

# The City of Stonecrest



American Rescue Plan Act (ARPA) Coronavirus  
State and Local Fiscal Recovery Funds

**Residential Assistance Application**



## FUNDING OVERVIEW

As part of the American Rescue Plan Act of 2021 (ARPA) which was signed into law by President Joseph Biden on March 11, 2021, the City of Stonecrest received \$9.7M in Coronavirus State and Local Fiscal Recovery Funds (SLFRF). The goal of these funds is to provide vital support to state and local governments as they address the negative health and economic impacts of COVID-19 on their communities.

The intent of the ARPA Residential Assistance program is to provide utility, rental, mortgage, and other housing expense assistance to City residents that have been impacted or disproportionately impacted by the COVID-19 pandemic. No Household may receive more than \$25,000 in assistance under this program.

## ELIGIBILITY REQUIREMENTS

Only one (1) application will be accepted per household. To be eligible an applicant must be:

- ✓ A City of Stonecrest Resident, with proof that your primary residence is within the City limits on or after July 1, 2022;
- ✓ 18 years or older;
- ✓ Delinquent on utility, rent, mortgage, taxes, or HOA expenses; or cited by code enforcement and referred to the City of Stonecrest Municipal Court for health or safety code violation which require ordered home repairs;
- ✓ Have executed rental lease or agreement where the lease is in the Applicant's name and the Applicant is responsible for monthly rent payments or a mortgage statement where the mortgage is in the Applicant's name; and
- ✓ Experienced a financial hardship due to COVID-19 pandemic.

A household is deemed to have experienced a financial hardship due to COVID-19 pandemic if:

- ✓ One or more adults in the household received unemployment benefits on or after January 1, 2020;
- ✓ The household experienced a significant reduction in household income, incurred significant costs, or experienced other financial hardship on or after January 1, 2020; or
- ✓ The household income is at or below 80 percent of the Area Median Income (see chart on next page)



**City of Stonecrest, Georgia  
American Rescue Plan Act (ARPA)  
Residential Assistance Application**

<b>Household Size</b>	<b>80% Income Limit</b>
1	\$46,350
2	\$52,950
3	\$59,550
4	\$66,150
5	\$71,450
6	\$76,750
7	\$82,050
8	\$87,350

## **Funding Priority:**

Priority will be given to households where one or more of the household members are 65 or older, or the utilities for household are in arrears.

## **Application Period**

Applications for residential assistance will be accepted \_\_\_\_\_, 2022 8:30 a.m. through \_\_\_\_\_, 2022 4:30 p.m. If the City has not awarded the entire allocated amount of \$1 million before the end of the application period, it may extend the application period until all monies have been awarded.

## **Funds Awarded**

Applicants are not entitled to receive a specific amount of assistance under this program. The City will use its best judgment to decide who will receive assistance and what level of assistance applicants will receive. Should eligible households apply for more than the \$1 million in available financial assistance, the City will allocate the funds based upon its sole determination of what is a fair and equitable way to distribute available funds to eligible applicants.



## PART 1 – Needed Assistance

Please check the programs for which you are applying for assistance:

Check the program(s) for which you are submitting this application	Program
	ARPA Utility Grant Programs
	ARPA Rental Assistance Program
	ARPA Mortgage Assistance Program
	CODECLEAN Court Diversion



## PART 2–Eligibility and Qualification

**Please check if you are receiving any of the following government benefits**

*(Please submit documentation with your application)*

Check if Yes	
	Georgia Peachcare for Kids
	Childcare and Parent Service “CAPS”
	Medicaid
	Temporary Assistance for Needy Families "TANF" or Tribal TANF
	Supplemental Nutrition Assistance Program "SNAP"
	Free-and Reduced-Price Lunch "NSLP"
	School Breakfast "SBP" Programs
	Medicare Part D Low-Income Subsidies
	Supplemental Security Income "SSI"
	Head Start
	Special Supplemental Nutrition Program for Women, Infants, and Children "WIC"
	Section 8 Vouchers
	Low-Income Home Energy Assistance Program "LIHEAP"/EAP
	Pell Grants
	Unemployment (UI)
	Veterans Affairs Disability Pension, Survivor Pension, Enhanced Survivor Benefits, or Section 306 disability pension (not Standard VA pension)



