



COBB COUNTY CDBG PROGRAM OFFICE

192 Anderson Street, Suite 150
Marietta, Georgia 30060
Phone: (770) 528-1455 Fax: (770) 528-1466
www.cobbcounty.org/cdbg

Kimberly Roberts
Managing Director



2020 CDBG-CV3 EMERGENCY RENTAL/UTILITY ASSISTANCE POLICY & PROCEDURES MANUAL

Cobb County CDBG Program Office
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EMERGENCY RENTAL/UTILITY ASSISTANCE POLICY & PROCEDURES MANUAL

Overview

The purpose of the Emergency Rental/Utility Assistance Program is to mitigate and assist very low- to low-income families and individuals who are suffering a temporary financial setback due to the COVID-19 public health emergency and who need help with delinquent residential rent or utilities. The Program may serve to assist renters/ homeowners who have been unable to pay rent during the moratorium period. Funding for this program has been allocated to Cobb County through HUD's Community Development Block Grant CARES Act.

Type of Assistance

Rental/utility assistance for tenants/homeowners experiencing an unforeseen financial crisis and inability to pay rent or utility due to a loss of income related to the COVID-19 public health emergency. The form of assistance will be a grant payable directly to the landlord through an agreement between the landlord and Subrecipient.

Program Administration

The Subrecipient will have expert understanding of the needs of low-income households in the Cobb County who face eviction or financial hardship as a result of COVID-19. The Subrecipient's role is to maintain housing stability of Cobb County residents by collecting and vetting Rental Assistance Applications to evaluate financial need, ability to connect recipients to supportive services such as case management, financial planning and coaching, and special needs housing resources and providers.

Funding Process and Priorities

- In an effort to ensure the preservation of housing stability, applications will be accepted on a first-come, first-serve basis.
- In an effort to prioritize those that are most in need, those applicants with the lowest income levels will receive priority over other eligible applicants.

Applicants may receive a maximum of **\$8,184.00** Up to per household, for 6 months of past due partial or full rent/mortgage. Rent/mortgage reasonableness assessment may be conducted by the Subrecipient as a determination of the amount of the assistance provided. The maximum amount of assistance households can receive is dependent upon need and funding availability. Households will not receive more than the maximum.

All applicants must meet income and asset eligibility criteria and must have a documented loss of income due to COVID-19. Program recipients may not receive rental/mortgage assistance from other sources to cover the same expense.



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Applicant Eligibility and Requirements

Households must demonstrate an inability to meet rent obligations through documenting a loss of income and lack of assets available. To qualify for assistance, applicants must meet the following criteria:

- Resident of Cobb County
- Have a current residential lease agreement/ HUD-1 Purchase Contract
- Have current utility bill in client’s name
- Tenant/homeowner is current on the rental/mortgage payments due prior to assistance and in otherwise good standing with payment and terms of their lease. Must show regular monthly payments on time prior to requesting the assistance.
- Total household income not to exceed the Low-Income limits (80% of Area Median Income) established for Cobb County, adjusted by household size. See table below for 2020 Maximum Income Limits, effective July 1, 2020:

CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [COBB COUNTY, GEORGIA]

FY2020 Income Limits
Effective: July 1, 2020

Family/Household Size	Extremely Low	Very Low Income 50%	Low Income 80%
1	\$17,400	\$28,950	\$46,350
2	\$19,850	\$33,100	\$52,950
3	\$22,350	\$67,250	\$59,550
4	\$24,800	\$41,350	\$66,150
5	\$26,800	\$44,700	\$71,450
6	\$28,800	\$48,000	\$76,750
7	\$30,800	\$51,300	\$82,050
8	\$32,750	\$54,600	\$87,350

- Household must have a documented **Substantial Decrease in Household Income, defined as provided** related to COVID-19 impacts due to health, employment, out-of-pocket medical expenses or school/childcare closures as evidenced by the following:
 - Termination Notice
 - Payroll Check or Pay Stubs
 - Bank Statements
 - Medical Bills
 - Signed Letter from Employer explaining applicants changed financial circumstances



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- Unemployment Award Letter

Special Considerations

The following tenants/homeowners may be eligible to participate in the Program if they meet certain requirements:

- Section 8 Tenants, whose rental rate is based on their household income may be eligible to participate in the program, up to the tenant’s share of the rent
- Tenants/homeowners of a County other than regulated affordable housing development.

