE](#) and uploading it below.

#### Documentation

☐ CDBG Self Certification Form

☒ Auto Insurance (required if the business provides transportation services)

[Auto Insurance.pdf \(31k\)](#)

☒ Business General Liability Insurance

[Business Insurance.pdf \(31k\)](#)

☒ Business Income Tax Return (Form 1120) for the past 1 year if in business prior to 2019

[Tax Return.pdf \(31k\)](#)

☒ Company's Business Registration

[Cert of Incorporation.pdf \(31k\)](#)

☒ Current lease agreement or deed to the property (must be a commercial lease/space)

[LeaseAgreement.pdf \(31k\)](#)

☐ Fictitious Name Registration (if applicable)

☒ Past 3 Months Bank Statements for Business

[December2019\\_BankStatement.pdf \(31k\)](#)

[January2020\\_BankStatement.pdf \(31k\)](#)

## Microenterprise Economic Development Submit:

### Submit



- ☒ I certify that I have the authority to apply for this grant on behalf of the business described herein.
- ☒ I understand that should my business be approved for a Micro-Enterprise loan/grant that I will need to provide income documentation for all owner/employees classified as Low/Moderate Income (LMI).
- ☒ I certify that the grant will be used for business purposes only and not for household, personal, or consumer usage.
- ☒ I certify that the information contained in this application is true, complete and correct to the best of my knowledge.
- ☒ I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Michael P. Scott

Michael P. Scott

Electronically signed by [jason.rusnak@neighborlysoftware.com](mailto:jason.rusnak@neighborlysoftware.com) on 3/25/2020