

# EMERGENCY RENTAL & UTILITY ASSISTANCE

## PROGRAM APPLICATION



**All of the following documents must be returned with this application. If any items are missing, your application will be denied. If you have any questions, please send an email to [cdbg@conwayarkansas.gov](mailto:cdbg@conwayarkansas.gov).**

- Completed & Sign Original Application (Page 5-13)- All Landlord documents must be included.
- Copy of valid identification card or driver's license for every household member 18 years and older with a current Conway address.
- Copy of Social Security Cards for all household members
- Last three months of Paystubs showing employment status, or a statement from employer.
- 2020 Tax Returns. If filing separately, copies for all members.
- Documentation of all income for all household members. For example, unemployment, social security, disability, pension, alimony, child support, etc.)
- Last two months of bank statements (checking, savings, money market, annuities, cash cards, or other investment accounts) for Applicant, Co-Applicant, and all other adult members in the household.
- Current Lease (showing monthly rent)
- Statement from Landlord showing arrearage/amount due
- Statement from Conway Corporation (showing amount needed) – if applicable

All applications can be dropped off at City Hall from 8:30am to 12:00pm and 1:00pm to 4:00pm. Applications will not be accepted by email. All information should be photocopied. **No camera screenshots will be accepted.**

You can also drop off the applications in the drop box in front of City Hall located at 1111 Main Street.





# City of Conway, Arkansas

## Community Development Department

1111 Main Street • Conway, AR 72032

City: (501) 450-6100 ext. 3703 • Dept. Fax: (501) 450.6145

[www.conwayarkansas.gov](http://www.conwayarkansas.gov)

[cdbg@conwayarkansas.gov](mailto:cdbg@conwayarkansas.gov)

### Emergency Rental & Utility Assistance – Frequently Asked Questions

#### 1. What is the Emergency Rental & Utility Assistance Program?

- The program aids Conway eligible residents only who are experiencing financial hardship or financial difficulties due to the effect of the global Covid-19 pandemic. Persons who have experienced job loss, furlough, or reduced hours may be deemed eligible for this program. The program pays rent and utilities that are limited to electricity, sanitation, and water. Cable IS NOT an eligible utility. The maximum amount per household is \$800.00. **In order to be eligible for this program, you can not have received benefits from the past Conway Emergency Rental & Utility Assistance Program or received any assistance from any nonprofit, the AR Rent Relief Program, or any other program that assists with rental and utility assistance in the last 12 months.**

#### 2. How do I apply for the Program?

- Interested applicants must contact the Community Development staff at 501.450.6100 ext. 3703 or via email at [cdbg@conwayarkansas.gov](mailto:cdbg@conwayarkansas.gov). Prior to contacting the City of Conway, please review the HUD income standards table to determine income eligibility. Use the Low (80%) Income Limits Chart.

FY 2021 Income Limit Area	Median Family Income	FY 2021 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Little Rock-North Little Rock-Conway, AR HUD Metro FMR Area	\$71,500	Very Low (50%)								
		Income Limits (\$)	25,050	28,600	32,200	<b>35,750</b>	38,650	41,500	44,350	47,200
		<a href="#">Explanation</a>								
		Extremely Low								
		Income Limits (\$)*	15,050	17,420	21,960	<b>26,500</b>	31,040	35,580	40,120	44,660
		<a href="#">Explanation</a>								
		Low (80%) Income								
		Limits (\$)	40,050	45,800	51,500	<b>57,200</b>	61,800	66,400	70,950	75,550
		<a href="#">Explanation</a>								

**3. How am I eligible to apply?**

- There are various eligibility criteria for this program. Applicants must:
  - I. Qualify as low income (at or below 80% of area median income—view table)
  - II. Provide documentation of a financial hardship or financial difficulties due to Covid-19 global pandemic. Documents that can be used to illustrate hardship may include: a letter from employer stating reduced hours due to Covid-19, recent paycheck stubs that show reduced hours or rate of pay.
  - III. Must live within the City of Conway city limits.
  - IV. You must not have received Emergency & Utility Assistance from the City of Conway in the last past 24 months.
  - V. You must not have received Emergency & Utility Assistance from any nonprofit agency, AR Rent Relief Program, or any program that offers rental and utility assistance within the last 12 months.

**4. How much assistance is available for my family?**

- Depending on funding availability, maximum assistance is \$800 per household and can not exceed up to three months rent.