Ineligible Applicants

The following tenants/landlords are ineligible to participate in the Program:

- Tenants/homeowners that received assistance in another **Rental Assistance Program** since March 16, 2020;
- Tenants/homeowners that are Immediate Relatives, through blood or marriage (i.e. Child, Parent, Sister, Brother, Grandparent, Aunt, Uncle) of the Owner;
- Single owner-occupied residence, when the owner-occupant rents or leases a majority the number of bedrooms or occupants of the residential unit.

Program Assistance

- Rental/Mortgage relief assistance will be provided in an amount that is the lesser of
 - Tenant’s actual rent or current mortgage
 - Tenant’s share of the contract rent or mortgage
 - Maximum affordable rent for the unit size, based on need. See table below for the maximum affordable rent by household size:

2020 HUD HOME RENT LIMITS

	Studio	1 Bedroom	2 Bedroom	3 Bedroom
Maximum Monthly Rent	\$921.00	\$988.00	\$1,167.00	\$1,364.00
Maximum Rent for 6 Months	\$5,526.00	\$5,928.00	\$7,002.00	\$8,184.00

<https://www.hudexchange.info/programs/home/home-rent-limits/>

- Rental Differential Negotiation -- If the Tenant/ homeowners rate exceeds the maximum affordable rent (rental differential) for the applicable unit size, then the following options must be completed and documented:
 - Landlord must demonstrate to the Subrecipient that the contract rental amount is necessary to pay all costs associated with renting the property,

AND



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- Landlord and Tenant must come to an agreement on how much of the rental differential the Landlord will discount, or the Tenant will pay prior to the Subrecipient disbursing funds.
- Funds must be disbursed directly to the landlord or mortgage company.
- Prior to the release of funds, the Subrecipient must receive the following documents:
 - **From the Landlord**
 - Signed affidavit affirming that the Landlord has not and will not receive payment for the same month(s) rent due for the same tenant from any other rental assistance or mortgage assistance program.
 - **From the Tenant**
 - Executed Rental Assistance Agreement that includes a signed affidavit affirming that the tenant is not receiving rent from any other sources (rental assistance programs, sub-lessees, roommates, etc.).

Program Process

The Subrecipient will manage the following process:

- Utilize the attached draft Rental Assistance Program Application
- As necessary, circulate information of the availability of the Rental Assistance Program,
- Verify contents of Rental Assistance Program Tenant Applicants:
 - Identification of the applicant with the Lease/ Mortgage Agreement provided,
 - Household Size and Income,
 - Most recent rental payment made immediately preceding assistance using one of the following documents:
 - Cancelled Check
 - Bank Statement
 - Written verification from Landlord
 - Mortgage Statement
 - Documented loss of income related to COVID-19,
 - Affidavit confirming that tenant/homeowner is not receiving payment funds from Other sources (e.g.: sub-lessees or other rental programs)
- Verify Rental Assistance Program grant payment requirements with Landlord:
 - Validity of Lease Agreement between Landlord and Tenant
 - Landlord affidavit affirming the terms of the program
- Documented outcome of the Rental Differential Negotiation



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- Create template letters to tenant/homeowners' applicants confirming or denying Rental Assistance Program grant payment to Landlord.

Environmental Clearance

The CDBG Program Office shall be responsible for carrying out environmental reviews and clearances on all activities. **The Subrecipient must email the Cobb County CDBG Program Office an ERR Request Form prior to providing assistance to all clients.**

Funding provided through this agreement is "conditionally approved" subject to the completion of the Environmental Review process conducted by the CDBG Program Office. Notwithstanding any provision of this Agreement, the parties hereto agree and acknowledge that this Agreement does not constitute a commitment of funds or site approval, and that such commitment of funds or approval may occur only upon satisfactory completion of environmental review and receipt by the CDBG Program Office of a release of funds from the U.S. Department of Housing and Urban Development under 24 CFR Part 58. The parties further agree that the provision of any funds to projects/activities included in this Agreement is conditioned on the County's determination to proceed with, modify, or cancel the projects/activities based on the results of a subsequent environmental review.

THE SUBRECIPIENT MAY NOT OBLIGATE OR EXPEND ANY FUNDS PROVIDED THROUGH THIS AGREEMENT UNTIL THE COUNTY PROVIDES TO THE SUBRECIPIENT A "NOTICE TO PROCEED," WHICH SHALL REPRESENT, IN PART, THE COMPLETION OF THE ENVIRONMENTAL REVIEW PROCESS, AND THE NOTICE FOR RELEASE OF FUNDS BY HUD FOR THE PROJECTS/ACTIVITIES IDENTIFIED IN THIS AGREEMENT.

