



**EAST STROUDSBURG BOROUGH
COMMUNITY DEVELOPMENT BLOCK GRANT
COVID-19 (CDBG-CV)
EMERGENCY MORTGAGE ASSISTANCE GRANT
PROGRAM
GUIDELINES AND APPLICATION**

Funding provided by:

U.S. Department of Housing and Urban Development
and
Commonwealth of Pennsylvania
Department of Community and Economic Development

Administered by:

Redevelopment Authority of the County of Monroe
701 Main Street, Suite 502
Stroudsburg, PA 18360



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PROGRAM GUIDELINES (Please review these guidelines carefully and complete the application, sign and submit.)

Program Funding

The County of Monroe on behalf of East Stroudsburg Borough receives an annual allocation of federal funds called Community Development Block Grant (CDBG) from the US Department of Housing and Urban Development (HUD) and administered through the Department of Community and Economic Development (DCED). In addition, East Stroudsburg Borough received additional CDBG Coronavirus (CDBG-CV) funds through the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The CDBG primary national objective is to benefit low- and moderate-income (LMI) persons. LMI is defined as 80 percent of the county median income, adjusted by household size. In limited cases, CDBG funds may be used to alleviate qualifying urgent needs. LMI persons receive assistance through local programs and activities funded with a state CDBG grant. Based on the CARES Act, the purpose of CDBG COVID-19 (CDBG-CV) funding is **to prevent, prepare for, and respond to the coronavirus pandemic**.

The state CDBG program funds a wide range of community and economic development activities. In response to COVID-19 impacts, CDBG-CV funds are targeted towards urgent public services and facilities, and microenterprise assistance.

Subsistence payment programs are administered by local government, or (in most cases) the local government partners with local or regional service provider to administer the program (as a grant recipient). Although each subsistence payment program must meet minimum CDBG requirements, programs are designed to address COVID-19 response strategies and priorities, and to leverage partnership opportunities for its specific area.

Eligible Use of Community Development Block Grant COVID-19 (CDBG-CV) Funds

CDBG-CV funds can be used for emergency mortgage payments on behalf of income-eligible individuals and families economically impacted by the COVID-19 pandemic. Monthly mortgage assistance (**principal and interest ONLY**) is provided for a period of up to three (3) consecutive months through direct payment to a bona fide entity servicing the mortgage on behalf of the individual or family and/or to pay down mortgage arrear(s) within three (3) consecutive months to be addressed. Also, CDBG-CV funds can be used for program implementation costs such as direct personnel and non-personnel costs.

This activity is a public service activity under the CDBG program regulations at 24 CFR 570.201(e) as allowed pursuant to 24 CFR 570.207(b)(4) that provides emergency grant payments made over a period of up to three (3) consecutive months directly to the provider of the housing. *However, HUD waived an alternative requirement to provide emergency payments up to six (6) consecutive months.* The activity is further regulated pursuant to 24 CFR 570.208(a)(2)(i)(B) whereby applicants shall supply information on family size and income to qualify.

Program Description

The East Stroudsburg's CDBG-CV Emergency Mortgage Assistance Grant Program (EMAG) will provide mortgage assistance grants to income-eligible individuals and families economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay, residing in East Stroudsburg Borough **ONLY**.

PLEASE NOTE: Residents in the following communities are not eligible under the East Stroudsburg Emergency Mortgage Assistance Grant Program: Monroe County non-entitlement municipalities and Stroudsburg Borough. Please visit their respective websites for their own Emergency Mortgage Assistance Grant Program Guidelines and Application.

The emergency grants are mortgage payments (**principal and interest only**) made on behalf of an income-eligible applicant, up to a maximum of \$1000 per month for a minimum period of three (3) consecutive months up to a maximum of six (6) consecutive months, to maintain housing and/or to reduce mortgage delinquency in arrears as a result of the economic downturn during the COVID-19 pandemic.

The East Stroudsburg Emergency Assistance Grant Program will be a one-time assistance grant for eligible East Stroudsburg Borough residents.

CDBG Eligibility and National Objective

This program is eligible for CDBG funding under 570.207(b)(4) and the National Objective is LMI Limited Clientele 570-483(b)(2)(ii)(B).

Environmental Review Requirements

This program is considered to be classified as 24 CFR 58.35(b)(2) a Categorical Exclusion Not Subject to 58.5.

Lead-Based Paint Requirement

This program will be based on the exclusion at 24 CFR 35.115(11) per HUDs Lead Rule in Subpart K.

PLEASE NOTE: The Lead-Based Paint Requirement will be taken into consideration when determining the amount of emergency mortgage assistance will be provided to the Applicant.

