



Bay County Household Assistance Program Application

Received Date: _____
Reviewed by: _____

APPLICANT INFORMATION

Does your household income fall under the following income thresholds? _____ Yes _____ No
(If no, you are currently not eligible for this program.)

Family Size	1	2	3	4	5	6	7	8+
Income	\$38,640	\$52,260	\$65,880	\$79,500	\$93,120	\$106,740	\$120,360	\$133,980
FY2021-2022 Federal Poverty Guidelines – 300% of Federal Poverty Guidelines Adjusted for Family Size								

Since March 3, 2021, have you received assistance, received a commitment for assistance, or are you waiting on assistance from any other source for the requested mortgage/rent/utility assistance?
_____ Yes _____ No

If yes, please explain and be aware that you are not eligible to receive duplicate funding under this program.

Requested Assistance: Mortgage Rent Utilities Property Taxes (2020 and 2021 ONLY)

Applicant's Name: _____ Phone Number: _____

Co-Applicant's Name: _____ Phone Number: _____

Residence Address: _____

Email: _____ Preference to be notified by: Phone Email

HOUSEHOLD/FAMILY INFORMATION

Please complete the following for ALL household members residing in the residence:

Name	Age	Relationship	Race	Hispanic Yes/No

*Race Code #'s (enter one or more): 1 – White 2 – Black/African American. 3 – American Indian or Native Alaskan
4 – Asian 5 – Native Hawaiian/Other Pacific Islander

EMPLOYMENT**Applicant's Employer (Current)**

Name: _____ Phone Number: _____

Street Address: _____

Years Employed: _____ Position: _____

Since March 3, 2021, have you experienced a reduction in income or an increase in expenses due to the COVID-19 pandemic? ____ Yes ____ No

Co-Applicant's Employer (Current)

Name: _____ Phone Number: _____

Street Address: _____

Years Employed: _____ Position: _____

Since March 3, 2021, have you experienced a reduction in income or an increase in expenses due to the COVID-19 pandemic? ____ Yes ____ No

HOUSEHOLD INCOME

Please indicate an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

SOURCE	APPLICANT	CO-APPLIANT	OTHER MEMBERS AGE 18+
Gross Salary (before deductions)			
Overtime, Tips, Bonuses, etc.			
Social Security			
Disability			
Pensions, Veterans Benefits, etc.			
Unemployment/Workers Comp			
Alimony, Child Support			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF, Aid to Families with Dependent Children, etc.)			
Other			
TOTALS			

RENT/MORTGAGE PAYMENT

Are rent/mortgage payments current? ____ Yes ____ No

	Name/Address of Rental Owner or Mortgage Holder	Current Balance Due	Lease/Mortgage State Date & End Date
Rent			
Mortgage			

ASSETS

Applicant's

TYPE	CASH VALUE	INTEREST/DIVIDENDS EARNED ON THE ASSETS
Checking		
Savings		
Money Market		
401(k) Retirement		
Stocks, Bonds, Mutual Funds		
Whole Life Insurance		
Other Accounts		
Other Property Owned		
TOTALS		

Co-Applicant's

TYPE	CASH VALUE	INTEREST/DIVIDENDS EARNED ON THE ASSETS
Checking		
Savings		
Money Market		
401(k) Retirement		
Stocks, Bonds, Mutual Funds		
Whole Life Insurance		
Other Accounts		
Other Property Owned		
TOTALS		

APPLICATION CHECKLIST

All of the following documents must be returned with this application:

- _____ Copy of valid identification card or driver's license for every household member 18 years and older.
- _____ Paystubs showing employment status on or before March 3, 2021, or a statement from employer.
- _____ 2020 or most recent tax returns. If filing separately, copies for all members. (IRS Form 1040 must be submitted.)
- _____ Documentation of all income for all household members. For example, unemployment, social security, disability, pension, alimony, child support, etc.).
- _____ 3 months Bank Statements (checking, savings, money market, annuities, or other investment accounts) for Applicant, Co-Applicant, and all other adult members in the household.
- _____ Landlord Release of Information (if applicable).
- _____ Statement from Mortgage Company with amount due and monthly breakdown.
- _____ Copies of past due utility invoices and property taxes.
- _____ Copies of delinquent property tax bills (2020 and 2021 only) (if applicable).
- _____ Monetary Determination Letter (unemployment) (if applicable).