Reimbursement:

Requests for reimbursement submitted to the County shall attach a copy of the appropriate invoice and canceled check for each expense for which reimbursement is being requested. If bank checks are not returned to the Subrecipient, a copy of the bank statement identifying the check may be substituted for the check;

All Program funds will be paid by Cobb County to subrecipients upon submission of acceptable payment documentation to the Cobb County CDBG Program Office by the subrecipient in a timeframe required by the Cobb County CDBG Program Office. CDBG-CV3 eligible costs incurred beginning **March 15, 2020** are eligible to be reimbursed under this agreement. **Subrecipients cannot hold request for reimbursements for more than two months.** Reimbursement payments by the CDBG Program Office will be made using the normal 30-day payment schedule for all subrecipient disbursements.

Submit Reimbursement requests to cobbcdbgpayers@cobbcountycdbg.com



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DOCUMENTS REQUIRED FOR CASE MANAGEMENT REIMBURSEMENTS

- Cover letter signed by Executive Director/Lead Administrator/Supervisor indicating the amount of reimbursement requested for the month.
 - Monthly Expenditure Report must be signed by Executive Director/Lead Administrator/Supervisor and must identify the amount of reimbursement requested and show cumulative expenses and remaining balance.
 - Itemized list of administrative costs with names of employee and percentage of staff time charged to the CDBG-CV3 Program for each payroll week.
 - Cross-check reimbursement form
 - Reimbursement supporting documentation: Copies of payroll journal and timesheets. **Timesheets must be signed by both the employee and supervisor and show the time allocated to the CDBG Program.** If requesting reimbursement for fringe benefits, include copy of invoice from insurance company and documentation that payment was made by organization. If requesting reimbursement for payroll taxes and fees, include copy of invoice from Payroll Company and documentation that taxes and fees were paid by organization. Documents can include: Copy of Checks (Front/Back Copies of Checks 90 days or older), Organizational Bank Statements or Credit Card Statements.
- **Notes: Receipt/Invoice dates must correspond with monthly reimbursement request; Request must include an invoice number; Invoice numbers cannot be duplicated.**

****OTHER THAN SIGNATURES AND TIMESHEETS, HAND-WRITTEN DOCUMENTATION IS PROHIBITED!!!**

DOCUMENTS REQUIRED FOR RENTAL ASSISTANCE

- Cover letter signed by Executive Director/Lead Administrator/Supervisor indicating the amount of reimbursement requested.



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- Reimbursement supporting documentation: Spreadsheet listing client name, amount and type of assistance provided for each month and corresponding check number. Submit copies of lease agreement, mortgage statement or utility bill. Submit copies of check reflecting proof of payment for all rental and mortgage expenses.

Initial Application Checklist:

If this is the first time you are applying for funds, please make sure to submit the following:

- Program Application and Intake Form with all questions complete.
- Authorization for the Release of Information.
- Authorization to Share Information.
- Documentation of COVID-19 Impact:
 - If you experienced a loss of income due to COVID-19, submit a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19.
 - If you are unable to pay your rent or utilities due to an unexpected medical cost, submit your medical bill.
- Income Documentation:
 - Pay stubs, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income from **before** you experienced a loss of income due to COVID.
 - Last 60 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income.
 - If you are self-employed, submit the Self-Employment Certification Form.
 - If you have no income, submit the Zero Income Certification Form.

Please note you may be asked to submit additional documentation. The Rental Assistance agency assisting you will also reach out to your landlord for documentation.



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Cobb County COVID Rental Assistance Program Application and Intake Form

Last Name: _____ MI: _____ First Name: _____

Address: _____

County: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____ Email: _____

Number of bedrooms in unit listed above: _____

Section 1: Assistance Information

Cobb County's Rental/Mortgage Assistance Program serves eligible persons who, because of the COVID-19 emergency, now lack sufficient income or resources to pay rent and/or utilities. Please indicate what circumstance applies by checking the applicable box below:

- Required to be quarantined based on diagnosis of COVID-19.

- Required to self-quarantine based on a Directive of the Governor, the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or have reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity.

- Required to self-quarantine based on age over 65 or health condition that places him/her at enhanced risk for COVID-19.

