



HOUSE WAKE! COVID-19 FINANCIAL ASSISTANCE PROGRAM

Tenant 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.

Applicant Information

Please provide the following information.

APPLICANT FIRST NAME		M.I.	APPLICANT LAST NAME	
STREET ADDRESS				APT. #
CITY		STATE	ZIP CODE	COUNTY
TELEPHONE NUMBER		EMAIL ADDRESS		
DATE OF BIRTH	EMPLOYED?	CURRENT EMPLOYER		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
RELATIONSHIP TO HEAD OF HOUSEHOLD		ETHNICITY	GENDER	
<input type="checkbox"/> Self <input type="checkbox"/> HH's Child <input type="checkbox"/> HH's Spouse/Partner <input type="checkbox"/> Other <input type="checkbox"/> Not Related		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Chose Not to Respond	
RACE				
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Chose Not to Respond		
HOW DID YOU HEAR ABOUT THE PROGRAM?				
<input type="checkbox"/> Family or Friend <input type="checkbox"/> Internet <input type="checkbox"/> Landlord/Property Manager <input type="checkbox"/> Social Media		<input type="checkbox"/> TV/Radio <input type="checkbox"/> Referred by Another Agency <input type="checkbox"/> Other: _____		
IS ANY HOUSEHOLD MEMBER CURRENTLY RECEIVING UNEMPLOYMENT COMPENSATION FOR AT LEAST 90 DAYS?		ARE YOU DISABLED?	ARE YOU A VETERAN?	NUMBER OF BEDROOMS IN UNIT:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Household Information

Applicants must disclose ALL household members residing in the unit

OTHER HOUSEHOLD MEMBER FIRST NAME ¹		M.I.	OTHER HOUSEHOLD MEMBER LAST NAME ¹	
DATE OF BIRTH		EMPLOYED?	CURRENT EMPLOYER	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
RELATIONSHIP TO HEAD OF HOUSEHOLD		ETHNICITY		GENDER
<input type="checkbox"/> Self <input type="checkbox"/> HH's Child <input type="checkbox"/> HH's Spouse/Partner <input type="checkbox"/> Other <input type="checkbox"/> Not Related		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Chose Not to Respond		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Chose Not to Respond
RACE				
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American			<input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Chose Not to Respond	
IS ANY HOUSEHOLD MEMBER CURRENTLY RECEIVING UNEMPLOYMENT COMPENSATION FOR AT LEAST 90 DAYS?			ARE YOU DISABLED?	ARE YOU A VETERAN?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER HOUSEHOLD MEMBER FIRST NAME ²		M.I.	OTHER HOUSEHOLD MEMBER LAST NAME ²	
DATE OF BIRTH		EMPLOYED?	CURRENT EMPLOYER	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
RELATIONSHIP TO HEAD OF HOUSEHOLD		ETHNICITY		GENDER
<input type="checkbox"/> Self <input type="checkbox"/> HH's Child <input type="checkbox"/> HH's Spouse/Partner <input type="checkbox"/> Other <input type="checkbox"/> Not Related		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Chose Not to Respond		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Chose Not to Respond
RACE				

<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Chose Not to Respond	
IS ANY HOUSEHOLD MEMBER CURRENTLY RECEIVING UNEMPLOYMENT COMPENSATION FOR AT LEAST 90 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER HOUSEHOLD MEMBER FIRST NAME³		M.I.	OTHER HOUSEHOLD MEMBER LAST NAME³	
DATE OF BIRTH	EMPLOYED?	CURRENT EMPLOYER		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
RELATIONSHIP TO HEAD OF HOUSEHOLD		ETHNICITY		GENDER
<input type="checkbox"/> Self <input type="checkbox"/> HH's Child <input type="checkbox"/> HH's Spouse/Partner <input type="checkbox"/> Other <input type="checkbox"/> Not Related		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Chose Not to Respond		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Chose Not to Respond
RACE				
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Chose Not to Respond		
IS ANY HOUSEHOLD MEMBER CURRENTLY RECEIVING UNEMPLOYMENT COMPENSATION FOR AT LEAST 90 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER HOUSEHOLD MEMBER FIRST NAME ⁴		M.I.	OTHER HOUSEHOLD MEMBER LAST NAME ⁴		
DATE OF BIRTH		EMPLOYED?	CURRENT EMPLOYER		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
RELATIONSHIP TO HEAD OF HOUSEHOLD		ETHNICITY		GENDER	
<input type="checkbox"/> Self <input type="checkbox"/> HH's Child <input type="checkbox"/> HH's Spouse/Partner <input type="checkbox"/> Other <input type="checkbox"/> Not Related		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Chose Not to Respond		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Chose Not to Respond	
RACE					
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American			<input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Chose Not to Respond		
IS ANY HOUSEHOLD MEMBER CURRENTLY RECEIVING UNEMPLOYMENT COMPENSATION FOR AT LEAST 90 DAYS?			ARE YOU DISABLED?		ARE YOU A VETERAN?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Income Verification