**5. I am behind more than three months' rent; can you still help?**

- Maybe! The assistance must bring you current with your rental payments. If you owe more than \$800, you must pay the remainder of the amount prior to the assistance being granted.

**6. Do I have to pay the money back?**

- No. The assistance is a grant and there are no recapture terms.

**7. Do I need to have employment?**

- You must have some verifiable income such as: employment, social security benefits, Documented cash assistance, child support, pension, veteran's benefits, alimony, self-employment.

**8. I have no income right now, but I am looking for a job. Can I still get help?**

- Possibly; These applications will be looked on a case by case basis. Please provide documentation that illustrates you are experiencing financial hardship or financial difficulties due to the Covid-19 pandemic.

**9. How long is the process?**

- It depends on the applicant and how fast they can provide necessary documentation. The process on average will take 7-14 business days from the time of application submission. Various factors may determine process time.

**10. Do you have preferences for families with children or the elderly?**

- No, we treat all families the same. There are no preferences for children or the elderly.

**11. Can you pay for a room or hotel?**

- No, you must be leasing a complete rental unit and provide a copy of the signed lease and a letter from the landlord showing delinquency.

**12. Are the checks made payable to me or my landlord?**

- Checks are made out directly to the landlord or utility provider.

**13. How long will this program be available?**

- This program will last until funding is depleted or by May 15, 2022

For additional questions or comments please email Community Development Staff @  
[cdbg@conwayarkansas.gov](mailto:cdbg@conwayarkansas.gov).



## Community Development Department Emergency Rental & Utility Assistance Program

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

REQUESTED ASSISTANCE:      Rent \_\_\_\_\_      OR      Utility \_\_\_\_\_ (You can only apply for one)

APPLICANT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

CURRENT RESIDENCE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

### **HOUSEHOLD/FAMILY INFORMATION**

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

Full Name	Date of Birth	Relationship	Gender	Race



## Community Development Department Emergency Rental & Utility Assistance Program

### EMPLOYMENT:

APPLICANT'S EMPLOYER (CURRENT)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

Please indicate which of the following statements apply to the Applicant:

1. I have experienced a reduction in salary as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I have had my hours reduced as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I have been furloughed as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I have been laid off as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I have been terminated as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other/Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Community Development Department Emergency Rental & Utility Assistance Program

### CO-APPLICANT'S EMPLOYER (CURRENT)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

Please indicate which of the following statements apply to the Co-Applicant:

1. I have experienced a reduction in salary as a result of the coronavirus (COVID19)  
Explain: \_\_\_\_\_  
\_\_\_\_\_

2. I have had my hours reduced as a result of the coronavirus (COVID19)  
Explain: \_\_\_\_\_  
\_\_\_\_\_

3. I have been furloughed as a result of the coronavirus (COVID19)  
Explain: \_\_\_\_\_  
\_\_\_\_\_

4. I have been laid off as a result of the coronavirus (COVID19)  
Explain: \_\_\_\_\_  
\_\_\_\_\_

5. I have been terminated as a result of the coronavirus (COVID19)  
Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Other  
Explain: \_\_\_\_\_  
\_\_\_\_\_

7. I have experienced financial difficulties due to:  
\_\_\_\_\_  
\_\_\_\_\_



## Community Development Department Emergency Rental & Utility Assistance Program

### HOUSEHOLD INCOME:

#### APPLICANT:

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-APPLICANT	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			
<b>TOTALS</b>			

#### ASSETS:

#### APPLICANT:

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
VEHICLES (other than main)				
<b>TOTALS</b>				



## Community Development Department Emergency Rental & Utility Assistance Program

Co-Applicant:

Please indicate an amount and if you are paid:

Weekly (W) \_\_\_\_\_, Bi-weekly (BW) \_\_\_\_\_, Bi-monthly (BM) \_\_\_\_\_, Monthly (M) \_\_\_\_\_, or Annually (A) \_\_\_\_\_.