- Suffered a substantial loss of income from COVID-19, including:
 - Job loss;
 - Reduction in compensation;
 - Closure of place of employment;

- Obligation to be absent from work to care for home-bound school-aged child; or

- Other pertinent circumstances: _____

- Experienced a large unexpected medical cost related to COVID-19.



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Briefly explain or clarify your reduction of income or unexpected medical costs. If suffering a reduction of income due to reduced employment income, list the name(s) of employer or other source(s) of lost / reduced income:

Required Documentation: Attach a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19. If you are unable to pay your rent due to an unexpected medical cost, attach the medical bill.

Please check the type of assistance you need help with:

Rental Assistance - Amount: _____ Rental Arrears - Amount: _____

List any permanent or temporary rental assistance that you currently receive such as a Housing Choice Voucher (Section 8) or other rental assistance. If your rental assistance is based on income such as a Section 8 Housing Choice Voucher, please state whether you have let the provider know that your income has changed by asking for an adjustment of your rent (interim recertification) and the outcome of that application (whether your rent was adjusted).

Please list any **emergency** rental assistance that you have applied for and the outcome of that application (whether you received assistance).

Section 2: Household Information

Please list all the persons residing in your household. The first line is for the Head of Household (HoH).

	Last Name	First Name & Middle Initial	Gender	How Related to HoH	Date of Birth	Full SSN*	Race Code	Ethnicity Code
HoH				Self				
2								
3								
4								
5								
6								
7								



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Race Codes:

- 1 - White or Caucasian 2- Black or African American
- 3- Asian 4 – American Indian/Alaskan Native
- 5 – Native Hawaiian or 6 – Multi-Racial
- Other - Pacific Islander 9 - Unknown

*If this person does not know their social security number or refuses to share, please indicate “don’t know” or “refuse” in this field. Choosing not to share a social security number will in no way impact eligibility for assistance.

Do any of the above members of the household have one of the following disabilities? If yes, check the box and note which household member using the household number from the first column of the chart above. Choosing not to share information about disability will in no way impact eligibility for assistance.

- Alcohol abuse: If yes, household member number(s): _____
- Chronic health condition: If yes, household member number(s): _____
- Developmental: If yes, household member number(s): _____
- Drug abuse: If yes, household member number(s): _____
- HIV/AIDS: If yes, household member number(s): _____
- Mental Health problem: If yes, household member number(s): _____
- Physical: If yes, household member number(s): _____

Section 3: Household Income (Monthly)

Please list the GROSS (pre-tax) income for ALL household members ages 18 and older. The first line is for the Head of Household (HoH).

#	A) Employment or Wages (including overtime, bonuses, commissions & tips)	(B) Social Security, Retire mentor Disability Benefits	(C) Unemployment, TANF or other Public Assistance	(D) Other Income
(HoH).				
2				
3				
4				
Total				
Add totals from (A) through (D) above. Total Income:				

Required Documentation: Attach the last 30 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income. If you are self-employed, please complete the Self-Employment Certification form. If you have zero income, please complete the Zero Income Certification form.

Section 4: Household Assets

This Program is restricted to eligible households whose readily available assets (checking, saving etc.) do not exceed \$7,500. Readily available assets include, but are not limited to, the total of any monies in banks, credit unions, certificate of deposit and cash on hand for all members of the household. The first line is for the Head of Household (HoH).

ethnicity codes:

- 0 – Not Hispanic or Latino
- 1 – Hispanic or Latino



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#	A) Checking Account(s)	(B) Savings Account(s)	(C) Money Market or CD (s)	(D) Cash or other liquid assets
HOH				
2				
3				
4				
Total				

Section 5: Additional Questions *(Please fill out the following questions)*

- Are any of the adults in the household a veteran? _____ Yes _____ No
 If yes, please list adult(s) with veteran status: _____
- Do you need a referral to a legal assistance provider who may be able to help you with legal housing assistance (eviction, mediation, etc.) at no cost to you? _____ Yes _____ No
- Do you have a history of homelessness? _____ Yes _____ No
 If yes, please continue with questions 4-8. If no, please skip questions 3-7 and sign at the bottom of the next page.
- Prior Living Situation: Where did you stay last night?

