



Prince William County Office of Housing & Community Development (OHCD) is accepting applications for the Emergency Housing Assistance Program (EHAP) with funding provided through federal Community Development Block Grant the CARES Act. This program is designed to provide assistance for both homeowners and renters who have been affected by COVID-19. The criteria for assistance must be related to; stay-at-home orders (job loss/reduced hours); being sick or being the sole at-home caregiver for someone sick with COVID-19; required to stay home with their/adopted/legal guardian young children due to mandatory daycare and/or school closures; or other documentable reasons related to COVID-19 on or after March 1, 2020. Assistance is provided to eligible households for mortgage, rent and utilities to prevent homelessness. Assistance payments will be provided directly to the mortgage company/service provider, landlord/management company and applicable utility providers as a one-time payment or no more than six consecutive months.

**A.1. Is your combined gross household income below the 80% area median income level based on your family size?**

Household Size	1	2	3	4	5	6	7	8
Income	\$55,750	\$63,700	\$71,650	\$79,600	\$86,000	\$92,350	\$98,750	\$105,100

**A.2. Are you a resident of Prince William Area (Prince William County or cities of Manassas or Manassas Park)?**

Yes  No

**A.3. Do you have proof of reduction of income, loss of employment or health related issues related to COVID-19 on or after March 01, 2020?**  Yes  No

**A.4. Applicants who have received mortgage, rental, and utility assistance from any Federal, State, or Non-Profit organization which was funded with CARES, Act or Commonwealth of Virginia Federal CARES Coronavirus Relief Funds (CRF) ARE NOT ELIGIBLE for this program**

Select "Yes" if you HAVE NOT received mortgage, rental, and utility assistance from any Federal, State, or Non-Profit organization which was funded with CARES, Act or Commonwealth of Virginia Federal CARES Coronavirus Relief Funds (CRF)

Select "No" if you HAVE received mortgage, rental, and utility assistance from any Federal, State, or Non-Profit organization which was funded with CARES, Act or Commonwealth of Virginia Federal CARES Coronavirus Relief Funds (CRF). **Falsification of information concerning receipt by any household member of CARES, Act assistance for emergency housing assistance from other entities will result in repayment by the Applicant to OHCD of all duplicated funds provided through the EHAP Program. By submission of this statement, you hereby agree to this repayment clause.**

Yes  No

**A.5. Applicants who currently receive rental assistance through a Housing Choice Voucher including Tenant Based and Project Based funding ARE NOT ELIGIBLE for this program.**

Select "Yes" if you ARE NOT receiving Housing Choice Voucher rental assistance.

Select "No" if you ARE receiving Housing Choice Voucher rental assistance.

Yes  No

**STOP IF YOU ANSWERED NO; TO ANY OF THESE QUESTIONS, YOU ARE NOT ELIGIBLE FOR MORTGAGE, RENT & UTILITY ASSISTANCE THROUGH THE EMERGENCY HOUSING ASSISTANCE PROGRAM**



# EMERGENCY HOUSING ASSISTANCE (EHAP) PROGRAM APPLICATION

Please print all information clearly, in ink. If an item does not apply indicate by putting "N/A". Make sure you attach copies of all documents requested on the **EHAP Application Checklist.**

Mail application to Office of Housing and Community Development, ATT: EHAP Application, 15941 Donald Curtis Drive, Suite 112, Woodbridge, VA 22191.