To adhere to the lead paint requirement, the Authority will review a copy of the County Tax Assessment form to verify when the subject housing unit was built. A decision will be based on the following:

- 1) If the housing unit was built after January 1, 1978, emergency mortgage assistance may be provided for a minimum period of three (3) consecutive months up to a maximum of six (6) consecutive months.**
- 2) If the housing units was built before January 1, 1978, documentation will need to be provided by the applicant to show that there is no lead paint or that lead paint has been cleared. If applicant cannot provide proof, then ONLY three (3) consecutive months of emergency mortgage assistance will be provided.**

Reporting Requirements

Monroe County on behalf of Stroudsburg Borough is required to report to DCED on income, race, ethnicity and other demographic information for any applicants served through the East Stroudsburg Emergency Mortgage Assistance Grant Program.

Program Administration

The Redevelopment Authority of the County of Monroe (Authority), on behalf of the Borough of East Stroudsburg, will be the administering agency responsible for the local subsistence payment program, maintaining required records, and ensuring compliance with CDBG state and federal requirements.

Program Marketing and Outreach

Program marketing shall be initiated by the Authority and may include any of the following:

- East Stroudsburg Borough’s COVID-19 response pages; and
- Any other means of advertising as approved by the Authority.

Marketing and outreach shall facilitate fair access and transparency. Information for applicants shall include any necessary pandemic related disclosures and social distancing requirements.

To facilitate meaningful access to program participation for Limited English Proficiency persons, all program marketing intended for the general public shall be in accordance with Stroudsburg Borough’s current Limited English Proficiency Plan.

Applicant Eligibility

Applicant’s eligibility for Emergency Mortgage Assistance Payments shall be determined upon submission of a completed Program Application with all required information and documents.

To be eligible for assistance, an applicant must:

1. Reside within East Stroudsburg Borough ONLY.
2. Have a current annual household income that does not exceed the U.S. Department of Housing and Urban Development (HUD) established “Moderate-Income” limits for Monroe County. Household income eligibility is based on the following two (2) factors:
 - a. The total number of people residing in the housing unit; and
 - b. The total amount of current annual household income as stated in the Program Application and confirmed by supporting documentation.
3. Have experienced an economic impact because of the COVID-19 pandemic (job loss, furlough or reduction in hours or pay).

4. Have a current mortgage agreement for a housing unit located in East Stroudsburg Borough, Monroe County, PA.
5. Submit evidence of the current mortgage balance (for arrear(s) payment only) and that the EMAG will bring the account current.
6. Certify on the Program Application that the applicant has neither received nor will seek other sources of assistance from any private, local, state, or federal funding source for the same requested mortgage assistance.

Eligibility Determination

Program staff will review applications and begin providing responses within twenty-one (21) calendar days, or earlier. If an application is incomplete, the applicant shall be notified by phone and by mail and given ten (10) calendar days after the date of the first notification by phone or the date of the letter to submit the information. Applicants that fail to respond within the ten (10) calendar days shall be denied assistance.

A denied applicant file shall contain all submitted information and documentation, as well as, the reason for denial (e.g. over income limits, incomplete information, reside outside service area).

An approved applicant file shall contain all submitted information and documentation necessary to meet all required eligibility criteria and contain completed forms, documentation, and necessary information for all members of the household.

Documents supplied to the Authority in connection with Program Applications shall not be returned. Applicants are cautioned not to submit original documents and to only submit copies.

Property Eligibility

Applicants must own a property located in East Stroudsburg Borough and reside in it as their primary residence. Verification that the residence is located within the Borough will be made by program staff.

Income Eligibility

Annual Income Definition and Documentation

All household members are considered members of the household for the purpose of determining income eligibility. For the purpose of this EMAG, the guidance in the HOME regulations at 24 CFR 92.203(d)(1) states that "Annual Income shall include income from all persons in the household". The following are considered the household members:

- All adults, whether they are related or not,
- All children (including those living in the household and those that have been adopted) who live in the household full time, and those that will live in the household fifty percent of the time or more due to shared/joint custody, and

- Any temporarily absent household member (those living away from the household) such as active duty military, seasonal workers, students living away at school, etc.

Therefore, household members information must include, at a minimum, the following:

1. Full names and ages of all household members living in the residence; and
2. Signature of all adult household members age 18 or over, certifying that the information provided related to the annual household income and household composition.

To determine household income for all applicants, the Authority will use the annual income definition as defined by HUD at 24 CFR 5.609 (commonly referred to as Part 5). The Authority will use the Part 5 method to calculate the annual income by projected the prevailing rate of income of the household for the next 12-month period as measured from the date that the Authority performs the income determination.

The EMAG is classified under the Limited Clientele National Objective of the CDBG Program at 24 CFR 570.208(a)(2), whereby a verifiable self-certification form is permitted by HUD to document that individuals and families receiving assistance are low-or moderate-income. A verifiable self-certification shall be collected and evaluated with each Program Application. The self-certification shall be verified for all applicants receiving assistance at the time of application, except that upon recommendation by program staff, the Authority's Director shall have the authority to waive submission of source documentation on a case-by-case basis. However, in no event shall fewer than 51 percent of all assisted applicant files contain only the verifiable self-certification without supporting documentation to verify the amounts of income listed on the Program Application.