<ul style="list-style-type: none"> ▪ Emergency Shelter ▪ Sub Abuse Facility ▪ Home Ownership ▪ Transitional Housing ▪ Hospital ▪ Staying w/ Family ▪ Permanent housing for Homeless 	<ul style="list-style-type: none"> ▪ Jail/Prison ▪ Staying w/ Friends ▪ Psychiatric facility ▪ Rental unit ▪ Hotel/Motel ▪ Place not meant for Human
--	--
- Approximately how long did you stay at your prior living situation?

<ul style="list-style-type: none"> ▪ 7 days or less ▪ more than 7 days but less than 1 month ▪ 1-3 months 	<ul style="list-style-type: none"> more than 3 months but less than 1year 1 year or more
--	--
- Approximate date homelessness started: _____
- How many times have you stayed in a shelter, supportive housing, car or any other non-residential public place in the past 3 years including today?

<ul style="list-style-type: none"> ▪ One time ▪ Two times ▪ Three times 	<ul style="list-style-type: none"> ▪ Four or more times ▪ Never ▪ I do not know
--	--



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8. What is the total number of months you have stayed in a shelter, supportive housing, car or any other non-residential public place in the past 3 years?
- 1-12 months
 - More than 12 months
 - Never
 - I do not know

I certify that the information presented in this application is true and accurate to the best of my knowledge. I certify that I have not already been provided rental assistance, through the Cobb County Rental Assistance provider or any other program, that covers the costs requested in this application. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. As a person or entity receiving CDBG-CV assistance, I agree to repay assistance that is determined to be duplicative. By signing below, this constitutes an agreement and compliance with Cobb County's Duplication of Benefits policy attached herein.

Signature of Applicant / Head of Household

Date

Signature of Additional Adult Household Member (if applicable)

Date



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Duplication of Benefits Certification for CDBG-CV3 funds

(This form is required for all persons receiving assistance)

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

I, _____
(Name/title of business owner(s), sub grantee (Public Social Service Entity), sub recipient, direct beneficiary, other entity)

Hereby certify that:

A. The Community Development Block Grant-CV Funds, awarded to the Cobb County through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) does not duplicate/replace any other funds, and/or any funds from the following sources:

1. The Paycheck Protection Program
2. Unemployment compensation benefits
3. Insurance claims/proceeds
4. Federal Emergency Management Agency (FEMA) funds
5. Small Business Administration funds
6. Other Federal, State or local funding
7. Other nonprofit, private sector, or charitable funding.

B. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

Signature and Date of:

Business owner(s), sub grantee (Public Social Service Entity), subrecipient, direct beneficiary, or other entity



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Cobb County COVID Rental Assistance Program Authorization for the Release of Information

Last Name: _____ MI: _____ First Name: _____

Address: _____ County: _____ State: _____ Zip Code: _____

The Cobb County COVID Rental Assistance Program will remit rent payments on behalf of approved program recipients directly to the recipient's landlord or property owner. A complete application for rental assistance includes paperwork that must be completed and submitted by the applicant's landlord or property owner. In signing this consent form, I am authorizing the program provider to contact my landlord and/or property owner to request information, including but not limited to, rent and payment information and I hereby authorize my landlord to release such information. I also authorize the provider to release my information to my landlord which is deemed necessary to complete my application and receive assistance. I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

Landlord/Property Manager

Name: _____

Address: _____ County: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Property Owner

Name: _____

Address: _____ County: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Monthly Rent Amount: _____

In signing this consent form, I further authorize the provider of this program to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke the authorization at any time by written and dated communication.

I have read and understand by signing below, I certify that I am giving permission for the provider to obtain or share information for emergency rent assistance.

Signature of Applicant / Head of Household Date

Signature of Additional Adult Household Member (if applicable) Date



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Cobb County COVID Rental Assistance Program Self-Income Certification Form

Date: _____

Last Name: _____ MI: _____ First Name: _____

Address: _____ County: _____ State: _____ Zip Code: _____

Name of Business: _____

Date Business Opened: _____

Type of Business: _____

Position / Occupation: _____

Tax ID #: _____

1. Past Net Monthly Income (average 3 months prior to COVID-19) \$ _____

2. Reduction of Net Monthly Income due to COVID-19 \$ _____

3. Attach supporting bank statements

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household Date

Signature of Additional Adult Household Member (if applicable) Date



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Cobb County COVID Rental Assistance Program Zero Income Certification Form

Date: _____

Last Name: _____ MI: ____ First Name: _____

Address: _____ County: _____ State: ____ Zip Code: _____

1. I hereby certify that my household does not receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
- b. Income from operation of a business.
- c. Rental income from real or personal property.
- d. Interest or dividends from assets.
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
- f. Unemployment or disability payments.
- g. Public assistance payments.
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
- i. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.).
- j. Any other source not named above.

