



## COVID-19 Fall 2020 - Rental and Mortgage Assistance 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;
- Rent or own housing within the City of Ketchikan or Ketchikan Gateway Borough;
- Experienced a continued financial burden due to the ongoing COVID-19 pandemic for each month in which you are applying for after August 31<sup>st</sup>, 2020.
- Currently earn at or under **\$84,427.00** per household.

### Funds Availability

The City of Ketchikan and Ketchikan Gateway Borough have made funds available to households who have had a loss of income as of August 31<sup>st</sup>, 2020 or after due to the COVID-19 pandemic.

Up to \$1,200/month will be awarded to qualified households for up to months in which they apply as experiencing a continued financial burden in October, November and December 2020.

Grants will not be paid retro-actively for applications received after the last day of the previous month.

Households may be approved for up to 4 months of assistance depending on fund availability.

**Applicants will need to re-apply each month.**

### To Apply

Applications will be accepted on a monthly basis through **December 30th, 2020.**

Submit applications in one of the following ways:

- *Email:* [CARES@comconnections.org](mailto:CARES@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

Incomplete applications will be rejected.

**Only one application per household per month will be accepted.**

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

Checks for awarded grants may be received by landlords or mortgage lenders at any time throughout the month. Households approved for grants are responsible for making their payments on-time until such time a check is released.

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 Community Connections for more information or for clarification.

Phone: (907) 220-0737

Email: [CARES@comconnections.org](mailto:CARES@comconnections.org)

Or

James Johnson

Phone: (907) 225-7825 ext. 326

Email: [CARES@comconnections.org](mailto:CARES@comconnections.org)

# NOVEMBER 2020 - RENTAL & MORTGAGE ASSISTANCE APPLICATION

**Applications Accepted November 1<sup>st</sup> – November 30<sup>th</sup>**

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## 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 currently reside within the Ketchikan City limits or out in the Borough?

City                       Borough

Have you continued to experience a loss of income due to COVID-19 on or after October 31<sup>st</sup>, 2020?

Yes                       No

Monthly Household Income **before** COVID-19 Hardship:

\$ \_\_\_\_\_

Current monthly Household Income:

\$ \_\_\_\_\_

Monthly Mortgage or Rent Payment?

\$ \_\_\_\_\_

Rent/Mortgage Due Date? (**Note:** You are responsible for making your payment on-time until such time a check can be released.)

\_\_\_\_\_

Please describe the circumstances in which your employment/income has continued to be reduced due to the ongoing COVID-19 pandemic, such that you lack sufficient resources to pay housing costs.

To be approved you will need to provide lender or mortgage holder information or the name and address of your landlord for a check to be issued and sent.

Please select how award funds will be distributed (you may only select one):

**Lender or Mortgage Holder Information (only fill out if you currently are paying a mortgage)**

Bank or Lending Institution Name: \_\_\_\_\_

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

Name of Mortgage or Loan Borrower: \_\_\_\_\_ Account #: \_\_\_\_\_

or

**Rental Landlord Information**

Landlord Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

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**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: \_\_\_\_\_

# DECEMBER - RENTAL & MORTGAGE ASSISTANCE APPLICATION

Applications Accepted December 1<sup>st</sup> – December 30<sup>th</sup>

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## 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 currently reside within the Ketchikan City limits or out in the Borough?

City       Borough

Have you continued to experience a loss of income due to COVID-19 on or after November 30<sup>th</sup>, 2020?

Yes       No

Monthly Household Income **before** COVID-19 Hardship:

\_\_\_\_\_

Current monthly Household Income:

\$ \_\_\_\_\_

Monthly Mortgage or Rent Payment?

\$ \_\_\_\_\_

Rent/Mortgage Due Date (**Note:** You are responsible for making your payment on-time until which time a check can be released.)

\_\_\_\_\_

Please describe the circumstances in which your employment/income has continued to be reduced due to the ongoing COVID-19 pandemic, such that you lack sufficient resources to pay housing costs.

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Please select how award funds will be distributed (you may only select one):

**Lender or Mortgage Holder Information (only fill out if you currently are paying a mortgage)**

Bank or Lending Institution Name: \_\_\_\_\_

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Signed: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_