Annual Income Limits

Each applicant will need to provide verifiable documentation to support the applicant's stated income. The income limits for the East Stroudsburg Borough's Emergency Mortgage Assistance Grant Program are:

HOUSEHOLD INCOME LIMITS
For MONROE COUNTY, PA
Median Household Income = \$79,100
Effective July 1, 2020 for the County of Monroe

	<i>INCOME LIMITS BY NUMBER OF PERSONS PER HOUSEHOLD</i>							
INCOME CLASSIFICATION	1 PER	2 PER	3 PER	4 PER	5 PER	6 PER	7 PER	8+ PER
LOW-MODERATE	\$44,350	\$50,650	\$57,000	\$63,300	\$68,400	\$73,450	\$78,500	\$83,600
VERY LOW	\$27,700	\$31,650	\$35,600	\$39,550	\$42,750	\$45,900	\$49,050	\$52,250

Documenting Economic Impact during COVID-19 pandemic period

Applicants must submit documentation confirming negative economic impact during the COVID-19 pandemic period. Monthly income in January and February of 2020 shall be compared to monthly income from March 1, 2020 forward. Acceptable documentation of negative economic impact shall include:

1. A copy of household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 1, 2020 to present); or
2. A copy of household member(s) notification of furlough from employer during the eligible pandemic period (March 1, 2020 to present); or
3. A copy of household member(s) notification or employer signed form confirming reduction in hours and/or pay during the eligible pandemic period (March 1, 2020 to present). The Exhibit 4 to the Program Guidelines may be used for this purpose; or
4. A copy of household member(s) application during the eligible pandemic period (March 1, 2020 to present) and/or approval for Unemployment Insurance benefits;
5. A notarized affidavit signed that includes the name of the family member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period (March 1, 2020 to present); or
6. Other appropriate documentation acceptable to the Authority.

Availability of Applications

East Stroudsburg Borough shall make application forms available on January 11, 2021 through February 26, 2021 on its website (for printing at home), mailed by request by calling the Authority at 570/421-4300, and available at 701 Main Street, Suite 502, Stroudsburg, PA 18360 during regular business hours: 8:30am-4:30pm.

Program Participation Agreement

Applicants shall sign and return a Program Participation Agreement with their application. [Exhibit 5](#) to the Program Guidelines may be used for this purpose. If selected to receive program assistance, the Authority will execute the Program Participation Agreement.

Current Mortgage Agreement

Applicants shall submit a copy of their current mortgage agreement for the address they reside in and for which mortgage assistance is being requested.

Current Balances Due

Applicants shall submit a confirmed copy of their current mortgage balance from the Mortgage/Loan Servicing Company.

Intake and Assessment Process

Funding is limited. Therefore, applications will be accepted on a first-ready, first-served basis. Program staff will review applications and begin providing responses within twenty-one (21) calendar days, or earlier. If an application is incomplete, the applicant shall be notified by phone and by mail and given ten (10) calendar days after the date of the first notification by phone or the date of the letter to submit the information. Applicants that fail to respond within ten (10) calendar days shall be denied assistance.

All applications shall be mailed or hand-delivered to:

Redevelopment Authority of the County of Monroe
701 Main Street, Suite 502
Stroudsburg, PA 18360

Program staff is available to assist individuals in the completion of their application and are able to accommodate households with disabilities that may impede their ability to complete the application. Program staff can also arrange for assistance for households that have limited English proficiency.

Appeals

Applicants may appeal application denials. Appeals shall be submitted to the Authority at the address listed above within seven (7) days of the date of the application denial letter. The written appeal shall state the reason(s) why the applicant believes the application denial was in error and provide any additional documentation necessary to support the applicant's assertion of same. The decision of the Authority shall be issued in writing within fourteen (14) calendar days and shall be final.

Duplication of Benefits

All applicants shall certify on the Program Application under penalty of perjury, under the laws of Pennsylvania, that they are not able to receive, and have not received, other federal or non-federal benefits or assistance for mortgage assistance for the period of time between March 1, 2020 and the date

of last signature on this application form. Applicants shall further certify that they will not pursue other federal or non-federal benefits for the same uses of this grant program for mortgage costs for the period of March 1, 2020 until the final assistance payment is made by the Authority under the Emergency Mortgage Assistance Grant Program.

False Claims

Applicants shall certify on the Program Application under penalty of perjury that “The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making false or fraudulent statement to a Department of the United States Government”.

Applicant Confidentiality

Employees and agents of East Stroudsburg Borough will not disclose any applicant’s personal confidential information as part of the program. At all times, East Stroudsburg Borough and its agents will abide by all requirements stated within the Privacy Act of 1974 as amended. If the Borough and its agents receives a request for public records related to the program, only non-confidential information, as verified by the Borough, will be provided.

Nondiscrimination

The Emergency Mortgage Assistance Grant Program shall be implemented consistent with East Stroudsburg’s Borough commitment to State and Federal equal opportunity laws. No person shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG-CV program funds on the basis of their disability, family status, national origin, race, color, religion, sex, ancestry, age, or other arbitrary discrimination.