2. My household currently has no income of any kind and there is no imminent change expected in my financial status or employment status.

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household

Date

Signature of Additional Adult Household Member (if applicable)

Date



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Kimberly Roberts
Managing Director



Cobb County COVID Rental Assistance Program Landlord Verification Form

Date: _____ Property Owner Name: _____

Landlord/Property Manager Name: _____

Property Manager's Address: _____

County: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Tenant's Name: _____

Address of Rental Unit: _____ County: _____ State: _____ Zip Code: _____

Number of Bedrooms in Rental Unit Listed Above: _____

Monthly Rent Amount: \$ _____ Date Next Payment Due: _____

Amount of Last Payment Received: \$ _____ Date of Last Payment: _____

Lease Start Date: _____ Lease End Date: _____

Is the tenant in arrears? _____ Yes _____ No If yes, how much does the tenant owe? \$ _____

Are you currently receiving any other form of rental assistance for this household? _____ Yes _____ No
If yes, how much have you received? \$ _____ per _____

How do you wish to receive payment?

Electronic Funds Transfer (complete attached ACH form

Check made to _____ and sent to the above address.

The undersigned certifies that to the best of his or her knowledge the apartment referenced above contains no health or safety violations that threatens the health or safety of the tenant. The undersigned certifies that they have not received rent payments, from the Cobb County Rental Assistance provider or any other program, that covers the unpaid rent listed above. The undersigned agrees that they will not evict the tenant, provide the tenant with a five-day notice, or in any way ask the tenant to leave for the duration of this assistance. The undersigned agrees that if the tenant is facing eviction, the undersigned will only accept payment arrears if the eviction will be avoided. The undersigned confirms that the above information is true and accurate to the best of his or her knowledge and that providing false representations herein constitutes an act of fraud.

Name Title

Signature Date



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Cobb County COVID Rental Assistance Program MONTHLY REPORT FOR RENTAL ASSISTANCE PROVIDER

Agency: _____

Date Submitted: _____

Month of Service: _____

Summary of Total Families Housed for all Rental Assistance Program During the Month	#
# of Applications Intakes	
# of CDBG-CV Income Eligible Applicants	
# of Applicants Denied	
Reason for Denials	
TOTAL NUMBER OF CLIENTS SERVED	

Cumulative of Total Families Housed for all Rental Assistance Program During the Year	#
# of Applications Intakes	
# of CDBG-CV Income Eligible Applicants	
# of Applicants Denied	
Reason for Denials	
TOTAL NUMBER OF CLIENTS SERVED	

New Clients and Families Served - Listed by Percentages of Median Household Income	Total Number of Clients Served for the Month	Total Number of Clients Served for the Year
A. New Clients Served [Extremely Low 0%-30% Median Family/Household Income]		
B. New Clients Served [Extremely Low 31%-50% Median Family/Household Income]		
C. New Clients Served [Extremely Low 51%-80% Median Family/Household Income]		
D. Total Lines A+B+C		
E. New Clients Served [Over 80% Median Family/Household Income- NON CDBG ELIGIBLE]		
F. Total of lines D+E		



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G. Calculate % of CDBG Eligible Clients - Line D divided by Line F				
Number of New Clients Served - Identified by Each Individual - Listed by Race/Sex/Ethnicity	Male Clients	Female Clients	Hispanic or Latino Clients	Non-Hispanic or Non-Latino Clients
White				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Pacific Islander				
American Indian/Alaskan Native & White				
Asian & White				
Black/African American & White				
American Indian/Alaskan Native & Black/African American				
Other Multi-Racial				
TOTALS				

Signature/Position Title for CDBG-CV3 Subrecipient

Date Signed

Signature – Reviewed/Approved

Date Signed



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Cobb County CDBG-CV Duplication of Benefits Policy and Procedures

In accordance with the Coronavirus Aid, Relief, and Economic Security Act (Pub. L. 116–136) (CARES Act), the U.S. Department of Housing and Urban Development (HUD) allocated Community Development Block Grant coronavirus response (CDBG-CV) funds to the Cobb County to prevent, prepare for, and respond to coronavirus. Recipients of CDBG-CV funds must develop procedures to prevent any Duplication of Benefits (DOB) as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 42 U.S.C. 5121 et seq.).

