

## RESIDENT RELIEF GRANT PROGRAM

1. Applicant Name : \_\_\_\_\_
2. Applicant street address: \_\_\_\_\_
3. Applicant mailing address: \_\_\_\_\_
4. Applicant phone number: \_\_\_\_\_
5. Applicant e-mail: \_\_\_\_\_
6. Grant amount requested: \_\_\_\_\_
7. List individual items grant will cover. You must attach receipts/invoices for all reimbursable expenses.

	Description of item	Name & mailing address of landlord (rental assistance), mortgage company (mortgage assistance) or service provider (burial expenses)	Amount
1			\$
2			\$
3			\$
4			\$
5			\$

8. I will attach the following evidence of income loss due to COVID 19 health emergency:

- Unemployment letter     Pay stubs     Furlough letter  
 Letter from employer     Proof of inability to work due to COVID 19  
 Proof of rent or mortgage in arrears (delayed payment)  
 Proof of funeral/mortuary expense and COVID related reason for death  
 Other: \_\_\_\_\_

9. Required certifications. The Applicant must read and initial each of the following:

\_\_\_\_\_ As the Applicant, I certify this grant is necessary and a direct result of income loss due to the COVID 19 public health emergency.

\_\_\_\_\_ I acknowledge the City is relying on statements made by me as the Applicant when evaluating the application. If representations in the application are found to be inaccurate, I shall reimburse the City for the full amount of any grant received. I understand and acknowledge that I may be required to demonstrate the representations to city, state, or federal agencies at some point in time.

\_\_\_\_\_ I certify that I have read, understand, and agree to comply with the policy for the Belle Plaine Resident Relief Grant. I certify the information included and attached hereto is factual.

\_\_\_\_\_ I authorize the City of Belle Plaine to share any information or materials necessary to review my application for the Belle Plaine Resident Relief Grant with other City staff members. I also authorize the City of Belle Plaine to make inquiries as necessary to verify the accuracy of statements made on this application.

10. Please attach the following as proof of need for grant:

- If applying for rental assistance: rental agreement and evidence of past due amount
- If applying for mortgage assistance: evidence of mortgage and past due amount
- If applying for assistance with burial expenses, receipts/invoices from funeral home/mortuary

11. Please attach the following as proof of income loss due to COVID 19 health emergency:

- Unemployment letter, pay stubs showing loss, furlough letter, or letter from employer reducing hours
- Proof of inability to work due to COVID 19

12. Please attach one of the following as proof of residency:

- Copy of photo ID or driver's license showing current address in Belle Plaine
- Copy of current utility bill showing current address in Belle Plaine

Authorized Applicant Signature: \_\_\_\_\_

Applicant Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

**DATA PRIVACY:** Applications shall be considered private, however, the names of those receiving grants and the grant amount shall be public information.

FOR OFFICE USE ONLY:

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Application: \_\_\_\_\_ Approved \_\_\_\_\_ Denied due to \_\_\_\_\_

Grant amount approved: \_\_\_\_\_