**City of Stonecrest, Georgia  
American Rescue Plan Act (ARPA)  
Residential Assistance Application**

## **Qualification Questionnaire**

1. Is your household income at or below the 80% area median income level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you delinquent on your rent and/or utility payments or know you won't be able to pay next month's rent or utility balances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you a resident of the City of Stonecrest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has any member of your household experienced a significant reduction in household income, incurred significant costs, or experienced other significant financial hardship at sometime between January 2020 and June 2022?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Has any household member received at least three months of unemployment benefits between January 2020 and June 2022?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



## PART 3- APPLICANT INFORMATION

<b>Are you a City of Stonecrest resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>First Name:</b>		<b>Last Name:</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Applicant Contact Phone Number:</b>		<b>Applicant Contact Email:</b>
<b>Social Security Number:</b>		<b>Applicant Date of Birth:</b>
<b>State Identification Number:</b>		
<b>Please specify your ethnicity (Optional - check one):</b>  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
<b>Please specify your race (Optional - check all that apply):</b>  <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:		
<b>Applicant Age (Required):</b>  <input type="checkbox"/> 18 – 29 <input type="checkbox"/> 30 – 45 <input type="checkbox"/> 46 – 64 <input type="checkbox"/> 65 or older		<b>What gender do you identify as (Optional)?</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other:



**City of Stonecrest, Georgia  
American Rescue Plan Act (ARPA)  
Residential Assistance Application**

**What is your current employment status (Required)?**

- ☐ Employed Full-Time
- ☐ Employed Part-Time
- ☐ Self-Employed

- ☐ Retired
- ☐ Unemployed

**What is your Veteran status (Optional)?**

- ☐ Disabled Veteran
- ☐ Active Duty
- ☐ Armed Forces
- ☐ Recently Separated Veteran
- ☐ Vietnam Era Veteran
- ☐ No Military Service
- ☐ Other:





## PART 4 – Household Information

Total household income for calendar year 2021:		Number of People receiving income in the household:
Total number of household members (including yourself):		
<b>Household Members</b>		
First Name	Last Name	Age



## PART 5 – COVID Impact

1. Has any member of your household lost income due to the COVID-19 pandemic?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

2. Please check each condition that applies to you or other members of your household during the period between January 2020 and June 30, 2022 (check all that apply):

- ☐ Received unemployment benefits
- ☐ Work hours were significantly reduced
- ☐ Unable to start a new job but could not or were terminated from a new job before establishing sufficient work history to be eligible for unemployment benefits.
- ☐ Self-employed, and your income from April 1 - June 30, 2022, is significantly less than one quarter between January 2020 and December 2021.
- ☐ Independent contractor or gig worker (e.g., Uber; Lyft or DoorDash driver), and your income from April 1 - June 30, 2022, is significantly less than one quarter between January 2020 and December 2021.
- ☐ Left a job or reduced hours to care for a person who is sick.
- ☐ Left a job or reduced hours to care for dependents who were unable to go to daycare or school between January 1, 2020, and June 30, 2022.
- ☐ Had an unexpected COVID related medical or funeral expense
- ☐ Have other conditions resulting in loss of income due to the COVID-19 pandemic. (Please describe below.) If you selected "Other," please describe the situation below.

3. Please provide a short description of your COVID-19 Income Loss



## PART 6 – Utility Assistance

### 1. Are you Requesting Utility Assistance?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

#### **Required Documents**

- Proof of Identity (driver's license, government issued ID, Passport, etc.)
- Copy of your bills that show your current delinquency (i.e., Georgia Power Bill, Scana Energy, Dekalb sewer and Water, Comcast Internet etc.)
- Documentation of hardship (unemployment compensation statement, proof of receipt of public benefits (listed under Part 2); proof of income (e.g., income tax return or W-2); or provide a formal statement (attestation) that must be submitted within the application, describing the income reduction or significant hardship)

1. Are you requesting water/sewer utility assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list total amount of assistance needed below. \$ _____ AMOUNT PAST DUE: _____
2. Gas/Propane Assistance Requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list total amount of assistance needed below. \$ _____ AMOUNT PAST DUE: _____
3. Electric/Power Assistance Requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list total amount of assistance needed below. \$ _____ AMOUNT PAST DUE: _____
4. Internet and/or Phone Service Assistance Requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list total amount of assistance needed below. \$ _____ AMOUNT PAST DUE: _____
5. Is any household member currently receiving unemployment compensation for at least 90 days consecutively?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, state weekly unemployment benefit. \$ _____ AMOUNT PAST DUE: _____



## PART 7 – Rental Assistance

### 1. Are you requesting Rental Assistance?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

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 from January 2020 through June 2022. 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.

