



Exhibit E

City of New Albany Emergency Subsistence Payment Program Application

This program is funded through the U.S. Department of Housing & Urban Development’s Community Development Block Grant (CDBG-CV).

The Emergency Subsistence Payment Program is meant to assist low-and moderate-income renters and homeowners whose income has been adversely affected by the COVID-19 restrictions. Be sure to fill out all information requested on the application. If you need special aid, or an interpreter, please notify us in advance.

Last name: _____ First Name: _____ Middle Initial: _____

Address: _____

Phone # _____ Alternate # _____

Have you experienced financial hardship related to the COVID-19 pandemic? **Yes** _____ **No** _____

Please describe the financial hardship your household has experienced:

If your financial hardship is not due to COVID-19, you are not eligible for this program.

General Documentation Required:

We must receive all documentation that is listed below before we can process your application (copies are acceptable). Please see attachment A for the list of accepted documents and documentation matrix.

Proof of Identity

Proof of Income

Proof of Residence

Duplication of Benefits Affidavit

Proof of past due Rent or Mortgage

Verification of Employment form (Included in this application) - Complete Part 1 & Part 2 only.

Part 3 of the Verification of Employment form must be completed by your employer only. All employed persons in the household must complete this form.

Household Composition. List the head of household and all other household members by relationship to the head of household.

Member of Household's Full Name	Relationship	Birthdates	Age	Sex	Social Security #

Race, Ethnicity, Head of Household & Disability Status is data required by HUD for statistical reporting): Is the applicant (head of household):

Hispanic or Latino: Yes _____ No _____

Does the applicant have a disability? Yes _____ No _____

Female Head of Household: Yes _____ No _____

Please check one for the head of household:

- White
- Asian
- Native Hawaiian/other Pacific Islander
- Asian & White
- Black/African American
- Black/African American & White
- American Indian/Alaskan Native
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial

Disclaimer: Completion of this application does not guarantee selection for participation in the program. The following income guidelines are effective to qualify.

Number of Persons in Household	Maximum Annual Gross Income FY 2025
1	\$54,150
2	\$61,850
3	\$69,600
4	\$77,300
5	\$83,500
6	\$89,700
7	\$95,900
8	\$102,050

Income Information:

Total annual income must be listed for all household members. Include wages, salaries and tips; other income such as alimony, child support, Social Security, Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), Pension/Retirement, Unemployment, Disability Benefits, or other benefits. Wages are listed before taxes.

Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, bi-weekly, monthly, etc.)

Total Monthly Household income: _____

Bank Name: _____

Bank Phone #: _____

Bank Address: _____

Checking Balance: _____ Savings Balance: _____

Additional Bank Name: _____

Bank Phone #: _____

Bank Address: _____

Checking Balance: _____ Savings Balance: _____

Do you own a home or rent? _____

Use of Funds Requested:

- Rental Assistance
- Mortgage Assistance

Amount of Rental/Mortgage Requested: _____

Number of Months Assistance Requested: _____

Landlord or Mortgage Company Contact: Name: _____

Address: _____

Phone #: _____

Email: _____

THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. BY SIGNING AND SUBMITTING THIS APPLICATION, I'M AUTHORIZING THE CITY OF NEW ALBANY, THE HOMELESS COALITION OF SOUTHERN INDIANA AND THE U. S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT TO CHECK MY, INCOME STATUS, INCLUDING PROOF OF UNEMPLOYMENT BENEFITS AND ANY FACT INCLUDED ON THIS FORM. I UNDERSTAND THAT PROVIDING FALSE OR INCOMPLETE INFORMATION OR FAILING TO PROVIDE REQUIRED INFORMATION WILL RESULT IN THE DENIAL OF MY APPLICATION.

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____



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Verification of Employment

The applicant listed below has applied for rental/mortgage through the Homeless Coalition of Southern Indiana Office. Our regulations require us to verify certain income information related to eligibility for the program. The applicant has authorized you to release information for determining that eligibility for the program. We are required to complete our verification in a short time period and would appreciate your prompt response.

