



HOUSE WAKE! COVID-19 FINANCIAL ASSISTANCE PROGRAM

Landlord Application

The House Wake! COVID-19 Financial Assistance Program focuses specifically on eviction prevention and utility assistance. This program provides financial assistance to tenants, landlords and utility companies to cover rent and utility shortfalls resulting from a financial hardship directly or indirectly due to COVID-19. Qualifying households must have income that does not exceed 80% area median income with priority given to households with incomes below 50% AMI. , If you have questions regarding this application or need assistance, please call Telamon at (919) 899-9911.

NOTE: Much of the correspondence for this Program is via EMAIL, so please check your Spam email folder if you have not received any emails from Neighborly Software or from housing@telamon.org.

Eligibility criteria for BOTH Tenant AND Landlord are outlined in the two sets of criteria below. Before proceeding, it is recommended that both parties discuss and agree that they are both willing and able to proceed and that both will complete the online application, provide all required items, and abide by all required terms.

Eligibility Criteria for Tenant:

1. Must be a Wake County resident, with proof of residency, and residing in the property that is in arrears as primary residence and;
2. One or more adults in the household must have qualified for unemployment benefits or has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly to the coronavirus outbreak that can be documented and;
3. One or more adults in the household must be able to demonstrate a risk of experiencing homelessness or housing instability such as a past due rent or utility notice, pay rent or quit notice, court issued eviction notice, or documented inability to pay prospective rent and;
4. Must be able to provide a fully executed rental lease or agreement where the lease is in the Applicant’s name and the Applicant is responsible for monthly rent payments and;
5. Household income must fall at or below these brackets:

Household Size	1	2	3	4	5	6	7	8
Income 80%	\$53,600	\$61,250	\$68,900	\$76,550	\$82,700	\$88,800	\$94,950	\$101,050

6. Must read and agree to full Terms & Conditions that are outlined prior to submission of the application.

Eligibility Criteria for Landlord:

1. Must provide a valid W-9 for payment to the owner of the rental property.
2. Must confirm that any rental arrears submitted for consideration are for Wake County property(ies) only.
3. Must read and agree to full Terms & Conditions that are outlined prior to submission of the application.

Landlord Information

Please provide the following information.

PRIMARY LANDLORD/PROPERTY NAME			
LANDLORD ADDRESS			UNIT #
CITY	STATE	ZIP CODE	COUNTY
LANDLORD TELEPHONE NUMBER		LANDLORD EMAIL ADDRESS	
LANDLORD EIN OR SSN FOR PAYMENT RECORDS		ALTERNATE CONTACT (IF APPLICABLE)	
<input type="checkbox"/> EIN <input type="checkbox"/> SSN			
PREFERRED MAILING ADDRESS IF RECEIVING FUNDS VIA PAPER CHECK INSTEAD OF DIRECT DEPOSIT			UNIT
CITY	STATE	ZIP CODE	COUNTY
HOW DID YOU HEAR ABOUT THIS PROGRAM?			
<input type="checkbox"/> Family or Friend <input type="checkbox"/> Internet <input type="checkbox"/> Tenant <input type="checkbox"/> Another Agency <input type="checkbox"/> Other (Please Specify:			

Tenant Information

Please provide the following information on your tenant(s)

TENANT FIRST NAME		TENANT LAST NAME	
TENANT ADDRESS			UNIT #
CITY	STATE	ZIP CODE	COUNTY
TENANT TELEPHONE NUMBER		TENANT EMAIL ADDRESS	

LEASE BEGIN DATE		LEASE END DATE	
MONTHLY RENT AMOUNT	TOTAL PAST DUE RENT	TOTAL LATE FEES DUE	
HOW DID YOU HEAR ABOUT THIS PROGRAM?			
<input type="checkbox"/> Family or Friend	<input type="checkbox"/> Internet	<input type="checkbox"/> Tenant	<input type="checkbox"/> Another Agency
<input type="checkbox"/> Other (Please Specify: _____)			

Release of Information

I understand that this is not a completed application, and that program staff will need to contact the tenant to validate the information contained in this application and complete the application process. I give my permission for the tenant and program staff to exchange information to validate active lease, rental payments, rent owed and to facilitate eligibility determination. I do hereby indemnify and forever hold harmless the tenant, from all actions and causes of actions, suits, claims, attorney fees, or demands which may result from the tenant or landlord’s discussing this account and/or providing any information concerning the rental account to Telamon Corporation housing staff.

Privacy Policy

Telamon is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your information may be provided to funders for program monitoring purposes. We may use anonymous aggregated case file information for reporting on and evaluating our services, gathering valuable research information, and designing future programs. Release of your information to third parties

1. We may disclose some or all the information that we collect to third parties as a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulation to guard your nonpublic personal information.

Submission of this application indicates I have reviewed and understand the above Privacy Policy.

Complaint Resolution Process

Telamon serves all members of the community. We do not engage in the practice of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, age, color, gender, national origin, or disability. We are committed to providing you with a high-quality professional service. However, if you are not satisfied with the services provided or you want to make a complaint, we ask that you follow these guidelines:

Step One: Try to resolve the issue with the staff member involved, giving him or her specific information about your complaint.

Step Two: If Step One is not possible or the issue is not resolved to your satisfaction, email, write or call the

Housing Director at 919-590-0302 or at housing@telamon.org.

Step Three: If your issue is still unresolved, you may appeal in writing directly to the Chief Executive Officer of Telamon Corporation. The Chief Executive Officer will provide a concluding decision to you within 15 days.

Step Four: If your issue is still unresolved, you may appeal in writing directly to the Telamon Governing Board Operations Committee. The Committee Chair will provide a concluding decision to you within 15 days.

I am aware that any payment that may be provided to the Landlord by the House Wake! COVID-19 Financial Assistance Program on the Applicant's behalf through this Program will be made by use of federal funds and, therefore, I understand that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

By signing this form and checking all the boxes above, I acknowledge that I have read or have had all certifications explained to me and agreed to each.

Applicant Signature: _____ **Date:** _____

PLEASE RETURN THIS APPLICATION AND ALL REQUIRED DOCUMENTATION TO:

Scan a copy and email to: housing@Telamon.org

Fax a copy to: (919) 851-9044

Mail a copy to: Telamon Corporation, 5560 Munford Rd., Suite 201, Raleigh, NC 27612

For further assistance, contact Telamon Corporation at 1-919-899-9911 or housing@telamon.org.

Additional Required Documentation

- Completed & signed IRS Form-W9
- Most recent ledger (Must show name, address, and rent amount due)
- Rental agreement or documentation that shows rental arrangement.