Prince William County Office of Housing & Community Development (OHCD) is accepting applications for the Emergency Housing Assistance Program (EHAP) with funding provided through federal Community Development Block Grant the CARES Act. For purposes of determining eligibility for the EHAP Program the households' income, assets, and circumstances as to how the household was affected by COVID-19 must be evaluated and verified. COVID-19 factors can include but are not limited to stay at home orders (job loss/reduced hours); being sick or being the sole at-home caregiver for someone sick with COVID-19; required to stay home with natural/adopted/legal guardian of young children due to loss of mandatory daycare and/or school closures; or other documentable reasons related to COVID-19 on or after **March 1, 2020**, which resulted in loss of verifiable income. All individuals, persons, families or households currently residing together (whether related by blood, marriage, adoption, or unrelated), is considered a household and must meet all program requirements. Therefore, you must list all persons currently residing together and other persons anticipated to occupy the housing unit for the EHAP Program. All information requested on the Application must be reported for each household member. Assistance is provided to eligible households for mortgage, rent and utilities to prevent homelessness. Assistance payments will be provided directly to the mortgage company/service provider, landlord/management company and applicable utility providers as a one-time payment or no more than six consecutive months.

### Name(s) and Personal Data for Each Person Currently Occupying the Primary Residence:

	NAME	RELATIONSHIP & MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE*	HISPANIC	Elderly or Disabled
Last	First Middle	use codes below			use codes below	Yes/No	
		Head of Household					

M-Married S-Single D-Divorced W-Widowed

11-White 12-Black/African American 18-Black/African American & White 13-Asian 17-Asian & White 14-American Indian/Alaskan Native 16-American Indian/Alaskan Native & White 19-American Indian/ Alaskan Native & Black/African American & White 15-Native Hawaiian/Other Pacific Islander 20-Other

NE-Elderly (62+ years)  
 ND- No Disability  
 YD- Yes Disabled

For Official Use Only OHCD Date and Time Stamp: _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Returned Date _____
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**Household Contact Information: List Head of Household's Contact Information**

Head of Household \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobil Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Household Contact Information: List Co-Applicant's Contact Information**

Head of Household \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobil Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

*This contact information requested is essential in order to communicate with the Applicant and Co-Applicant when there are questions and correspondence necessary in order for our office to process your request for assistance in a more efficient manner.*

**Assets:** Assets are cash or non-cash items which can be converted to cash. Provide information for each person (including Minors) currently residing together. If the combined household assets are equal to or less than \$5,000 the Applicant will be required to sign a **“Self-Declaration Form”**. For households with total combined assets above \$5,000 provide **all pages of most recent bank statement(s) for all asset accounts** (e.g. all checking, savings, money market accounts CD’s 401K accounts, retirement accounts and whole life insurance, etc.)

**Specify Type** Cash on hand, Checking & Savings Accounts, IRA, CD’s, Money Market, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, Other Account etc.

_____	_____	_____	\$ _____
Name on Account	Bank/Account Name & #	Type (Checking/savings)	Current Balance
_____	_____	_____	\$ _____
Name on Account	Bank/Account Name & #	Type (Checking/savings)	Current Balance
_____	_____	_____	\$ _____
Name on Account	Bank/Account Name & #	Type (Checking/savings)	Current Balance
_____	_____	_____	\$ _____
Name on Account	Bank/Account Name & #	Type (Checking/savings)	Current Balance

**Whole Life Insurance Policies**

_____	_____	\$ _____
Name on Policy	Company	Face Value
_____	_____	\$ _____
Name on Policy	Company	Face Value
_____	_____	\$ _____
Name on Policy	Company	Face Value

**Property Owned** This includes Time Shares and all real estate of all types.

_____	_____	_____	_____	_____	\$ _____
Name of Owners	Type of Property	Address Street	City	Zip	Current Value
_____	_____	_____	_____	_____	\$ _____
Name of Owners	Type of Property	Address Street	City	Zip	Current Value
_____	_____	_____	_____	_____	\$ _____
Name of Owners	Type of Property	Address Street	City	Zip	Current Value

**Household Income Verification:** List all household members 18 years or older who receives income (wages, child support, alimony, unemployment, social security, retirement, etc.)

