



CITY OF SEBASTIAN FLORIDA

MORTGAGE AND RENTAL ASSISTANCE GRANT

PROGRAM GUIDE

This Grant Program is offered on a first completed, first served basis to provide temporary mortgage or rental assistance to eligible applicants whose household has been economically affected by the COVID-19 Pandemic. The assistance is limited to the actual missed or currently due mortgage or rent payments due after April 1, 2020 and may not exceed \$1,500.00 per month (may include late fees and charges, security deposits and required tax and insurance escrow deposits). Payments may be for a one to three month period but the total may not exceed \$4,500.00. Grants shall only be paid directly to the mortgage holder or to the landlord. The amount of total grants is subject to the availability of funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The application period will end on December 15, 2020 or when all funds are obligated.

Eligibility:

- **The property must be located within the City limits of Sebastian and be the Applicant's primary legal residence:**
 - A copy of the latest "TRIM Notice" or property tax bill showing the amount of City of Sebastian taxes must be provided. See the Application Checklist on how to download this from the Indian River County Property Appraiser's website.
 - A copy of the latest bill for electric, water or communications provider services must be provided.
 - City of Sebastian City Council Members and Charter Officers are not eligible.
- **The Mortgage or Lease must be in the Applicant's name.**
- **The total income from all household members must have been reduced by 10% or more as a result of the COVID-19 Pandemic:**
 - Each member of the household 18 years old or greater must complete the Household Member Asset & Income Certification form.
 - Income includes gross wages, income from assets, child support, alimony, military pay, veteran benefits, retirement, social security, annuities, insurance policies, disability, public assistance, unemployment and any other resources or benefits received. However, stimulus checks are excluded.
- **Total income for the household depends on the number in the household and may not exceed amounts shown below for the most recent month:**
1 - \$3,250 2 - \$3,716 3 - \$4,179 4 - \$4,641 5 - \$5,016 6 - \$5,387 7 - \$5,758 8 - \$6,129

Income Verification – provide the following for each household member 18 years old or more:

- **A recent pay stub and a pay stub dated immediately prior to March 1, 2020 showing gross wages.**
 - If overtime or part-time work is part of the income, provide 3 most recent pay stubs and 3 pay stubs dated prior to March 1, 2020. Income is calculated based on a comparison of the 3 month averages.
 - If pay stubs are not available, provide a letter signed by the employer on the company's letterhead, with their phone number and email address, stating both your current and pre-pandemic pay.
 - If no longer employed, provide lay-off or termination notice by employer dated after March 1, 2020.
 - If applied for, provide a notice showing amount of Unemployment Assistance payments.
- **For those self-employed, provide Sales Tax Returns or other documentation showing revenues for the most recent three months in 2020 and the same three months in 2019.**

Mortgage or Rent Payment Verification – provide one of the following:

- **Copy of Mortgage Note evidencing required payments, late fees and charges.**
- **Copy of the Lease Agreement evidencing required rent, late fees and charges.**



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MORTGAGE AND RENTAL ASSISTANCE APPLICATION

Applicant's First Name _____ Last Name _____

Co-Applicant's First Name _____ Last Name _____

Street Address _____ (Must be within City Limits of Sebastian)

City _____ State _____ Zip Code _____

Contact Telephone Number: _____ E-Mail Address _____

Total Number of People in the your household 18 years old or more (including yourself) _____

This program is for households who have lost 10% or more of their household income due to COVID-19 related circumstances. Does your household meet this eligibility? ___ yes ___ no

Complete the chart below to show how much you owe for past due payments:

Month and Day Due of Past Due Payments:	Mortgage	Rent	Late Fees	Total

A *Household Member Asset and Income Certification* form provided in this application packet must be submitted for each household member 18 years old or more (including yourself). Enter each household member's total income from each of those forms below:

Household Members Name	(A) Monthly Income Before March 1, 2020	(B) Current Monthly Income	(C) Change in Monthly Income	(C) Divided by (A) Percent of Change in Income
Totals				

The information provided on this application and the required documentation is to be used to determine eligibility for a Mortgage and Rental Assistance Grant Program. I/we have provided information on household assets and income from each person 18 years old or more living in our household. I/we certify that the information is true and complete to the best of my/our knowledge and belief and given under penalty of perjury. **WARNING: Florida Statute 817 provides that willful false statements or misrepresentations concerning income, assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines or imprisonment. Applicant and Co-Applicant must sign below to indicate agreement with the above. Witnesses must persons 18 or more years old not residing in the household.**

Signature of Applicant: _____ Date: _____

Witness to Above Signer: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Witness to Above Signer: _____ Date: _____