The East Stroudsburg Borough will provide reasonable accommodations and/or modifications, or provide language assistance to individuals requesting such assistance to benefit from the services provided by the Emergency Mortgage Assistance Grant Program.

Conflict of Interest

In accordance with 24 CFR 570.611, no member of the governing body and no official, employee or agent of the East Stroudsburg Borough, nor any other person, either for themselves or those with whom they have business or immediate family ties, who exercises policy or decision-making responsibilities will financially benefit from this program.

Program Guidelines Changes or Modifications

Minor changes to these Program Guidelines involving administrative procedures or accommodations to adapt to unique applicant situations or opportunities, or regulatory changes may be performed with the approval of the Authority’s Director. Federal regulatory requirements for the CDBG-CV program are not subject to modification or revision, except when HUD issues guidance superseding prior regulatory requirements.

Exhibit 1
Frequently Asked Questions
(Attached)



EAST STROUDSBURG EMERGENCY MORTGAGE ASSISTANCE GRANT PROGRAM

This program is federally funded. It's available to East Stroudsburg Borough homeowners financially impacted by COVID-19 to assist with mortgage payments. **Please note: For Monroe County non-entitlements and Stroudsburg Borough residents, visit their respective websites for their EMAG Guidelines and Application.**

FREQUENTLY ASKED QUESTIONS




1. **Who can apply for EMAG assistance?** Individuals and families that own and occupy a residential property in East Stroudsburg Borough.
2. **What are the eligibility criteria?** Homeowners must meet income qualifications and demonstrate financial impacts as a result of COVID-19. Examples include, but are not limited to: loss of employment, reduction of work hours, reduced wages.
3. **How much financial assistance is available?** Up to a maximum amount of assistance of \$1,000 per month for a maximum of six (6) consecutive months, based on actual need and meets program requirements.
4. **Do I have to repay the grant?** No. The assistance is a grant and there are no recapture terms.
5. **How can apply?** Click the link below to download and print the application or the application will be mailed upon request by calling (570) 421-4300.
6. **What information is needed?**
 - Complete the EMAG Application. Income documentation, mortgage agreement and proof of COVID-19 impact are required. Please read the guidelines attached to application for a full list of requirements.
7. **How will the applications be processed?** First-come, first qualified, first served and subject to funding availability.
8. **How do I submit my application packet?** By mail or person.
 - **Mail to:** Redevelopment Authority of the County of Monroe. See mail address below.
 - **In-Person:** Submit application to the Administrative Office of the Redevelopment Authority of the County of Monroe. See address below.
9. **When are the applications due?** Application process will be continuous until all grant monies are fully expended.
10. **How soon will I know if I'm approved?** Staff will review application and begin providing responses within 21 calendar days, or earlier. If your application is incomplete, you will be given 10 calendar days to submit the missing information.
11. **If I'm approved, are grant funds sent directly to me?** No. In accordance with HUD rules, the Authority on behalf of East Stroudsburg Borough will pay your mortgage directly to the mortgage company/servicer.

Visit www.eaststroudsburgborough.org for Program Guidelines and Application.

*Mail to/In-Person Submission of Application:
Redevelopment Authority of the County of Monroe
701 Main Street, Suite 502, Stroudsburg, PA 18360*

Exhibit 2

Application Package

-  **Applicant Document Checklist**
-  **General Qualifications and Conditions**
-  **Program Application**

(Attached)



**EAST STROUDSBURG
EMERGENCY MORTGAGE ASSISTANCE GRANT PROGRAM
APPLICATION PACKAGE**

To begin the application process for the East Stroudsburg Emergency Mortgage Assistance Grant Program related to the CDBG-CV, the following application package must be completed and submitted along with the applicable documents to the address below. Applications are processed on a first-come, first-qualified, first-served basis. Applications will be processed until all funding is allocated (No Deadline Dates).

APPLICANT DOCUMENT CHECKLIST

✓ DONE	Document	Notes
<input type="checkbox"/>	Completed Application (must be signed by all parties on the Mortgage Agreement)	
<input type="checkbox"/>	Photo Identification - Government issued photo ID (must match the address on the mortgage) for Head of Household and Co-Head of Household (Applicants); additional photo ID for every member listed as a member of the household	
<input type="checkbox"/>	Proof of COVID-19 Economic Impact	
<input type="checkbox"/>	Verification of Income. Examples include: Pay Stubs, Unemployment of Award letter, Social Security, Disability, or SSI Award letter, Verification of Pension, Verification of Child Support/Alimony, Veteran's Benefit, Worker's Compensation Statement, Self-Employment - Year-to-date Profit/Loss and last two year's income tax	
<input type="checkbox"/>	Certification of "No Income" if applicable	
<input type="checkbox"/>	Proof of Residence	
<input type="checkbox"/>	Current Mortgage Statement	

Questions? Contact the Redevelopment Authority of the County of Monroe at: (570) 421-4300

Submit applications and supporting documentation to:

Mail to/In-person: Redevelopment Authority of the County of Monroe
701 Main Street, Suite 502, Stroudsburg, PA 18360

Please type or use ink. Do not use pencil. Please write legible. All blanks must be completed or have a N/A written. For your privacy, information provided shall be kept confidential and use only for the purpose of determining eligibility for financial assistance. Submitting this application is not a guarantee of assistance.