Name of Household Member \_\_\_\_\_  Full Time  Part Time  
Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_ Employer's FAX \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Street City Zip  
\$ \_\_\_\_\_  Monthly  Semi-Monthly  Bi-Weekly  Weekly

**Household Income Verification:**

Name of Household Member \_\_\_\_\_  Full Time  Part Time  
Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_ Employer's FAX \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Street City Zip  
\$ \_\_\_\_\_  Monthly  Semi-Monthly  Bi-Weekly  Weekly

**Household Income Verification:**

Name of Household Member \_\_\_\_\_  Full Time  Part Time  
Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_ Employer's FAX \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Street City Zip  
\$ \_\_\_\_\_  Monthly  Semi-Monthly  Bi-Weekly  Weekly

**Household Income Verification:**

Name of Household Member \_\_\_\_\_  Full Time  Part Time  
Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_ Employer's FAX \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Street City Zip  
\$ \_\_\_\_\_  Monthly  Semi-Monthly  Bi-Weekly  Weekly

**Other Income:** Provide information for each person currently residing together (attach additional sheet if additional space is needed)

**Specify Source** Child Support, Unemployment Benefits, Alimony, Regular Gifts or Payments, Social Security, SSI, Veteran's Benefits, Disability, Pension/Retirement, or Other

Source _____	Person Receiving _____	Annual Gross Amount \$ _____ (before tax)
Source _____	Person Receiving _____	Annual Gross Amount \$ _____ (before tax)
Source _____	Person Receiving _____	Annual Gross Amount \$ _____ (before tax)

**Full-Time Student Status:** Please list below any adult household member that is a full-time student. Please attach copy of status transcript for current year

Name of Household Member \_\_\_\_\_

Relationship to Head of Household:  Applicant  Co-Applicant  Other (name)\_\_\_\_\_

**IF REQUESTING MORTGAGE ASSISTANCE PLEASE COMPLETE BELOW:**

**Mortgage Information:** Provide copy of most current Mortgage Statement(s) from Mortgage Company/Service which must include the borrower(s) name, address of property and primary account number(s) as applicable, and Mortgage Company mailing address.

First - Mortgage Lien Information Lien Holder Name & Mailing Address	Account Number	Monthly Payment	Amount of Arrearage	# months of Arrearage
Mortgage Company Name: _____  Mailing Address: _____ _____  Phone No: _____  Email address: _____		\$	\$	
Second- Mortgage Lien Information Lien Holder Name & Mailing Address	Account Number	Monthly Payment	Amount of Arrearage	# months of Arrearage
Mortgage Company Name: _____  Mailing Address: _____ _____  Phone No: _____  Email address: _____		\$	\$	

**IF REQUESTING RENTAL ASSISTANCE PLEASE COMPLETE BELOW:**

**Rental Information:** Provide copy of current Lease/Rental Agreement which must include the Tenant name(s), address of property and Landlord/Management Company name as applicable

Landlord/Management Company Name & Mailing Address	Monthly Rental Payment	Amount of Arrearage	# months of Arrearage
<p><b>Landlord/Management Company Name:</b></p> <p>Landlord _____</p> <p><b>Mailing Address:</b> _____</p> <p>_____</p> <p><b>Phone No:</b> _____</p> <p><b>Email address:</b> _____</p> <p><b>Management Company</b></p> <p><b>Name</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p>_____</p> <p><b>Phone No:</b> _____</p> <p><b>Email address:</b> _____</p>	<p>\$</p>	<p>\$</p>	

**IF REQUESTING UTILITY ASSISTANCE PLEASE COMPLETE BELOW:**

**Utility Information:** Provide copy of current Utility Bill(s) as applicable, which must include the Holders name(s), address of property, account number and Utility Company Mailing Address

Water/Sewer Company	Account #	Past Due Amount Owed	Current Bill Amount
<p><b>Please select your Water/Sewer Company:</b></p> <p><input type="checkbox"/> Dale Service Corp.</p> <p><input type="checkbox"/> Manassas Department of Utilities</p> <p><input type="checkbox"/> Manassas Park Utility Department</p> <p><input type="checkbox"/> Prince William County Service Authority</p> <p><input type="checkbox"/> Virginia-American Water Company</p> <p><b>Mailing Address:</b> _____                      _____                      _____</p> <p><b>Account Holder Name:</b> _____</p>		\$	\$

