



# City of Hermiston COVID-19 Relief Application



CAPECO is an Equal Opportunity Provider and Employer

721 SE 3rd St Ste. D, Pendleton, OR 97801

541-276-1926 or 541-289-7755 | 800-752-1139 | FAX-276-7541 | TTY 541-278-5689

[www.CAPECO-Works.org](http://www.CAPECO-Works.org)

**In Order to process your Rent Relief application as quickly as possible, the following items are required to be submitted to CAPECO:**

- **Completed Application**
- **Copy of ID for all adults over the age of 18 that are in the household**
- **Income for all adults over the age of 18 that are in the household (last 30 days)**
- **Copy of City of Hermiston water bill (if seeking assistance for water/sewer/garbage)**
- **Copy of Mortgage Statement (if seeking assistance for payment of mortgage).**
- **Landlord Statement and W-9 (if seeking assistance for rent).**

Today's Date: \_\_\_\_\_

**Circle the assistance your household is seeking: Water/Sewer/Garbage      Mortgage      Rent**

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

How much is your Rent or Mortgage? \$ \_\_\_\_\_/month

Do you owe unpaid rent or mortgage payments?  Yes  No How much \$ \_\_\_\_\_

Are you responsible for any utilities?  Yes  No

If 'Yes,' please check:  Water  Sewer  Garbage  Natural Gas  Electricity

Do you owe unpaid utilities?  Yes  No How much \$ \_\_\_\_\_

Name of Utility Provider(s): \_\_\_\_\_

Please tell us who is in your household:

Last Name	First Name	MI	Sex	Relationship to Head of Household	Name on Lease/utility	Date of Birth	Social Security #
				- Self -			

What is your race/ethnicity?

\*Why do we ask this? HUD asks us to collect this information to make sure that laws that protect people from being discriminated against are followed. If you are uncomfortable sharing this information, please check “prefer not to answer”.

Please check all that apply		Race:						Ethnicity:
Last Name	First Name	American Indian/ Alaska Native	Black/ African American	Asian	Native Hawaiian/Pacific Islander	White	Prefer not to answer	Hispanic?

Does anyone in your household have a disability?  Yes  No

Does this person receive social security or veterans benefits for the disability?  Yes  No

Is anyone in your household a veteran?  Yes  No

If 'Yes,' please tell us who (name): \_\_\_\_\_

**Please tell us about your household's income:**

Please list all **gross income** (amount before taxes/deductions) for all members of your household.

'Kind of income' may include wages, social security benefits, TANF, child support, etc.

Who receives this income? (Name)	What kind of income is it?	How much do you receive?	How often do you receive it? (weekly, monthly, etc.)

By signing this form, I hereby authorize CAPECO to provide information to City of Hermiston and for data entry by CAPECO. I further authorize City of Hermiston and its agents to access any records in order to verify information given. I understand this release is good for three years from the date the application is signed.

I consent to any legally authorized investigation for confirmation of any information that I provide. I consent to have my Landlord, Utility or Mortgage Provider share records and other information with City of Hermiston.

If I receive assistance to which I am not entitled as a result of withholding information or knowingly giving fraudulent information, I must repay that assistance and may be found guilty of fraud and fined up to \$10,000 put in prison or both. I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin or political belief.

I acknowledge that I have received notice outlining my rights to request a fair hearing if my application is unjustly denied. I further understand that I must request a hearing within thirty (30) days of the completed date of the application or date of denial.

\_\_\_\_\_  
Signature (adult member) Date

\_\_\_\_\_  
Signature (adult member) Date

\_\_\_\_\_  
Signature (adult member) Date

\_\_\_\_\_  
Signature (adult member) Date

## City of Hermiston COVID-19 Relief Program

**SELF-CERTIFICATION OF COVID RELATED IMPACT**

**By signing this document, you are stating that you have been impacted by COVID 19 by a loss of income, compromised health condition, health status, or have an elevated risk of infection or vulnerability due COVID-19 factors. This impact directly threatens your ability to pay housing or utility costs and that you lack the resources or support networks to assist your household**

Applicant(s) Name: \_\_\_\_\_

**I, the undersigned, certify that I am unable to pay my rent, mortgage or utility due to one or more of the following COVID-19 related issues:**

- Lost job / wages due to COVID illness of myself or a family member
- Lost job/wages due to child care needs and/or school closure
- Lost job/wages due to employer/business closing or temporary shut-down
- Lost job/wages due to concerns of safety or health risks at my workplace
- Lost Income/wages due to COVID and now have zero income
- Unable to find employment or re-open business due to COVID

**OR**

- Self-quarantined due to COVID symptoms
- Compromised health status or elevated risk of infection or vulnerability to health as related to COVID-19.