You have three options for reporting/entering your household income. The three options are outlined below and you can select one of the options and follow the instructions for that option. **Household income is income earned by everyone within the household over the age of 18.**

Option 1: Enter the "adjusted gross income" from your 2020 tax return filed with the IRS. The tax return must be signed and the first two pages must be uploaded.

OR

Option 2: Medicaid, Women, Infants, and Children (WIC) benefits Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Temporary Assistance for Needy Families (TANF), Subsidized housing (not including housing choice, project based, or Section 8 vouchers) that required income documentation as a condition of residency, Any household income-based state or federally funded assistance program for low-income persons or households, Any locally operated assistance program for low-income persons or households that requires household income verification and uses federal income limits. Any paperwork submitted must show the name of the person receiving the benefit, the address of the person receiving the benefit, and must have been issued after January 1, 2020.

OR

Option 3: Enter income information for every household member reporting income for each applicable type of income following the instructions below. Note: You will need to upload supporting documents for each type of income reported.

Household Income Certification Method (Required). Select one of the options below:

<input type="checkbox"/>	I will certify my household annual income by using my 2020 Federal Income Tax Return & providing a copy to the agency for verification.
<input type="checkbox"/>	My household qualifies based on our participation in another income-based state or federally funded assistance program, and I will provide documentation to the agency for verification.
<input type="checkbox"/>	I will certify my household annual income by documenting each household members' income sources and I will provide documentation to the agency for verification.

Information Required ONLY for Applicants Selecting Option 3:

Name of Individual	Income Source (select)	Annual Income
	<input type="checkbox"/> Alimony <input type="checkbox"/> Pension/Retirement/SSI <input type="checkbox"/> Gross Pay <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> No Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Other Income <input type="checkbox"/> Child Support	

	<input type="checkbox"/> Alimony <input type="checkbox"/> Gross Pay <input type="checkbox"/> No Income <input type="checkbox"/> Other Income	<input type="checkbox"/> Pension/Retirement/SSI <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> Investment Income <input type="checkbox"/> Child Support	
	<input type="checkbox"/> Alimony <input type="checkbox"/> Gross Pay <input type="checkbox"/> No Income <input type="checkbox"/> Other Income	<input type="checkbox"/> Pension/Retirement/SSI <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> Investment Income <input type="checkbox"/> Child Support	
	<input type="checkbox"/> Alimony <input type="checkbox"/> Gross Pay <input type="checkbox"/> No Income <input type="checkbox"/> Other Income	<input type="checkbox"/> Pension/Retirement/SSI <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> Investment Income <input type="checkbox"/> Child Support	
	<input type="checkbox"/> Alimony <input type="checkbox"/> Gross Pay <input type="checkbox"/> No Income <input type="checkbox"/> Other Income	<input type="checkbox"/> Pension/Retirement/SSI <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> Investment Income <input type="checkbox"/> Child Support	
	<input type="checkbox"/> Alimony <input type="checkbox"/> Gross Pay <input type="checkbox"/> No Income <input type="checkbox"/> Other Income	<input type="checkbox"/> Pension/Retirement/SSI <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> Investment Income <input type="checkbox"/> Child Support	
	<input type="checkbox"/> Alimony <input type="checkbox"/> Gross Pay <input type="checkbox"/> No Income <input type="checkbox"/> Other Income	<input type="checkbox"/> Pension/Retirement/SSI <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> Investment Income <input type="checkbox"/> Child Support	
	<input type="checkbox"/> Alimony <input type="checkbox"/> Gross Pay <input type="checkbox"/> No Income <input type="checkbox"/> Other Income	<input type="checkbox"/> Pension/Retirement/SSI <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> Investment Income <input type="checkbox"/> Child Support	

COVID-19 Impact

Select the appropriate responses below related to a COVID-19 impact.