PART I. APPLICANT INFORMATION (to be completed by applicant)

Name of Applicant _____ SS# _____

Applicant Address _____

Applicant Signature _____

PART II. EMPLOYER INFORMATION (to be completed by applicant)

Name of Employer _____

Employer Address _____

PART III. EMPLOYMENT INFORMATION (TO BE COMPLETED BY EMPLOYER)

1. Date of Employment _____ Position/Occupation _____

2. Date of Termination or Furlough (if applicable) _____

3. Current Rate of Regular Pay \$ _____ per (hour, week, month)

4. Current Rate of Overtime Pay \$ _____ per (hour, week, month) Anticipated amount _____

5. Number of hours/weeks employee normally works _____

6. Gross annual earnings you anticipate for this employee for the next twelvemonths. (Gross amount including all tips, bonuses, overtime, commissions) \$ _____

7. Does this employee receive vacation or sick pay? Yes _____ No _____

8. Additional comments: _____

Completed by (Employer): Name _____

Title _____

Signature _____ Date _____



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Duplication of Benefits Affidavit

I/We _____ are executing this Affidavit in connection with the Emergency Subsistence Payment Program by the City of New Albany through the Homeless Coalition of Southern Indiana and affirm the following:

1. I/We rent or own property at _____ in the City of New Albany, Indiana and have been financially impacted by COVID-19 and need assistance with rent/mortgage expenses.
2. I/We have received or will receive the following amounts and types of assistance from the sources listed below:
 - _____
 - _____
 - _____
 - _____
3. I/We affirm that we have received no other assistance of funds for rent/mortgage for this property.
4. 42 U.S.C.5155(a) prohibits federal agencies from providing assistance to any person for “any part of such loss” as to which he or she received financial assistance under any other program or from insurance or any other source.
5. I/We understand that the amount of assistance received by me/us from the City of New Albany through the Homeless Coalition of Southern Indiana must be reduced by the amount of Duplicative Assistance received or will be received for the residence from other sources for the same purpose. Therefore, if assistance is received from another source for the residence I/We must repay the assistance received to the City of New Albany.
6. I/We certify under the State and Federal penalties for fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by me/us from the City of New Albany through the Homeless Coalition of Southern Indiana, that legal action may be taken in the event that I/We provide false, incomplete or misleading information in this Affidavit or during this process.

Print Name of Homeowner or Tenant _____
 Signature of Homeowner of Tenant _____ Date _____
 Print Name of Homeowner or Tenant _____
 Signature of Homeowner of Tenant _____ Date _____

Current Income Limits for 2025

FY 2025 Income Limit Category	Persons in Household							
	1	2	3	4	5	6	7	8
Low (80%) Income Limits (\$)	54,150	61,850	69,600	77,300	83,500	89,700	95,900	102,050

Ineligible applicants

The following applicants are ineligible for this program:

1. Applicants who do not otherwise meet the eligibility criteria outlined in the section above.
2. Households that receive a monthly federal subsidy (e.g. a Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance) and/or rental assistance from any other federal, state or local program are only eligible to apply for the portion of rent and utilities which they are responsible for.
3. Households that are related to City employees or elected officials.
4. Individuals experiencing homelessness who are seeking overnight or temporary shelter.

Denial Procedure

Review & Decision Timeline

- All applications will be reviewed within **5 business days** of receipt, provided all required documentation has been submitted.
- If an application is **incomplete**, the applicant will be contacted within **3 business days** to request missing information, and the 5-day review window will resume once all materials are received.

Applications may be denied for reasons including, but not limited to:

- Applicant does not meet eligibility criteria.
- Funding has already been provided to the household.
- Funds are exhausted for the current funding cycle.

Denial Notification

- Denial notifications will be issued **in writing** within **2 business days** of the denial decision.
- The notification will include:
 - The specific reason(s) for denial.
 - The date of the decision.
 - Instructions for how to **reapply**, if applicable.
 - Contact information for a program representative for follow-up questions.
- Notifications will be delivered via mail.

