



COVID-19 Rental and Mortgage Assistance Program

Application Instructions

Eligibility

Households must meet the following criteria to be considered for financial relief:

- Be a resident of the Ketchikan Gateway Borough, residing outside the City of Saxman (for Rental or Mortgage assistance in Saxman, please visit: <https://www.cos-grants.com/>);
- Rent or own housing within the City of Ketchikan or Ketchikan Gateway Borough;
- Experienced loss of income due to the ongoing COVID-19 Pandemic as of March 16, 2020;
- Earn at or under the Maximum Allowable Income (Annual) for Ketchikan Gateway Borough of \$69,840.00 as set by the Alaska Housing Finance Corporation

Funds Availability

The City of Ketchikan and Ketchikan Gateway Borough have made funds available to households who have had a loss of income on or after March 16th, 2020 due to COVID-19.

\$1,500 will be awarded to qualified households while funds remain available.

The total funds available are \$1,000,000 for City of Ketchikan, and \$500,000 for Ketchikan Gateway Borough.

To Apply

Applications will be accepted through **September 11th, 2020**

Submit applications in one of the following ways:

- *Email:* james.johnson@comconnections.org
- *Fax:* attn. James Johnson (907) 225-1541

- *Mail or hand-deliver to:*
Community Connections
Attn: James Johnson
721 Stedman St
Ketchikan AK 99901

Applications may be amended before the deadline. Incomplete applications will be rejected.

Only one application per household will be accepted.

Applicants will be notified of the status of their application via email to the contact person on the application.

If the demand for grants exceeds available funds, we reserve the right to allocate the funds on a first come, first serve basis. Applications will be date-stamped and processed on an ongoing basis.

Questions

Contact James Johnson at Community Connections for more information or for clarification.

Phone: (907) 225-7825

Email: james.johnson@comconnections.org

RENTAL & MORTGAGE ASSISTANCE APPLICATION

Applicant Information

Name (Last, First, MI): _____

Name(s) as listed on the lease/mortgage/rental agreement:

Primary Residence Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Contact Name: _____

E-mail: _____

Do you reside within the Ketchikan City limits or in the Borough?

City Borough

Do you reside outside of the City of Saxman?

Yes No

Have you experienced loss of income due to COVID-19?

Yes No

On what date did your loss of income occur?

Annual Household Income before COVID-19 Hardship:

\$ _____

Annual Household Income after COVID-19 Hardship:

\$ _____

Monthly Mortgage or Rent Payment?

\$ _____

Can you please describe the circumstances in which your employment/income has been reduced due to the ongoing COVID-19 pandemic, such that you lack sufficient resources to pay housing costs?

To be approved for a one-time payment of \$1,500 to assist in covering your rent or mortgage, you will need to provide lender or mortgage holder information or the name and address of your landlord for a check to be cut and sent.

Please select how award funds will be distributed:

Lender or Mortgage Holder Information

Bank or Lending Institution Name: _____

Address: _____

Name of Mortgage or Loan Borrower: _____ Account #: _____

Rental Landlord Information

Landlord Name: _____ Mailing Address: _____

Landlord Phone Number: _____

Certification

As an official signer of the application, I certify that the information provided in this application is true and accurate and that I meet the eligibility requirements for this grant. I agree to assist in the verification of information provided in this application and to provide additional information to the City of Ketchikan or the Ketchikan Gateway Borough, if requested.

CARES Act funds cannot be used to reimburse expenses that have already been reimbursed by other federal programs including CARES Act funds. By signing, I certify that I have not received CARES Act funding for the expenses that I am claiming on this application from the City, Borough or any other entity.

Signed: _____

Date: _____

Printed Name: _____