**EAST STROUDSBURG
EMERGENCY MORTGAGE ASSISTANCE GRANT PROGRAM
GENERAL QUALIFICATIONS AND CONDITIONS**

I/We understand the following qualifications, conditions, and documentation requirements for this program:

I. GENERAL QUALIFICATIONS AND CONDITIONS

- The East Stroudsburg Emergency Mortgage Assistance Grant Program provides one-time grants to individuals and families that own and occupy a residential property in East Stroudsburg Borough as their primary residence who have lost income because of COVID-19 and who are at risk of default on their mortgage payment.
- The maximum amount of assistance is up to \$1,000 per month for a minimum period of three (3) consecutive months up to a maximum of six (6) consecutive months, based on actual need and meets program requirements.
- The form of assistance is a grant paid directly to the mortgage company or servicer listed on the monthly mortgage statement. **Eligible expenses that can be paid with grant funds include past due mortgage and current mortgage is principal and interest only.** Grant funds may not be applied to late charges, legal fees, local taxes, homeowner’s insurance, HOA dues, or any other fees owed to the Mortgagee before, during or after the covered time frame.
 - **Mortgage:** Current mortgage statement showing the amount due or past due.
- To qualify, the total annual household income cannot exceed the limits in the table below:

TABLE “A” – Monroe County Eligibility Income Limits

Household Size	Maximum Annual Income for Low - and Moderate - Income Households
1	\$44,350
2	\$50,650
3	\$57,000
4	\$63,300
5	\$68,400
6	\$73,450
7	\$78,500
8+	\$83,600

- To qualify, gross household income may not exceed those listed in Table “A”. Gross household income includes all income from all persons over 18 years of age.
- To qualify, the individual or family must demonstrate their income was/is reduced because of COVID-19. Situations causing loss of income include, but are not limited to, loss of employment, reduction of work hours, reduced wages.
- The application period for this program ends when all County CDBG-CV have been fully expended.
- The application must be filled out completely and include all required supporting documents.
- The application must be submitted to the Redevelopment Authority of the County of Monroe.
- A limited number of applications will be accepted based on funding availability. Assistance will be provided on a first-come, first qualified, first served and subject to funding availability.
- The Authority will review applications and begin providing responses within twenty-one (21) calendar days, or earlier. If an application is incomplete, the applicant will be given ten (10) calendar days to submit the missing paperwork.
- Payment will be made directly to the mortgage company/servicer.
- The Authority determines the eligibility of applicants to the program and reserves the right to deny requests in specific instances that applications and/or applicants do not conform to these or other program guidelines.

II. DOCUMENTATION REQUIREMENTS: The following documents must be photocopied and attached to your application. **Do not submit originals.** No documents will be returned.

1. **COMPLETED APPLICATION:** Must be signed by all parties on the Mortgage Agreement.
2. **PHOTO IDENTIFICATION:** Government issued Photo ID (i.e. driver’s license) which must match the address on the mortgage statement for Head of Household and Co-Head of Household (Applicants); additional photo IDs for every person listed as a member of the household residing in the housing unit for which mortgage assistance is requested.
3. **PROOF OF COVID-19 ECONOMIC IMPACT:** Applicants must submit documentation confirming negative economic impact during the COVID-19 pandemic period. Monthly income from January and February of 2020 shall be compared to monthly income from March 1, 2020 forward. Acceptable documentation of negative economic impact shall include:
 - A copy of household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 1, 2020 to present); or

- A copy of household member(s) notification of furlough from employer during the eligible pandemic period (March 1, 2020 to present); or
 - A copy of household member(s) notification or employee signed form confirming reduction in hours and/or pay during the eligible pandemic period (March 1, 2020 to present). The Request for Employment Verification Release Form (Exhibit 4) to the Program Guidelines may be used for this purpose; or
 - A copy of household member(s) application during the eligible pandemic period (March 1, 2020 to present) and/or approval for Unemployment Insurance Benefits; or
 - A notarized affidavit signed that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact or self-employment during eligible pandemic period (March 1, 2020 to present); or
 - Other appropriate documentation acceptable to the Authority.
4. **VERIFICATION OF INCOME:** For each adult in the household 18 years or older, submit the supporting documentation appropriate for each type of income indicated in the Program Application Table C.
 5. **PROOF OF RESIDENCE:** Most recent deed to the subject property.
 6. **MORTGAGE STATEMENT:** Most recent current statement showing the amount due or past due.