****WARNING! Failure to provide all required documentation will delay assistance and may result in the denial of assistance.**

Please submit your application and all supporting documents to the Bay County Household Assistance Program by:

- **US Mail, Bay County Treasurer's Office 515 Center Street, 6th Floor, Bay City, MI 48708**
- **Treasurer's Drop Box located behind the County Building**
- **Email with original signatures: householdassistance@baycounty.net**
- **NO WALK-INS PLEASE!!**

Questions? Please call: (989) 895-4297 – This phone number is voice mail only, so please leave a message and someone will return your call as soon as possible.

Note: Applications will be reviewed on a first-come, first-served basis. Applications will be accepted until the grant funds are exhausted or Bay County determines that grant funds are no longer necessary to mitigate the negative effects of the COVID-19 pandemic.

Penalty for False or Fraudulent Statement:

US. C. Title 18, Sec. 1001, provides: "whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly falsifies... or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Data Privacy Act: The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the Household Assistance Program. Failure to provide the requested information may jeopardize the application for rent/mortgage/utility assistance.

1. I/We understand that verification of the information provided above may be obtained from any source.
2. I/We understand, if I/we provide false information or fail to disclose full information as to any material fact/s, that this application may be rejected, may be terminated, and that I/we may be liable in a civil action or other legal remedy at the option of Bay County.
3. I/We fully 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.
4. I/We certify that all information in this application is true and complete to the best of my/our knowledge and belief.
5. I/We certify that I/We occupy the address above.

SIGNATURE

I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or alien status for each household member applying for benefits.

I also certify that:

- I understand the questions and statements on this application.
- I understand the penalties for giving false information.
- I understand that failure to report or verify any listed requirements may deny my application.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

___ *By initialling this box and typing my name below, I am electronically signing my application.

Applicant Date

Applicant Date



Bay County
Household Assistance Program
Landlord Release of Information

This client has applied for assistance of rent and utility payments through the Bay County Household Assistance Program.

Tenant Information

Tenant Name:
Tenant Address:
Tenant Phone Number:
Monthly Rental Amount:

Landlord Information

Business Name:
Contact Name:
Address:
Phone Number:

I, the above named applicant, hereby give Bay County permission to communicate with my current landlord or property manager for the purpose of discussing all of the facts and circumstances of my current tenancy.

Applicant Signature Date

TO BE COMPLETED BY THE LANDLORD Any questions, please call (989) 895-4297

Date tenant became past due:

Amount needed to become current: \$

Are any of these included in rent amount? Electric \$ Water/Sewer \$ Gas \$

As the landlord, you are acknowledging that your tenant is applying for rental assistance through the Bay County Housing Assistance Program. You are acknowledging that the funds provided are to go only toward the rent payments for your tenant and any monies provided to you through this program beyond what is owed must be used toward future rent payments for your tenant. Payment cannot be used towards administrative or penalty charges.

Landlord - Please attach a W-9.

I also acknowledge that I will not commence eviction proceedings against the applicant for at least 90 days.

Authorized Signature: Date:

Penalty for False or Fraudulent Statements:

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*****COMPLETE THIS FORM ONLY IF YOU DO NOT HAVE ANY INCOME*****



**Bay County
Housing Assistance Program
Zero Income Affidavit**

Name:		
Address:	City:	State and Zip Code:

I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. Wages from any type of employment (including commission and fees).
2. Income from the operation of a business (self-employment – Avon, MaryKay, etc.).
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment.
7. Public Assistance (Michigan Family Independence Program, Michigan Refugee Cash Assistance, Michigan State Disability Assistance, Food Assistance, Emergency Relief: Home, Utilities & Burial, Child Care Assistance, Low Income Households Water Assistance Program, House and Homeless Services).
8. Alimony or Child Support.
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
10. Regular monthly cash contributions from outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

PRINT NAME

SIGNATURE

DATE

COMPLETE ONLY IF YOU DID NOT FILE INCOME TAX OR HOME HEATING CREDIT



**Bay County
Household Assistance Program
Income Tax Affidavit**

NON-FILING OF FEDERAL INCOME TAX RETURN AFFIDAVIT

STATE OF MICHIGAN)
) S.S.
COUNTY OF)

The undersigned, being first duly sworn, deposes and says as follows: I/we
were not required to file a Federal Income Tax Return for the year _____.

Subscribed and sworn to before me, a Notary Public, this ____ day of _____, 20__.

Notary Public in and for the County of Bay
State of Michigan
My Commission Expires: _____