Leaseholder/Household Income Impact

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the leaseholder or other members of the household lost income due to the COVID-19 Pandemic?
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Check each condition that applies to the leaseholder or other members of the leaseholder's household who have lost income due to the COVID-19 pandemic. Select ALL that apply

<ul style="list-style-type: none"><input type="checkbox"/> Have been laid off temporarily or permanently<input type="checkbox"/> Have had work hours reduced<input type="checkbox"/> Were about to start a new job but could not or were terminated from a new job before establishing sufficient work history to be eligible for regular benefits.<input type="checkbox"/> Are self-employed, and their business is no longer supplying them with income, or such income has been reduced.<input type="checkbox"/> Are independent contractors or gig workers who have not been able to earn fees, or whose fees have been reduced.<input type="checkbox"/> Have become sick themselves or have been advised by a governmental or medical professional to self-quarantine.<input type="checkbox"/> Have had to leave a job or reduce hours to care for a person who is sick.<input type="checkbox"/> Have had to leave a job or reduce hours to care for dependents whose ordinary situations (such as school or daycare) have been disrupted.<input type="checkbox"/> Have reasonable concern over the risk of infection at work, for themselves or someone in their household. (Examples include individuals who themselves or live with someone who is elderly, have underlying conditions that render them more vulnerable, or are immunocompromised).<input type="checkbox"/> Had an unexpected COVID-related medical or funeral expense.<input type="checkbox"/> Have other conditions resulting in loss of income due to the COVID-19 pandemic. (Please describe below.) <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div>
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Please provide a brief description of your COVID-19 income loss

[Empty text box for providing a brief description of COVID-19 income loss]

Financial Assistance Request

Fill out the amount that you are requesting for each month of housing payments that you require assistance for due to your household's COVID-19 impact. For instance, if you require assistance for \$1,000 of rent missed in November 2020, but only \$500 of rent missed in December 2020, then you would fill out \$1,000 in November 2020 and \$500 in December 2020.

Are you requesting rental assistance?	Have you received a notice to vacate from your landlord or property management company?	Has your household received an eviction notice from your landlord?	What is your current monthly rent amount?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Name/Name of Apartments		Landlord/Property Phone Number	
Landlord/Property Manager Email Address		Landlord/Property Manager Name	
Landlord/Property Manager Address			
City		State	Zip Code

Rent Request By Month (Required)

April 2020	November 2020	June 2021
May 2020	December 2020	July 2021
June 2020	January 2021	August 2021
July 2020	February 2021	September 2021
August 2020	March 2021	October 2021
September 2020	April 2021	November 2021
October 2020	May 2021	December 2021

Water/Sewer/Trash Assistance Request By Month (If billed separately from rent)

Name of Utility Provider		Utility Provider Account Number
April 2020	November 2020	June 2021
May 2020	December 2020	July 2021
June 2020	January 2021	August 2021
July 2020	February 2021	September 2021
August 2020	March 2021	October 2021
September 2020	April 2021	November 2021
October 2020	May 2021	December 2021

Natural Gas/Propane Assistance Request By Month (If billed separately from rent)

Name of Utility Provider		Utility Provider Account Number
April 2020	November 2020	June 2021
May 2020	December 2020	July 2021
June 2020	January 2021	August 2021
July 2020	February 2021	September 2021
August 2020	March 2021	October 2021

September 2020	April 2021	November 2021
October 2020	May 2021	December 2021

Electricity Assistance Request By Month (If billed separately from rent)

Name of Utility Provider		Utility Provider Account Number	
April 2020	November 2020	June 2021	
May 2020	December 2020	July 2021	
June 2020	January 2021	August 2021	
July 2020	February 2021	September 2021	
August 2020	March 2021	October 2021	
September 2020	April 2021	November 2021	
October 2020	May 2021	December 2021	

Internet Assistance Request By Month (If billed separately from rent)

Name of Utility Provider		Utility Provider Account Number	
April 2020	November 2020	June 2021	
May 2020	December 2020	July 2021	
June 2020	January 2021	August 2021	
July 2020	February 2021	September 2021	
August 2020	March 2021	October 2021	
September 2020	April 2021	November 2021	
October 2020	May 2021	December 2021	