III. **ACKNOWLEDGEMENT:** I/WE have read and understand the foregoing general qualification and condition statements. I/WE further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in MY/OUR not conforming to the requirements of the program will subject MY/OUR application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted.

Applicant Signature	Date
Co-Applicant Signature	Date

Please direct all questions regarding the East Stroudsburg Emergency Mortgage Assistance Grant Program to (570) 421-4300.

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the Borough of East Stroudsburg or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the Borough of East Stroudsburg’s verification of various eligibility requirements. The information provided on the following forms is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code which states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making false or fraudulent statement to the Department of the United States Government.



**EAST STROUDSBURG
EMERGENCY MORTGAGE ASSISTANCE
GRANT PROGRAM
APPLICATION**

For Office Use Only Date Received _____ Application No. _____ Application Received By: _____

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information provided shall be kept confidential and used only for the purpose of determining eligibility for financial assistance.

Were you or a household member affected by the COVID-19 pandemic? _____ Yes _____ No

If the answer to the above question is NO, you are not eligible for assistance.

1. TO BE COMPLETED BY APPLICANT/HEAD OF HOUSEHOLD (HH):

Full Name _____
Last First Middle

Property Address: _____

Mailing Address (if different from above): _____

Contact Numbers: Mobile _____ Work _____ Home _____

Email Address: _____

Driver's License No. _____ Date of Birth _____

U.S. Citizen Legal Permanent Resident Social Security Number: _____

TOTAL number of persons in the household _____ (# of adults _____, # of children _____)

2. TO BE COMPLETED BY CO-APPLICANT

Full Name _____
Last First Middle

Property Address: _____

Mailing Address (if different from above): _____

Contact Numbers: Mobile _____ Work _____ Home _____

Email Address: _____

Driver's License No. _____ Date of Birth _____

U.S. Citizen Legal Permanent Resident Social Security Number: _____

Relationship to Applicant: _____

3. EMPLOYMENT AND INCOME HISTORY (Applicant and Co-Applicant)

Applicant Employed? Yes No Self Employed? Yes No
 Current/Recent Employer _____ Occupation _____
 Estimated Gross Monthly Income \$ _____ # of years with Employer _____

Co-Applicant Employed? Yes No Self Employed? Yes No
 Current/Recent Employer _____ Occupation _____
 Estimated Gross Monthly Income \$ _____ # of years with Employer _____

4. HOUSEHOLD COMPOSITION (List ALL individuals living in the housing unit)

TABLE "B" – HOUSEHOLD COMPOSITION

Household Member	Legal Name	Relationship to HH	Age	DOB	Gender	Disabled Y/N	Employed Y/N
1	Applicant	SELF					
2	Co-Applicant						
3							
4							
5							
6							
7							
8							

5. DEMOGRAPHIC INFORMATION

(The following information is strictly confidential information and will be combined with statistical information for federal reporting purposes only.)

Ethnicity (select one) Not Hispanic Hispanic

Race/National Origin (select one)

White Black/African American Asian Pacific Islander American Indian/Alaskan Native

Female Head of Household

Yes No

Disabled

Yes No

CERTIFICATION OF ANNUAL INCOME

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based in the activity), and the relevant characteristics of each member for the purposes of income determination. East Stroudsburg Borough requires supporting source documentation to be submitted as an attachment to this certification. A summary of documentation recommendations is provided in Table F. Adult beneficiary members must then sign this statement to certify that the information is complete an accurate, and that source documentation will be provided upon request.

DEFINITION OF INCOME: For this program, East Stroudsburg Borough is using the Part 5 definition of income.

APPLICANT’S NAME: _____

TABLE “C” – CURRENT MONTHLY INCOME AFTER COVID-19 (MARCH 1, 2020-CURRENT)

INCOME SOURCE	APPLICANT AMOUNT	CO-APPLICANT AMOUNT	OTHER FAMILY MEMBERS AGE 18 OR OLDER AMOUNT	TOTAL
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).				
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to account.				
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received.				
Payments in lieu of earnings such as unemployment, disability, worker’s, and severance compensation. Report total amount received.				
Any public assistance or welfare payments from state or local welfare office. Report amount received.				
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.				
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.				
Total Present Gross Monthly Income			A	\$
Multiply by 12 months in a year			B	X12
A times B is equal to TOTAL ANNUAL INCOME			C	\$

TABLE "D" – MONTHLY INCOME PRIOR TO COVID-19 (JANUARY-FEBRUARY 2020)

INCOME SOURCE	APPLICANT AMOUNT	CO-APPLICANT AMOUNT	OTHER FAMILY MEMBERS AGE 18 OR OLDER AMOUNT	TOTAL
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).				
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to account.				
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received.				
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report total amount received.				
Any public assistance or welfare payments from state or local welfare office. Report amount received.				
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.				
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.				
Total Present Gross Monthly Income			A	\$
Multiply by 12 months in a year			B	X12
A times B is equal to TOTAL ANNUAL INCOME			C	\$

TABLE "E" – COVID-19 ECONOMIC IMPACT

INSTRUCTIONS: Check all that apply and explain below. May use additional sheets if necessary.