Electric Company	Account #	Past Due Amount Owed	Current Bill Amount
<p><b>Please select your Electric Company:</b></p> <p><input type="checkbox"/> Dominion Virginia Power</p> <p><input type="checkbox"/> Northern Virginia Electric</p> <p><input type="checkbox"/> Manassas Department of Utilities</p> <p><b>Mailing Address:</b> _____                      _____                      _____</p> <p><b>Account Holder Name:</b> _____</p>		\$	\$



Gas Company	Account #	Past Due Amount Owed	Current Bill Amount
<p>Please select your Gas Company:</p> <p><input type="checkbox"/> Columbia Gas of Virginia</p> <p><input type="checkbox"/> Washington Gas</p> <p>Mailing Address: _____</p> <p>_____</p> <p>_____</p> <p>Account Holder Name: _____</p>		\$	\$

**Required Document Checklist:** Provide a **COPY** of both **REQUIRED & Applicable Documents** listed below necessary for an eligibility determination for assistance

**Required Documents are identified with an \***

- ✓ \*Valid Photo ID or valid Virginia Driver's License for all adult household members (18 years of age or older)
- ✓ \*Birth Certificate or U.S. Citizenship and Immigration Services (USCIS) government-issued documents to verify legal residency for all household members currently residing in the household
- ✓ \*Social Security Cards for all household members
- ✓ \*Proof of PRE-COVID-19 income for all adult household members 30-days prior to reduction of income
- ✓ \*Current household income, for all adult household members (Current consecutive paystubs for last 30 days from date of submission of application, or, Unemployment Benefits Statement(s), Social Security Benefits, Retirement, Child Support, Alimony, Other)
- ✓ \*Completed and signed "**Consent of Information Form**" granting OHCD's ability to collect and use of pertinent information as provided for in consent form in order to determine eligibility and provision of assistance
- ✓ Self-Declaration of Employment Loss of Income due to COVID-19
- ✓ Self-Declaration of Self-Employment Loss of Income due to COVID-19
- ✓ For households with total combined assets above \$5,000 provide all pages of most recent bank statement(s) for all asset accounts (e.g. all checking, savings, money market accounts, CD's, 401K accounts, retirement accounts and whole life insurance, etc.)
- ✓ For households with total combined assets equal to or less than \$5,000 Applicant must sign "**Self-Declaration**" form (see attached)
- ✓ Most Current Mortgage Statement(s) from Mortgage Company/Servicer which must include the borrowers name, address of property and primary account number(s)
- ✓ Current Rental Lease/Rental Agreement which must include the tenant name(s) address of property and landlord/management company name as applicable
- ✓ Utility bills for your current and past two months to verify any arrearage which must contain your name, property address and account number. (Individually billed trash service, phone, cable, satellite TV, internet/WIFI will not be considered as a utility)
- ✓ Proof of full-time student(s) status for 18 years old or older (along with proof of income) (except for the head, spouse, or co-head), if applicable

**Certifications for the Emergency Housing Assistance (EHAP) Program:** Applicant(s) must read the statements below and initial certifying the following:

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

\_\_\_\_\_ I certify that I have identified with a  below on all situations that apply to my household that were caused due to COVID-19 after March 01, 2020

- Reduction of Income
- Loss of Employment
- Health Related Issues
- Child Care Issues resulting in Reduction of Income or Loss of Employment
- Other \_\_\_\_\_

\_\_\_\_\_ 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 employer, financial institution, bank, mortgage lender, management company/landlord, or other public or private agency to disclose information deemed necessary to complete this application

\_\_\_\_\_ 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 determining eligibility and obtaining funding under the Emergency Housing Assistance Program through the Office of Housing & Community Development (OHCD) in order to prevent homelessness

\_\_\_\_\_ **WARNING** I understand that under title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

**ONLY COMPLETED APPLICATIONS WITH ALL VERIFICATIONS REQUESTED WILL BE REVIEWED FOR ELIGIBILITY**

Confirm that you have included copies (do not send originals) of all documents required in connection with this application as listed within the Application Checklist.