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ASSURANCES BY APPLICANTS

Certifications and Understandings

- I/We certify that our household has lost income due to COVID-19 related circumstances and that we are late with our mortgage or rent payments for our primary residence.
- I/We certify that all information furnished in this application for affordable housing assistance is true and complete to the best of my/our knowledge and any false statement, made knowingly and willingly, will be sufficient cause for rejection of my/our application and punishable by law.
- I/We certify that our household is not receiving any other government-funded rental or mortgage assistance that will duplicate the assistance that may be provided by this program.
- I/We certify that our household does not have access to other resources sufficient to cover the mortgage or rental payments being considered with this program.
- I/We understand that the information provided on the application and any additional information collected to determine eligibility for this program is subject to verification and investigation by any agents or representatives duly authorized to examine such information.
- I/We understand that all grant awards are discretionary in nature and should not be considered an entitlement by the applicant. All grant criteria contained herein are guidelines for awards. A grant may or may not be awarded due to funding limitations, competing applications and/or competing priorities. The number of grants that can be awarded is subject to the expectation that the City will be reimbursed from funding provided by the Coronavirus Aid, Relief and Economic Security (CARES) Act federal stimulus package the County is sharing with the City.

Public Records Disclosure and Acknowledgement

Information provided by the applicant(s) may be given to and used to administer and enforce program rules and policies in compliance with all legal guidelines.

Information provided may be subject to Chapter 119 Florida Statutes regarding Open Records, without regard as to whether or not the applicant(s) qualify for funding.

I/We agree to hold harmless and indemnify the City/County, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119 Florida Statutes.

I/We agree that there is no obligation or duty to assert any defense, exception, or exemption to prevent any or all information provided in connection with this application from being disclosed pursuant to a public records law request.

I/We agree that there is no obligation or duty to provide any notice that a public records law request has been made.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____



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HOUSEHOLD MEMBER ASSET & INCOME CERTIFICATION

Print full name of Household Member: _____

Complete the following chart to describe assets currently owned by you:

Asset Description	Cash Value of the Asset	Monthly Income From the Asset
Totals		

Examples of typical assets that must be reported are:

- Cash on hand or balances in savings, checking accounts or safe deposit boxes;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts or other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, annuities and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mortgage or deeds of trust held by the household member.

Complete the following chart to describe all your sources of income (Include total income from above listed assets):

Income Sources	(A) Monthly Income Before March 1, 2020	(B) Current Monthly Income	(C) Change in Monthly Income	(C) Divided by (A) Percent of Change in Income
Income From Assets Listed in Above Chart				
Totals				

If no income is reported in the above chart, you must answer the following questions:

- My mortgage or rent, utilities, food, medicines and transportation expenses are being paid for by the following person(s): _____
- I will be using the following sources in the future for my mortgage or rent, utilities, food, medicines and transportation expenses: _____

Under penalty of perjury, I certify that the information presented in this Certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False misleading or incomplete information may affect the eligibility for my household to participate in the Mortgage and Rental Assistance Grant Program and is punishable by law.

Print Name of Household Member
Signature of Household Member
Date



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APPLICATION CHECKLIST

- Search for your address on the Indian River County Property Appraiser's website at <https://indianriverfl-auditor-classic.ddti.net/Search.aspx> to confirm you live within the City limits. Some properties have Sebastian post office addresses but are not within the City limits and paying City of Sebastian taxes.
- Fully completed and signed Mortgage and Rental Assistance Application.
- Photo Identification of Applicant and Co-Applicant, such as your driver license.
- Copy of latest bill for electric, water or communications provider services.
- Income verification evidence for each employed household member over 18 years of age:
 - If employed and no overtime – Recent pay stub and pay stub dated prior to March 1, 2020.
 - If employed and had overtime - 3 most recent pay stubs and 3 pay stubs dated prior to March 1, 2020.
 - If employed part-time - 3 most recent pay stubs and 3 pay stubs dated prior to March 1, 2020.
 - If no longer employed – Pay stub dated prior to March 1, 2020 and lay-off/termination notice by employer.
- Income verification evidence for each self-employed household member 18 years of age or greater:
 - Sales Tax Returns for the most recent 3 months and for the same 3 months of 2019.
 - Other documentation, such as income statements for most recent 3 months and same 3 months of 2020.
- Copy of Mortgage Note or copy of Lease Agreement.
- Have mortgage holder or landlord complete the IRS W-9 form and include it with your application.
- Sign and provide the OMB Declaration form to your landlord and have the landlord complete the Notice of Current Rent Balance for Tenant form.

Submittal Instructions

- ***Submit applications and required documentation online at the City of Sebastian website SebastianCovid19Assistance@gmail.com.***
- ***Those Applicants that need assistance with questions about completing the necessary documents may call Christine at (772) 202-2510. She will answer or return your call as soon as possible depending on the volume of calls received.***

It may take up to two weeks to process the application package, so please be patient. You will be contacted should additional information or documentation is needed. Incomplete applications will delay the review process and failure to provide the required information may result in denial.