- TERMINATION OF EMPLOYMENT DUE TO COVID FURLOUGHED/REDUCED HOURS DUE TO COVID OTHER – EXPLAIN BELOW

In your own words, describe the need for assistance and how the household income has been directly impacted by the COVID-19 pandemic.

INCOME DOCUMENTATION: Please provide the requested items below, if applicable to your family for all family members over the age of 18. All documents submitted must be copies and will not be returned. **DO NOT SEND ORIGINALS.**

NOTE: A “Certification of No Income” should be completed by all adult household members only if appropriate. (Exhibit 3)

TABLE “F” – INCOME DOCUMENTATION REQUIRED

IF YOU OR A MEMBER OF YOUR HOUSEHOLD HAVE INCOME FROM ANY OF THE FOLLOWING SOURCES:	YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS:	COVERING THE FOLLOWING PERIOD(S) OF TIME:	
Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items.	Copies of last 3 paycheck stubs/earnings statements	January 1, 2020 – February 29, 2020 -AND- March 1, 2020 - Current	
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).	Complete (all pages) for the most recent filed Federal Income Tax Return; or Profit and Loss Statement showing the net amount after business expenses.	January 1, 2020 - Current	
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	Bank Statements	Most recent three (3) months	
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report the total amount received.	Social Security or other Award letter; or Bank Statement	Current year’s award letter or most recent three (3) months bank statements	
Payments in lieu of earnings such as unemployment, disability, worker’s, and severance compensation. Report the total amount received.	Award letter; or Bank Statement	Current year’s award letter or most recent three (3) months bank statement	
Any public assistance or welfare payments from state or local welfare office. Report the amount received.	Award letter; or Statement from source of assistance	Current year’s award letter or statement of current benefits from the source of assistance	
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.	Award letter; or Bank Statement	Most recent three (3) months	
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.	Bank Statement; Copy of last three paystubs	Most recent three (3) months	
List of Assets (Mortgage Agreement Holders Only)			
Type of Asset	Account No.	Balance	Name of Financial Institution
Checking Account			
Savings Account			
Stocks, Bond, CDs			

TABLE G – APPLICANT CERTIFICATION AND SIGNATURES

Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the Borough of East Stroudsburg or any of its duly authorized representatives to verify the information listed herein and as further explained in instructions.

I/We hereby understand the information provided is collected to determine if I/we are eligible to receive assistance under the East Stroudsburg Emergency Mortgage Assistance Grant Program.

I/We understand that additional information will likely be required to move forward with this program.

I/We hereby certify that all the information provided herein is true and complete to the best of my/our knowledge and belief.

I/We understand that it is a federal crime if I/we knowingly make any false statements for the purpose of obtaining this financial assistance, and that it is punishable by fine or imprisonment, or both.

I/We certify my/our primary residence is located at: _____, _____, PA, Zip ____.

I/We certify that I/we occupy the address above.

I/We understand that the funds will be awarded as a grant.

I/We understand that if I/we receive duplication of benefits from another state, federal or local source, I/we must repay part or all of the assistance provided to me/us by East Stroudsburg Borough.

I/We understand that we may only receive this funding once.

APPLICANT SIGNATURE, PRINTED NAME AND DATE		
Signature	Printed Name	Date

OTHER ADULTS IN THE FAMILY SIGNATURE, PRINTED NAME AND DATE		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

Exhibit 3
Certification of No Income
(Attached)



**EAST STROUDSBURG EMERGENCY MORTGAGE ASSISTANCE GRANT PROGRAM
CERTIFICATION OF NO INCOME**

A "Certification of Zero Income" should be completed by adult household members only (if applicable). If there are any sources of income listed that you (the applicant) need clarification on, please contact the Program Administrator.

I. THIS SECTION TO BE COMPLETED BY APPLICANT/ADULT HOUSEHOLD MEMBERS

I _____, hereby certify that:

- A. I **do not** individually receive income from **any** of the following sources:
 - Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - Income from operations of a business
 - Rental income from real or personal property;
 - Interest or dividends from assets;
 - Social Security payments;
 - Supplemental Security Income payments;
 - Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
 - Unemployment or disability payments;
 - Public assistance payments (other than food stamps);
 - Periodic allowances from alimony or child support;
 - Gifts received from persons not comprising the household;
 - Any other source not named above; **AND**

- B. I currently **do not** have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; and

- C. I will be using the following sources of funds to pay for mortgage, utilities, and /or necessities:

II. APPLICANT CERTIFICATION

Under penalty of perjury, I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of participation under the East Stroudsburg Emergency Mortgage Assistance Grant Program.