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
VEHICLES (other than main)				
<b>TOTALS</b>				

### HOUSEHOLD LIABILITIES:

TYPE	<u>CREDITOR'S NAME</u>	<u>MONTHLY PAYMENT</u>	<u>BALANCE</u>
Mortgage			
2 <sup>nd</sup> Mortgage			
Rent/Lease Payment			
Car Loan			
Credit Card			
Credit Card			
Vehicle Loan			
Other			
<b>TOTALS</b>			



## Community Development Department Emergency Rental & Utility Assistance Program

### Emergency Rental & Utility Assistance Duplication of Funding Certification

Are you or the co-applicant on a waiting list for assistance from another agency?  Yes  No

If you have answered yes, please list the agency and describe the requested assistance:  Yes  No

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Have you or the co-applicant received any funding for rent or utilities within the last year from local nonprofits, other rental assistance programs, Arkansas Rent Relief Program, etc. If yes, please explain.

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I certify the following:

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. I/We understand that the information provided is needed to determine eligibility and in no way assures qualification for assistance. I/We also agree to provide any other documentation necessary to verify my/our eligibility and aware that all information and documents provided are matter of public records. I/We hereby waive my/our rights under the privacy and confidentiality provision act, and give my/our consent to the City of Conway, its agents, subrecipients, and contractors to examine any confidential information given herein.

I/We also acknowledge that I/we understand that duplication of benefits is not permitted. If you have receive funds in the past 12 months from any agency, nonprofit, you are ineligible for this program. If you participate in the COVID-19 Emergency Rental and Utility Assistance program provide by the city in 2020/2021, you are ineligible. If you are found to have receive duplication of fundings, you must pay back any funding that is determined to be duplicative. The City will use Charity Tracker, State and local resources to check this information. Grant funds cannot be used to pay costs if another source of financial assistance is available to pay that cost or has paid that cost.

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Signature of Applicant

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Signature of Co-Applicant

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Other 18+ Household Member

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Other 18+ Household Member



## Community Development Department Emergency Rental & Utility Assistance Program

### CITY OF CONWAY, ARKANSAS EMERGENCY RENTAL & UTILITY ASSISTANCE PROGRAM - RELEASE OF INFORMATION FORM

I/We, the undersigned do hereby authorize \_\_\_\_\_, to release, without liability, information regarding my/our employment, income and/or assets to the City of Conway, Arkansas for the purposes of verifying information provided as part of my application for assistance under the Emergency Rental and Utility Assistance Program.

#### INFORMATION COVERED:

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility.

#### GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers  
Previous Landlords (including  
Public Housing Agencies)  
Support and Alimony Providers

Welfare Agencies  
State Unemployment Agencies  
Social Security Administration

Veterans Administration  
Retirement Systems  
Banks/Financial Institutions

#### CONDITION

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that I/We can provide is incorrect.

Head of Household	Signature	Date
Spouse	Signature	Date
Adult Member	Signature	Date
Adult Member	Signature	Date



# Community Development Department Emergency Rental & Utility Assistance Program

## Landlord Agreement

\*\*Page 12 & 13 - Should be filled out by the Landlord

**Dear Owner/Landlord/Agent:**

Please complete the following information regarding your current resident/tenant who has applied for funding assistance through the City of Conway's Community Development Block Grant Emergency Rental and Utility Assistance Program

Owner/Landlord/Agent Name: \_\_\_\_\_

Rental Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

- I/we have not received any insurance or other assistance for loss of rent and/or utilities from another agency to cover cost for the above resident in the past 12 months \_\_\_\_\_ (Initial)
- I/we have not received any funding assistance for rent and/or utilities from another agency to cover cost for the above resident in the past 12 months \_\_\_\_\_ (Initial)
- I/we have received funding assistance from the following agencies to assist our resident in the past 12 months \_\_\_\_\_ (Initial)

Please list name of all organization, amount received, and date of rental/utility it covered:

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

- A. For tenants that are facing financial hardship or financial difficulties due to COVID-19, Tenant and Landlord agree to temporary flexibility for paying rent and other sums that come due for the 30 days.
- B. In addition to the payments, the Tenant are still responsible to pay all other amounts under the lease and comply with all other provisions of the lease.
- C. Landlord's acceptance of this agreement does not amend the lease or waive any of Landlord's right to enforce the lease against tenant.
- D. Landlord agreement must be signed and return a W-9 with application before payment will be approved.

**CERTIFICATION:** I Certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to help another obtain assistance is a fraudulent offense for which I can be prosecuted.

Owner/Landlord/Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**Give Form to the  
requester. Do not  
send to the IRS.Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► <input type="checkbox"/> Exempt payee  <input type="checkbox"/> Other (see instructions) ►	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Employer identification number</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign  
Here**Signature of  
U.S. person ►

Date ►

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.