



# Skagit County COVID-19 Mortgage Relief Grant Program Guidelines

Return applications between 9:00 a.m. and 4:00 p.m. to Skagit County Public Health: 700 South 2nd Street, Room 301, Mount Vernon WA 98273. Applications will be accepted starting October 1, 2020 until funds are exhausted or through November 23, 2020. Applications are processed on a first-qualified, first-served basis.

This one-time grant is for eligible Skagit County residents to pay up \$6,000 of past-due or currently-due mortgage payments per household as a result of a temporary job loss, reduction in work hours or other income hardship caused by the COVID-19 pandemic. This program is designed to assist low-income households whose gross household income is currently less than 50% of the Area Median Income (AMI) as defined by the U.S. Department of Housing and Urban Development (HUD). See the chart on the next page for the maximum income limits.

## **ELIGIBLE USE OF FUNDS**

Direct payments will be made to the mortgage company on the applicant's behalf. No payments will be made directly to the applicant. Payments may be used for mortgage principal, interest and PMI, but not for escrowed items like property taxes or hazard insurance.

## **APPLICANT ELIGIBILITY**

Applicants must meet the following criteria:

- Employment/income must have been impacted by the COVID pandemic, beginning March 10, 2020, or later
- Applicant(s) must reside in Skagit County
- Assistance will be provided only for mortgages on applicant's primary residence
- Applicant must have a household income at or below 50% AMI as defined by HUD at the time of application (see chart on next page)
- One application per household
- Applicant or any member of applicant's household cannot be a Skagit County elected official or current employee of Skagit County
- Applicant must sign an agreement ensuring they have not received duplicate benefits

## **INCOME ELIGIBILITY**

Applicants are qualified by the maximum income categories listed below based on the household size. Maximum gross household income is based on 50% Area Median Income (AMI) as defined by HUD.



HOUSEHOLD INCOME ELIGIBILITY		
Persons Per Household	Maximum Annual Income Limits <50% AMI	Maximum Monthly Income <50% AMI
1	\$27,450	\$2,287.50
2	\$31,400	\$2,616.67
3	\$35,300	\$2,941.67
4	\$39,200	\$3,266.67
5	\$42,350	\$3,529.17
6	\$45,500	\$3,791.67
7	\$48,650	\$4,054.17
8	\$51,750	\$4,312.50

*FY 2020 HUD Income Limits for Mount Vernon-Anacortes, WA MSA*

**Contact Information for Program Questions**

Skagit County Public Health  
360-416-1500  
housing@co.skagit.wa.us



# Application Checklist

Done	Documents	Notes
	Completed and Signed Application	
	Copy of Photo ID for all applicants	
	Current Mortgage Statement documenting amount due	
	<p>Verification of ALL Current sources of Income</p> <p>Examples include: Pay Stubs (1 month), Unemployment 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 – Profit/Loss statement. <b>If no income enter \$0 in form.</b></p>	
	<p>Documents supporting lost or decreased household income</p> <p>Examples include: One month of Paystubs showing income before COVID-19; letter or document showing job loss, layoff, or closure of place of employment; 2019 tax returns; Profit/Loss for business prior to COVID-19</p>	



## Application for Assistance

Applicant Name:

Address:

Phone:

Email:

Type of Property

- Apartment       Duplex       Mobile Home  
 Condo       Single-Family Home

Is this your primary residence?

- Yes  
 No

### HOUSEHOLD INFORMATION

List all individuals living in your home:

	Name	Relationship	Date of Birth
Applicant			
Co-Applicant			
Person 3			
Person 4			
Person 5			
Person 6			

The information provided on this form is confidential and will not be disclosed to anyone except as permitted by applicable law. Statistical summaries without personally identifying information may be compiled and shared by Skagit County.



**INCOME DATA**

Include all regular gross (before taxes or other deductions such as medical insurance) monthly income, for every person living in the house, in the appropriate columns below. Income includes wages, Social Security, Disability, Social Security Income, pensions, Veterans Administration benefits, Worker’s Compensation, Temporary Aid to Needy Families funds (TANF), child support, alimony, unemployment, self-employment, and any other regular payments received by the household. **If no current income, enter \$0 in form.**

<b>CURRENT INCOME</b>					
Family Members	Monthly Gross Wages	Monthly Gross Retirement and Pensions	Monthly Public Benefits	Other monthly income (incl. child support, alimony, unemployment).	
				Amount	Descriptions
Applicant					
Co-Applicant					
Person 3					
Person 4					
Person 5					
Person 6					
Monthly Totals	a.	b.	c.	d.	
Total Monthly Anticipated Income (add a, b, c, and d and enter the result in e)					e.
Total Annual Anticipated Income (multiply e by 12 and enter result in f)					f.

*To calculate your monthly wages:*

If you are paid with an hourly wage: Hourly wage x Number of hours x 52 divided by 12

If you are paid weekly: Weekly pay x 52 divided by 12

If you are paid bi-weekly: Bi-weekly pay x 26 divided by 12



### HARDSHIP CREATED BY COVID-19

Describe briefly why you fell behind on your housing payments (e.g., COVID-related unemployment, medical costs, child care issues, loss of business income):

### GRANT REQUEST INFORMATION

Assistance can be used to pay for mortgage principal and interest , and mortgage insurance premiums (PMI). **Funds may not be used for property taxes, hazard insurance or other items paid through escrow.**

Monthly Payment Amount (not including escrow items)	A.
Months Payments Owed	B.
<i>Mortgage Relief Grant Program or maximum \$6,000</i>	

### MORTGAGE INFORMATION

Mortgage Company Name:

Account Number:

Address:

Phone Number:



**FAMILY CHARACTERISTICS**

**Female head of household:**

Yes No

**Disabled:**

Yes No

**Ethnicity:**

Hispanic Non-Hispanic

**Race:**

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Other Race

**Multi Race:**

- Black/African American & White
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Asian & White
- Other



## APPLICANT AGREEMENT

### Penalty for False or Fraudulent Statements:

By signing below, you are certifying that all the information you have given is true and correct, to the best of your knowledge. You are acknowledging that you have provided this information for the purpose of seeking assistance from a federally funded program and, under federal law, making false or fraudulent statements can result in a fine or even imprisonment.

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 the Skagit 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 as a primary address.
6. I/we certify that I/we are not Skagit County elected official(s) or employee(s) of Skagit County.
7. I/We understand that the funds will be awarded as a grant.
8. I/We certify that we will not receive duplication of benefits from another agency.
9. I/We understand that we may only receive this funding once.

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Applicant Signature

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Date

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Co-Applicant Signature

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Date

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