Household Member Printed Name	Signature	Date
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Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Exhibit 4

Employment Verification Release Form

(Attached)



**EAST STROUDSBURG EMERGENCY MORTGAGE ASSISTANCE GRANT PROGRAM
REQUEST FOR VERIFICATION OF INCOME**

To Employer: _____ Date: _____
From Applicant: _____
Applicant's Address: _____

I have applied to East Stroudsburg's Emergency Mortgage Assistance Grant Program. I have authorized the program to obtain a verification of my income (and/or) reduction of hours and/or pay due to the COVID-19 economic downturn from you. In order for my eligibility to be determined, East Stroudsburg Borough must verify all of my income. The requested information is for the confidential use of East Stroudsburg Borough's program and the Pennsylvania Department of Community and Economic Development only. Please furnish the information requested below and return this form, using the stamped, addressed envelope provided.

(Signature of Applicant)

PLEASE COMPLETE ONLY ONE OPTION AND PROVIDE THE INFORMATION REQUESTED.

Employee Start date of employment _____

There is no change. Employee is still employed with the company and continues to work their regular hours (does not include overtime).

EMPLOYEE'S HOURS HAVE BEEN REDUCED

Date hours were reduced: _____

Hours worked prior to date above: _____

Hours of work since date above: _____

Reduction in hours: was due to COVID-19

was NOT due to COVID-19

EMPLOYEE HAS BEEN LAID OFF/TERMINATED

Is no longer employed with the company listed above.

Date of Separation: _____

Separation: was due to COVID-19

was NOT due to COVID-19

If employment separation was due to COVID-19, will the employee be able to return to work?

No Yes, and can return on: _____ Return date unknown at this time.

Person completing the form

I certify that the information I have completed on this form is true and complete to the best of my knowledge and will be used to establish eligibility for a Federal program by the U.S. Department of Housing and Urban Development (HUD). I understand that falsified statements on this form in any detail shall be considered cause for disqualification of assistance for the applicant.

Signature: _____

Name: _____

Title: _____

Phone Number: _____ Email: _____

If you have any questions or require further information, please do not hesitate to contact Program Administrator at 570/421-4300 or exdirector@monroecountyda.org.

Exhibit 5
Program Participation Agreement
(Attached)



**EAST STROUDSBURG
EMERGENCY MORTGAGE ASSISTANCE GRANT PROGRAM**

Program Participation Agreement

Applicant:			
Applicant Address:			
SECTION I – COMPLETED BY THE REDEVELOPMENT AUTHORITY OF THE COUNTY OF MONROE			
Mortgage/Loan Servicing Company			
Address	City	State	Zip
<p>The Redevelopment Authority of the County of Monroe, hereafter referred to as “Authority”, administers this program on behalf of East Stroudsburg Borough, and has verified the mortgage agreement and other eligibility documentation by the Applicant identified above and determined that this household is eligible to receive an Emergency Mortgage Assistance Grant. The Authority will issue monthly mortgage and/or monthly mortgage arrears payments directly to the Mortgage/Loan Servicing Company on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay. This Agreement must be completed and returned with the application by the applicant to the Authority’s staff in order to process the payment(s). Payment(s) will be issued on a monthly basis to the Mortgage/Loan Servicing Company as defined below:</p>			
MORTGAGE ASSISTANCE PROVIDED Amount \$ _____	ANTICIPATED TERMS OF ASSISTANCE For _____ consecutive month(s) beginning _____		
Authority’s Staff Name (print)	Authority’s Staff Signature	Date	Telephone No.:

SECTION II - COMPLETED BY APPLICANT

I UNDERSTAND AND CERTIFY THAT: In no case is my Mortgage/Loan Servicing Company entitled to a payment for a month that I did not reside at my property. I understand that I may be prosecuted if I commit fraud or knowingly assist my Mortgage/Loan Servicing Company to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive mortgage payments on my behalf from East Stroudsburg Borough. I may not acquire rights to sue [East Stroudsburg Borough] for payment of mortgage (or balance of mortgage) or for a breach of any obligation by the Mortgage/Loan Servicing Company.

I also understand and certify that I receive no other housing mortgage subsidy and/or assistance for full or partial monthly mortgage payment from any other government entity.

I further understand that this mortgage assistance may not be in the full amount of my monthly mortgage payment, and the difference between East Stroudsburg Borough’s assistance and my actual mortgage amount is still my responsibility to pay to my Mortgage/Loan Servicing Company.

I understand that mortgage assistance is limited and the duration of assistance is as stated in Section 1 of this agreement. East Stroudsburg Borough will make every effort to make mortgage assistance payments as required by the mortgage agreement but will only be responsible for late fees due to administrative errors by East Stroudsburg Borough and its agents. I understand that assistance may be terminated if a participant is determined to be no longer eligible, was never eligible, has not been fully engaged in the program, and/or has not been fully compliant with program requirements as determined by East Stroudsburg Borough. Examples of non-compliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

I further understand that the information provided on my application forms is subject to verification by the Pennsylvania Department of Community and Economic Development at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making false or fraudulent statement to a Department of the United States Government.

APPLICANT NAME (PRINT):

ADDRESS	CITY	STATE	ZIP

APPLICANT SIGNATURE:

DATE:	TELEPHONE NUMBER:
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