

Central Falls Family Self Sufficiency Foundation



The Central Falls Family Self Sufficiency Foundation announces the availability of rental and mortgage assistance funding to low income Central Falls residents who have had a reduction in income due to COVID-19.

Eligibility

- Must be a Central Falls resident
- The household must earn at or below 80% of Area Median Income adjusted for family size:
 - 1 Person \$48,750
 - 2 Persons \$55,700
 - 3 Persons \$62,650
 - 4 Persons \$69,600
 - 5 Persons \$75,200
 - 6 Persons \$80,750
- Preferences will be given to households that are at a risk of imminent homelessness as a result of the COVID-19 pandemic.

Program Guidelines

- Approved assistance payments will be issued directly to landlords.
- One application per unit.
- Tenants occupying a property owned by relatives are not eligible.
- Public Housing, Section 8 and private residential tenants are eligible.
- Applications should be emailed to fssfoundation@cfhousing.org or mailed to Central Falls Family Self Sufficiency Foundation, 30 Washington Street, Central Falls, RI 02863
- Only completed applications will be processed.

Central Falls Family Self Sufficiency Foundation will not discriminate on a basis of race, color, sex, religion, creed, nationality or ethnic origin, age, family or marital status, sexual orientation, handicap or disability, deny any family or individual the opportunity to apply for, or receive assistance under this program.

Central Falls Family Self Sufficiency Foundation

COVID-19 Rent Relief Application & Affidavit



Tenant Information

First Name: _____ Last Name: _____
Email: _____
Phone number: _____ Date of Birth: _____
Rental Address: _____ Unit #: _____
City: **Central Falls** State: **RI** Zip Code: **02863**
Mailing Address (if different): _____
City: **Central Falls** State: **RI** Zip Code: **02863**

Names of all other household members:

#1 First Name: _____ Last Name: _____
#2 First Name: _____ Last Name: _____
#3 First Name: _____ Last Name: _____
#4 First Name: _____ Last Name: _____
#5 First Name: _____ Last Name: _____
#6 First Name: _____ Last Name: _____

Predominant Household Race:

Black
 Asian

Native American
 Other

Hispanic
 White

I declare, under penalties of perjury, as follows:

- I pay rent to _____ (Landlord) whose contact information is:
Mailing Street Address: _____
City: _____ State: _____
Zip Code: _____ Phone number: _____
Email: _____
- My household has lost significant income due to COVID-19 and is now unable to pay rent for my residence
____ Due to job loss ____ Due to school closure ____ Other Please explain _____
- My household's estimated gross income for the current month is \$ _____.
- My household's monthly rent is \$ _____.
- My household does not have sufficient savings or liquid assets to pay the rent.
- Does your household receive Section 8 assistance? ____ Yes ____ No
- I am behind in my rent in the amount of \$ _____.
- I have been served an eviction notice. ____ Yes ____ No
- No other person in my household has applied for or will apply for this COVID 19 Rent Relief Program.
- I understand my Landlord must agree not to take any action to evict me for nonpayment of rent for any month in which the payment is applied.
- I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the Central Falls Family Self Sufficiency Foundation to verify and investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a crime and will subject me to criminal penalties and civil remedies.

Date: _____ Name: _____

Central Falls Family Self Sufficiency Foundation

La Fundación de Autosuficiencia Familiar de Central Falls anuncia la disponibilidad de fondos de asistencia de alquiler e hipoteca para residentes de Central Falls de bajos ingresos que han tenido una reducción en sus ingresos debido al COVID-19.

Elegibilidad

- Debe ser residente de Central Falls
- El hogar debe ganar al 80% o menos si el ingreso medio del área se ajusta al tamaño de la familia:
 - o 1 Persona \$ 48,750
 - o 2 Personas \$ 55,700
 - o 3 Personas \$ 62,650
 - o 4 Personas \$ 69,600
 - o 5 Personas \$ 75,200
 - o 6 Personas \$ 80,750
- Se dará preferencia a los hogares que están en riesgo de quedarse sin hogar inminente como resultado de la pandemia de COVID-19.

Directrices del programa

- Los pagos de asistencia aprobados se emitirán directamente a los propietarios.
- Una aplicación por unidad.
- Los inquilinos que ocupan una propiedad propiedad de familiares no son elegibles.
- Los inquilinos de viviendas públicas, Sección 8 y residenciales privados son elegibles.
- Las solicitudes deben enviarse por correo electrónico a fssfoundation@cfhousing.org o enviarse por correo a Central Falls Family Self Sufficiency Foundation, 30 Washington Street, Central Falls, RI 02863
- Solo se procesarán las solicitudes completadas.

Central Falls Family Self Sufficiency Foundation no discriminará por motivos de raza, color, sexo, religión, credo, nacionalidad u origen étnico, edad, familia o estado civil, orientación sexual, discapacidad o discapacidad, ni negará a ninguna familia o individuo la oportunidad de solicitar o recibir asistencia en virtud de este programa.

Central Falls Family Self Sufficiency Foundation

COVID-19 Rent Relief Application & Affidavit



Tenant Information

First Name: _____ Last Name: _____

Email: _____

Phone number: _____ Date of Birth: _____

Rental Address: _____ Unit #: _____

City: **Central Falls** State: **RI** Zip Code: **02863**

Mailing Address (if different): _____

City: **Central Falls** State: **RI** Zip Code: **02863**

Names of all other household members:

#1 First Name: _____ Last Name: _____

#2 First Name: _____ Last Name: _____

#3 First Name: _____ Last Name: _____

#4 First Name: _____ Last Name: _____

#5 First Name: _____ Last Name: _____

#6 First Name: _____ Last Name: _____

Predominant Household Race:

 Black
 Asian Native American
 Other Hispanic
 White

Declaro, bajo pena de perjurio, lo siguiente:

1. Pago el alquiler a (arrendador) cuya información de contacto es: Dirección postal: Ciudad: Estado: Código postal: Número de teléfono:

Correo electrónico:

2. Mi hogar ha perdido ingresos significativos debido a COVID-19 y ahora no puede pagar el alquiler de mi residencia.

_____ Debido a la pérdida del empleo ___ Debido al cierre de la escuela _____ Otro Por favor explique

3. El ingreso bruto estimado de mi hogar para el mes actual es \$.

4. El alquiler mensual de mi hogar es de \$.

5. Mi hogar no tiene suficientes ahorros o activos líquidos para pagar el alquiler.

6. ¿Su hogar recibe asistencia de la Sección 8? _____ Sí No

7. Estoy atrasado en mi alquiler por la cantidad de \$ _____.

8. Me han entregado una notificación de desalojo. _____ Sí No

9. Ninguna otra persona en mi hogar ha solicitado o solicitará este Programa de alivio de alquiler de COVID 19.

10. Entiendo que mi arrendador debe estar de acuerdo en no tomar ninguna medida para desalojarme por falta de pago de la renta de cualquier mes en el que se aplique el pago.

11. Por la presente juro y afirmo que la información anterior es verdadera y correcta a mi leal saber y entender.

Autorizo a la Central Falls Family Self Sufficiency Foundation a verificar e investigar dicha información con mi total cooperación en cualquier momento. Entiendo que proporcionar información falsa en esta Declaración jurada es un delito y me someterá a sanciones penales y recursos civiles.

Fecha: _____ Nombre: _____