Document Requirements

Types of Documents	Accepted Documents
<p>Proof of Identity</p> <p><i>Must submit one of the documents listed</i></p>	<ul style="list-style-type: none"> • Current driver’s license or other state-issued ID • Social Security Card • U.S. passport • School ID • U.S. visa • Work permit • Legal permanent resident card (Green card) • Matrícula consular • Current or expired foreign government issued ID • Office of Refugee Resettlement ID • Work ID • Handgun license • Military ID
<p>Proof of residence at rental unit</p> <p><i>Must submit one of the documents listed</i></p>	<ul style="list-style-type: none"> • Executed lease agreement valid during the timeframe for which you are applying for assistance <p>If you do not have a lease agreement, you must submit one of the following as well as the landlord attestation form signed by your landlord</p> <ul style="list-style-type: none"> • Photo ID with address of rental unit • Mail from a government office, financial institution or utility provider
<p>Proof of income</p> <p><i>Applicants must supply either proof of annual income or proof of monthly income for the two months prior to application</i></p>	<p>Proof of Annual Income</p> <ul style="list-style-type: none"> • 2023 or 2024 tax return listing all adult household members • 2023 or 2024 W-2(for every job held by each adult household member • 2023 or 2024 1099(s) for every job held by each adult household member • 2023 or 2024 1099G unemployment compensation statement <p>Proof of Monthly Income</p> <ul style="list-style-type: none"> • Monthly unemployment compensation statement for the two months prior to application • Pay stubs for the two months prior to application • Most recent stipend(s), alimony, child support, pension/retirement/ annuity monthly award letter(s) • Letter from employer verifying salary/wages for the two months prior to application • Completed Part III of the New Albany Subsistence Payment Program Application • Most recent SSI or SSDI statement of benefits <p>Note: Income information must be provided for every adult household member earning income.</p>
<p>Proof of past due rent and utilities</p>	<ul style="list-style-type: none"> • Past due rent notice or invoice • Past due mortgage notice or invoice from bank • Letter or other communication from landlord indicating past due rent amount

Note that some documents may fulfill multiple criteria. To help applicants navigate the documentation requirements, please see Attachment A containing a documentation matrix.

Attachment A – Acceptable Documentation Matrix

Note that proof of income must be provided for every adult household member earning income. Applicants must

have one piece of documentation from each column; although one document may fulfill multiple columns. For example, a recent unemployment compensation statement can provide proof of financial hardship and be used in determining income eligibility.

	Proof of Identity	Proof of residence at	Proof of income	Proof of economic	Proof of past due rent or
Photo-ID (i.e. driver's	X				
Unemployment compensation statement		X (if the 1099-G lists the name of applicant and rental unit address)	X	X	
U.S. Visa	X				
Work permit	X				
Legal permanent resident card	X				
Matricula	X				
Current foreign government issued ID	X				
Office of refugee	X				
Military ID	X				
Executed lease agreement, listing		X			

	Proof of Identity	Proof of residence at rental unit or	Proof of income	Proof of economic hardship	Proof of past due rent or mortgage
2023 or 2024 tax return listing all adult			X		

2023 or 2024 W-2(s) for every job held by each adult household			X		
2023 or 2024 1099(s) for every job held by each adult household member			X		
Pay stubs for the two months prior to application for each adult			X		
Stipend(s), alimony, pension/retirement/annuity			X		

	Proof of Identity	Proof of residence at rental unit or	Proof of income	Proof of economic hardship	Proof of past due rent or mortgage
Letter from employer verifying salary/wages for the two			X		
SSI or SSDI statement of			X		
Discharge, layoff, or furlough				X	
Pay stubs showing reduction in				X	
Pay stubs showing reduction in				X	
Notice of business closure (letter from employer of closure, closure announcement)				X	

	Proof of Identity	Proof of residence at rental unit or	Proof of income	Proof of economic hardship	Proof of past due rent or mortgage
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Documentati on of significant costs incurred, such as child or dependent				X	
Past due rent notice or invoice					X
Letter or other communic ation from landlord indicating past due rent					X
Late or unpaid utility bill (water, gas, electric)					X