This policy outlines procedures for the Cobb County’s Community Development Block Grant COVID (CDBG-CV) programs.

The Cobb County will use a DOB Calculation Worksheet to evaluate applications for assistance. Each applicant must sign a CDBG-CV Applicant Duplication of Benefits Statement and Certification, form which documents other assistance received or anticipated and includes an agreement to repay any duplicative CDBG-CV benefit. To document compliance with DOB requirements, subrecipient must keep an Agreement for Assistance, DOB Calculation Worksheet, CDBG-CV Applicant Duplication of Benefits Statement and Certification form, and applicable supporting documentation regarding other assistance received or anticipated in each applicant file.

Applicability

This policy is applicable to all grantees responsible for the implementation of programs and projects funded under the Cobb County’s CDBG-CV grants. For the purposes of this policy, an “applicant” may be a subrecipient or direct beneficiary.

Background

CDBG-CV grants are one of multiple Federal sources which assist coronavirus response. These sources of Federal assistance often can be used for the same purposes by grantees and direct beneficiaries. For this reason, the Stafford Act requires HUD and its grantees to coordinate with other Federal agencies that provide coronavirus response assistance to prevent the duplication of benefits. A duplication occurs when a person, household, business, or other entity receives coronavirus response assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need. The Stafford Act’s prohibition on DOB aims to ensure that federal assistance serves only to supplement insurance and other forms of coronavirus response assistance.

Procedures

The Cobb County incorporates the following procedures into their policies and procedures for CDBG-CV assisted programs.

A. Identify Applicant’s Total Need

1. Applicants indicate total need in the CDBG-CV Applicant Duplication of Benefits Statement and Certification form.



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2. Verify that the applicant's request is associated with an action to prevent, prepare for, or respond to coronavirus. The grantee must maintain applicable supporting documentation.

3. All costs included in total need must be reasonable and necessary. The applicant must provide applicable supporting documentation.

4. The assessment of total need must consider in-kind donations of materials or services that are known to the grantee at the time it calculates total need and makes the award. In-kind donations are non-cash contributions, such as donations of professional services, use of construction equipment, or contributions of building materials. In-kind donations are not "financial assistance" that creates a DOB under the Stafford Act, but they do reduce the amount of CDBG-CV assistance for unmet need because the donated goods or services reduce activity costs.

5. Grantees may not use CDBG-CV funds to reimburse costs paid by subsidized loans and the calculation of total need may not include such costs.

B. Identify Total Assistance Received or Anticipated

1. Applicants indicate total assistance received or anticipated in the CDBG-CV Applicant Duplication of Benefits Statement, Certification, and Subrogation Agreement form.

2. Applicants must provide applicable supporting documentation for any sources of funding cited in the total assistance received or anticipated calculation.

3. The grantee must review and evaluate applicant-provided data regarding total assistance received or anticipated. The grantee must request clarification and/or additional supporting documentation to address any inconsistencies or omissions.

4. Types of Resources Included in Total Assistance

i. Total assistance includes resources such as cash awards, insurance proceeds, grants, and loans received or anticipated by each CDBG-CV applicant, including awards under local, state or federal programs, and from private or nonprofit charity organizations. "Anticipated" assistance means assistance likely to be received by acting reasonably to evaluate need and the resources available to meet that need.

ii. Subsidized Loans

a. Subsidized loans (including forgivable loans) are loans other than private loans. Subsidized loans may also be available from other sources. Subsidized loans are assistance that must be included in the DOB analysis, unless an exception regarding declined or cancelled subsidized loans applies.

b. Declined or cancelled subsidized loans are not a duplication and are not included in the DOB analysis.



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iii. Total assistance does not include personal assets such as money in a checking or savings account (excluding insurance proceeds or disaster assistance deposited into the applicant's account); retirement accounts; credit cards and lines of credit; in-kind donations (although these non-cash contributions known to the grantee reduce total need); and private loans.

C. Exclude Non-Duplicative Assistance

1. Applicants indicate non-duplicative assistance in the CDBG-CV Applicant Duplication of Benefits Statement, Certification, and Subrogation Agreement form.
2. The grantee must review and evaluate applicant-provided data regarding non-duplicative assistance. The grantee must request clarification and/or additional supporting documentation to address any inconsistencies or omissions.
3. Exclude assistance that is:
 - i. Provided for a different purpose.
 - ii. Provided for the same purpose (eligible activity), but for a different, allowable use (cost).