<b>Total Amount Requested:</b>		<b>Monthly rent payment:</b>	
<b>Number of Months Delinquent:</b>			
<b>Landlord/Property Management Company Information</b>			
<b>Landlord/Property Management Company Name:</b>		<b>Contact Person Name:</b>	
<b>Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Contact Phone Number:</b>		<b>Contact Email:</b>	

[illegible]



## PART 8 – Mortgage Assistance

### 1. Are you requesting mortgage assistance?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

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

Total Amount Requested:		Monthly mortgage payment:	
Number of Months Delinquent:			
Mortgage Lender/Service Information			
Mortgage Lender Service Name:		Contact Person Name:	
Mailing Address:			
City:	State:	Zip:	
Mortgage Lender/Service Contact Phone Number:		Mortgage Lender/Service Contact Email:	

[illegible]



## PART 9 – CodeClean Assistance

The CodeClean Stonecrest Court Diversion Program is offered to first time offenders before they are formally charged with environmental code violations. If the offender successfully completes the online program, the offender will receive documentation signed by a solicitor showing that the charge(s) have not and will not be filed.

**Are you a first time offender under the CodeClean Stonecrest Court Diversion Program requesting assistance to make improvements required under a CodeClean health or safety violation?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

The CodeClean assistance program helps with small home repairs in order to remove an existing or imminent health and/or safety hazard and make necessary modifications to allow residents to remain in the dwelling. Through the diversion program, qualified homeowners, after successfully completing the program, may receive funds that can be used to pay for eligible activities.

Awarded households may only use grant funds for approved and allowable expenses, including, but not limited to the following:

- **Structural issues:** ceiling, wall, floors, doors, windows, and sealants to protect from deterioration and security modification.
- **Plumbing:** replacement of fixtures such as tub, shower, bathroom sink, or toilet.
- **Weatherization:** installing storm doors, insulation, servicing heating and cooling units, and minor roof repairs.
- **Home and Exterior maintenance:** removal of safety hazards, such as yard debris, fallen limbs, overgrown vegetation, and replacement of window panes.
- Replacement of roof, siding, trim, gutters, exterior doors, and windows.
- Electrical system problems, AC, and water system.
- Removal of inoperable vehicles.
- Roof repair or replacement.
- Interior and exterior maintenance.
- Light and ventilation repairs.
- Bathroom repairs.
- Chipped or peeling paint.





**City of Stonecrest, Georgia  
American Rescue Plan Act (ARPA)  
Residential Assistance Application**

- Furnaces and water heaters.
- Correction of illegal fences.
- Correction of exterior code violations on the dwelling as cited by Code Enforcement.
- Correction of interior code violations on the dwelling related to health and safety as cited by Code Enforcement.
- Removal of unsafe or blighted conditions on the eligible property. Detached structures (e.g., sheds, garages, fences, etc.) can only be removed and cannot be repaired or replaced.

**To make sure that grant funds are used properly, you will be required to sign a promissory note; repairs must be initiated within 30 days and completed within 180 days; and you must submit documentation to show that funds were used to cover eligible expenses.**

Fill out the amount that you are requesting for repairs to your home to address a health or safety violation you received from a City municipal court anytime on or after January 2020. To receive these funds, you will be required to provide documentation that you have been referred by the court as eligible for CodeClean Assistance

Total Amount Requested
Description of Repairs Needed to Address Code Violations:



## PART 10 – Application Certification

☐ 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 obtaining funding under the City of Stonecrest Residential Assistance Program

☐ I understand that US Code Title 18 (18 U.S.C. § 1001) and Georgia Code Title 16 (OCGA § 16-10-20) provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment. I/we further understand that any willful misstatement of information will be grounds for disqualification.

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

☐ 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 bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

*Please be advised that submitting this application to the City of Stonecrest does not guarantee that assistance will be provided. All applications must be reviewed for eligibility. Assistance is provided based on priority and the availability of grant funding.*

### Authorized Signature and Date

---

Signature

Date