**All Adults are required to review the contents of this application for accuracy and completeness and sign and date:**

_____	_____
<b>Head of Household</b>	<b>Date</b>
_____	_____
<b>Other Adult Household Members</b>	<b>Date</b>
_____	_____
<b>Other Adult Household Members</b>	<b>Date</b>
_____	_____
<b>Other Adult Household Members</b>	<b>Date</b>
_____	_____
<b>Other Adult Household Members</b>	<b>Date</b>

**CONSENT TO EXCHANGE INFORMATION**  
**Emergency Housing Assistance Program (EHAP)**

I, \_\_\_\_\_(Applicant **full name**) by signing this form is thereby granting permission for the information checked below to be provided to the Office of Housing and Community Development (OHCD) from the applicable sources necessary to verify information provided within the EHAP Application submitted in order to make an eligibility determination for assistance.

I, \_\_\_\_\_(Co-Applicant **full name**) by signing this form is thereby granting permission for the information checked below to be provided to the Office of Housing and Community Development (OHCD) from the applicable sources necessary to verify information provided within the EHAP Application submitted in order to make an eligibility determination for assistance.

I, \_\_\_\_\_(Other Adult Household Member **full name**) by signing this form is thereby granting permission for the information checked below to be provided to the Office of Housing and Community Development (OHCD) from the applicable sources necessary to verify information provided within the EHAP Application submitted in order to make an eligibility determination for assistance.

I, \_\_\_\_\_(Other Adult Household Member **full name**) by signing this form is thereby granting permission for the information checked below to be provided to the Office of Housing and Community Development (OHCD) from the applicable sources necessary to verify information provided within the EHAP Application submitted in order to make an eligibility determination for assistance.

I, \_\_\_\_\_(Other Adult Household Member **full name**) by signing this form is thereby granting permission for the information checked below to be provided to the Office of Housing and Community Development (OHCD) from the applicable sources necessary to verify information provided within the EHAP Application submitted in order to make an eligibility determination for assistance.

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I want the following confidential information about the client to be exchanged:

Yes	No	Yes	No	Yes	No			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Assessment Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Educational Records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mortgage and/or Rental
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Financial Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insurance (Homeowners)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employment Records
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Benefits/Services Received						

**I want** Prince William County Office of Housing and Community Development (OHCD)  
 15941 Donald Curtis Drive #112, Woodbridge, VA 22191 –

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And the following other agencies to be able to exchange this information:

1. *Prince William County member agencies and employees of and to include:*
  - a. *Office of Housing and Community Development (OHCD)*
  - b. *Community Services Board*
  - c. *Department of Social Services: Prince William County City of Manassas and Manassas Park*
  - d. *Virginia Housing (VH) formally Virginia Housing Development Authority (VHDA) or other Mortgage Lien Holders; Mortgage Service Provider and Mortgage Trustees*
  - e. *Landlord/Management Companies, as applicable*
  - f. *Utility Providers as applicable*
  - g. *Northern Virginia Non-Profits & other Agencies providing emergency housing assistance through CARES, Act and State Coronavirus Relief Funds*

I want this information to be exchanged ONLY for the following purpose(s):  Eligibility Determination

**Information may be exchanged by written, computerized and verbal methods.**

This consent is good until involvement and assistance through the Emergency Housing Assistance Program ends. I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all the agencies and companies listed to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared, and I will have to contact each agency individually to give them the information that they need.

Signature(s): \_\_\_\_\_ (Date)

Signature(s): \_\_\_\_\_ (Date)

Signature(s): \_\_\_\_\_ (Date)

Signature(s): \_\_\_\_\_ (Date)

Signature(s): \_\_\_\_\_ (Date)