D. Identify DOB Amount and Calculate the Total CDBG–CV Award

1. After evaluating and verifying applicant-provided data, the grantee must use the Duplication of Benefits Calculation Worksheet³ to identify the DOB amount and calculate the total CDBG–CV award.
2. Steps
 - i. Identify total need
 - ii. Identify total assistance
 - iii. Subtract exclusions from total assistance to determine the amount of the DOB
 - iv. Subtract the amount of the DOB from the amount of the total need to determine the maximum amount of the CDBG–CV award.
3. Considerations i. Apply program cap, if applicable.

E. Execute Agreement for Assistance with applicant

1. Include a provision that all additional funds received will be reported to the grantee within 15 calendar days. If the additional funds are determined to be duplicative, the award will be reduced and/or the applicant will be required to repay any disbursed duplicative benefit.
2. Include a provision that, one year after the completion of the activity for which funds were awarded, the applicant must report and certify whether additional funds were received for coronavirus-related expenses, the amount, and when funds were received. If additional funds were received that are determined to be duplicative, require repayment.



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F. Reassess Unmet Need When Necessary

1. If other resources become available to pay for the costs of an activity, thereby reducing the need for CDBG-CV funding, the grantee must reevaluate the Total Assistance available calculation and adjust the CDBG-CV award accordingly.

Recordkeeping

A. Policies and Procedures

1. A CDBG-CV grantee must incorporate this policy notice into its policies and procedures for implementing CDBG-CV-funded activities.
2. To implement DOB policies and procedures, grantees must use appropriate forms, as developed by Cobb County, including but not limited to:
 - i. CDBG-CV Applicant Duplication of Benefits Statement, Certification, and Subrogation Agreement form
 - ii. DOB Calculation worksheet
3. Grantees must develop recapture policies and procedures.
4. Grantees must identify a method to monitor compliance with the subrogation agreement for one year following the completion of the activity for which funds were awarded and must articulate this method in its written policies and procedures.

B. Applicant Records

1. Grantees must maintain records for each applicant, including, but not limited to:
 - i. Agreement for Assistance
 - ii. CDBG-CV Applicant Duplication of Benefits Statement, Certification, and Subrogation Agreement form
 - iii. Documentation of Total Need
 - a. Documentation to verify that the applicant's request is associated with an action to prevent, prepare for, or respond to coronavirus.
 - b. Documentation that costs included in total need are reasonable and necessary.
 - iv. Duplication of Benefits Calculation Worksheet that includes:
 - a. Identification of unmet need
 - b. Identification of all sources of assistance provided to applicant
 - c. Identification of those sources that are duplicative (with comments as needed)
 - d. Final award calculation
 - v. Supporting documentation for any sources of funding cited by the applicant as assistance received or anticipated.



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REQUEST FOR ENVIRONMENTAL REVIEW

SUBRECIPIENT MAY NOT UNDERTAKE ANY ACTIVITY WITH HUD OR NON-HUD FUNDS WITHOUT A COMPLETED ENVIRONMENTAL REVIEW.

Date of Request: _____

Name and Agency: _____

Funding Source: CDBG HOME ESG

Property Address: _____

Project Description: _____

Project budget: \$_____

PROPOSED PROJECT DESCRIPTION:

DPA TBRA Supportive Services Operating Costs Acquisition (Property)

Demolition New Construction Rehabilitation Rental Assistance Utilities

Is this vacant/undisturbed land? Yes No

If existing property: # Bedrooms: _____ # Baths: _____ Sq. Ft.: _____ Year Built: _____

If proposed activity results in ground disturbance, please provide a description (Include a description of all horizontal and vertical ground disturbance, such as haul roads, cut or fill areas, excavations, landscaping activities, ditching, utility burial, grading, water tower construction, etc., as applicable): _____

If new construction: # Bedrooms: _____ # Baths: _____ Sq. Ft.: _____

REQUIRED ATTACHMENTS (FOR ACQUISITION, DEMOLITION, NEW CONSTRUCTION, REHABILITATION)

Detailed scope work

Site Plan

Photographs of the property, include views of the front, back, right, left and property to the left, right, across the street and street views left and right

Soil Surveys, if completed

Engineer/Architect Environmental Assessment, if completed

For CDBG Office Use Only:

ER Prepared by: _____

Date Prepared: _____

Date Prepared or Entered Into HEROs: _____

Date Approved ER Uploaded: _____