Prior Assistance Received

Assistance provided under the Emergency Rental Assistance Program for households economically impacted by COVID-19 may not exceed a household's monthly unmet housing cost needs. List all other sources of rent or utility assistance received from local governments, the State, Owner Preservation Program, non-profit organizations, faith-based organizations, or friends and family.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has anyone in your household applied for, or received any rental and/or utility assistance from any source (local, state, federal, private) FOR THE MONTHS YOU ARE APPLYING TO HOUSE WAKE FOR? If yes, complete the section below. If no, proceed to the next section.
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List the housing assistance that you have already received each month, where applicable. List all amounts and sources of financial and/or housing assistance (the name of the local, state, federal or private organization) FOR ONLY THE MONTHS YOU ARE APPLYING TO HOUSE WAKE

April 2020	November 2020	June 2021
May 2020	December 2020	July 2021
June 2020	January 2021	August 2021
July 2020	February 2021	September 2021
August 2020	March 2021	October 2021
September 2020	April 2021	November 2021
October 2020	May 2021	December 2021

Release of Information

I understand that validating information contained in this application will require program staff to contact my landlord. I give my permission for the landlord and program staff to exchange information to validate active lease, rental payments, rent owed, and to facilitate enrollment as a vendor. Furthermore, I give my permission for program staff to communicate with employers or other originators of documents I have provided to establish my eligibility. Information exchanged will be used to determine program qualification and enrollment. I do hereby indemnify and forever hold harmless the program staff, the landlord, and any other persons who have provided information to or communicated with program staff or the Program Administrator for purposes of determining my qualification and enrollment from all actions and causes of actions, suits, claims, attorney fees, or demands resulting therefrom.

Privacy Policy

We realize that the concerns you bring to us are highly personal in nature and your privacy is important. Your information may be used for program monitoring purposes, including the use of 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 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 to the extent required by law.
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

The House Wake! Financial Assistance Program 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 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 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.

Self-Certification Affidavits

In certain circumstances where required documentation is not readily available, the program will accept a written attestation

from the applicant at the time of application. In these circumstances, the applicant is required to complete the Self-Certification Form attached at the end of this application.

- I understand the House Wake! Financial Assistance Program is utilizing permissions by the Treasury for self-attestation without further documentation to speed the delivery of assistance to households in need during the public health emergency. While applicants can provide written attestation in certain circumstances for documentation that is not readily available, documentation may be required on or before recertifications.

Completed Application Certification

- I certify that my income sources and amounts listed in this application accurately reflect the income my household received in the last 60 days. This includes if I have no reportable income or income from self-employment. I understand my income must be reported and reassessed every 90 days at recertification.
- I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I further understand that if any false statements are made in connection with this application, additional action may be taken against me for any remedies available under state and federal law, including monetary relief in the form of repayment and reimbursement of all benefits received, and costs attributed to the collection thereof.
- I understand that Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, which includes the United States Department of Treasury and its Emergency Rental Assistance Program.
- I certify that the information I have provided in this application is a true and complete statement of facts according to my best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the - House Wake! Financial Assistance Program. I understand that the information on this form may be checked by the Federal, State, County or City reviewer and I consent to this review. Furthermore, I understand that my application must be complete and include all necessary supporting documentation to be considered for the - House Wake! COVID-19 Financial Assistance Program. I agree to provide additional documentation within designated timelines to the Program Administrator if necessary.
- I certify the funds received through this program will be used exclusively for rent, utility payments, and any arrears. I understand that failure to use the funds as indicated above may result in my household's disqualification for future assistance through House Wake! and other services. I may be financially responsible to repay any funds used for purposes other than direct payments to the Utility Service, my landlord or Property Manager. House Wake! ERAP funds made directly to me for the purpose of paying rent or utilities must be used for the intended purpose or returned.
- I certify that my household has not received, nor will receive, payment assistance, a subsidy, or other financial reimbursement from any another program for the same costs that will be paid from House Wake! (Emergency Rental Assistance Program). I will notify the Program Administrator of any possible duplication to avoid the duplication or the need to repay funds.

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

- Utility bill with the lease address in the name of the applicant (If photo ID doesn't match address)
- Valid photo ID for all adult household members 18 or older
- Most recent rent statement (Must show name, address, and rent amount due)
- Rental agreement or documentation that shows rental arrangement.