**I certify that the information above and any other information I have provided in applying for housing assistance is true, accurate and complete.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hearing Rights:**

If you disagree with the denial or limits of eligibility or of the termination or modification of benefits or other assistance awarded by CAPECO, you can request an informal review within thirty (30) days of the decision, by contacting CAPECO. A request for an informal review shall be personally presented, either orally or in writing so the grievance may be discussed informally and settled without a hearing.

If you cannot settle the issue this way or you are still not satisfied you may request a hearing, in writing, to occur within thirty (30) days after the informal review. The Complainant will be provided with a copy of CAPECO's Formal Hearing Process. A Hearing Officer will arrange a date, time and place convenient to both you and CAPECO. After your request is received, a fair hearing will be scheduled within fourteen (14) days. In preparing for the hearing you have the right to examine any documents, including records and regulations that are directly relevant to the hearing. You have the right to be represented by counsel or other person chosen as your representative. You have the right to a private hearing unless you request a public hearing. You have the right to present evidence and arguments in support of your grievance and to controvert evidence. You also have the right to cross-examine all witnesses. The Hearings Officer must render a decision within ten (10) days of the hearing. The decision of the Hearings Officer will be final.

**OFFICE USE ONLY-DO NOT WRITE IN SHADED AREA**

Completed Application Received-Date /Time: \_\_\_\_\_

Staff Member \_\_\_\_\_  Total amount approved \$ \_\_\_\_\_

Date of Approval \_\_\_\_\_  Reviewed by \_\_\_\_\_

Date submitted to finance \_\_\_\_\_ Check Number \_\_\_\_\_ Date Paid \_\_\_\_\_



# Community Action Program East Central Oregon

SERVING UMATILLA • MORROW • GILLIAM • WHEELER COUNTIES

**Assisting people  
to become  
independent,  
healthy and Safe.**

**MAIN OFFICE**

721 SE Third St., Ste.  
D Pendleton, OR  
97801  
541-276-1926  
800-752-1139 TOLL FREE  
541-276-7541 FAX

**HERMISTON**

1565 N. 1st St., Sp. 1  
Hermiston, OR 97838  
541-289-7755  
800-214-4776 TOLL FREE  
541-289-7757 FAX

**THE DALLES**

3641 Klindt Dr.  
The Dalles, OR 97058  
541-506-3512

**LANDLORD AGREEMENT**

DATE: \_\_\_\_\_

Tenant(s) name: \_\_\_\_\_

Tenant(s) address: \_\_\_\_\_

Upon completion and approval, CAPECO will authorize a one-time payment towards the rent. Funds paid by CAPECO are to prevent eviction for nonpayment of rent. Funds may reflect past, present and future rent. If tenant leaves the unit with credit of rent not utilized, rent must be returned to the tenant.

By signing this form, you are certifying the amounts you have detailed below and agree you will not evict based on nonpayment of rent for the periods covered in the payment amount.

**To be completed by Owner/ Landlord/Manager**

Monthly Rent amount: \$ \_\_\_\_\_ Amount past due \$ \_\_\_\_\_ Late fee: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_ Rent past due date: \_\_\_\_\_

**Make checks Payable to:**

**BUSINESS OR OWNER'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**OWNER'S SOCIAL SECURITY # OR FEDERAL TAX I.D. #:** \_\_\_\_\_

**CIRCLE BUSINESS TYPE:**

- 1.) CORPORATION    2.) LLC    3.) PARTNERSHIP    4.) SOLE PROPRIETORSHIP

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED AGENT/DATE