**APPLICATION FOR EMERGENCY MORTGAGE RELIEF & RENTAL ASSISTANCE**

**(For Habitat Families Only)**

*To qualify for relief in the last 12 months you must have experienced an unforeseen crisis such as: income impact, health issues, death of an immediate family member, unexpected major expenses causing delinquency on mortgage, bills, or in danger of becoming delinquent without aid. The maximum amount of relief is* ***three*** *months within a twelve month period, with a maximum of* ***six*** *months relief over the life of the mortgage. If given prior covid relief, you are still eligible to apply.*

Name: Co-applicant Name:

Address:

Cell Phone: Cell Phone:       ￼

Email: Email:       ￼

**ELIGIBILITY CRITERIA:**

Please check which of the following circumstances you are currently experiencing:

[ ]  Income impact such as job loss, decreased hours or benefits reduced etc.

[ ]  Health issue within the household

☐ Death of immediate family member

[ ]  Unexpected major expense over $2,500 (such as home repairs, medical bills, car accident).

Provide a detailed explanation of current circumstances:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How many people currently live in your home?
2. How many people that live in your home are over 18 years of age?
3. Are the other adults in your household working or able to work?

[ ] Yes [ ]  No [ ]  N/A

1. Job title:
2. What industry do you work in?
3. Are you delinquent on your mortgage, or are you in danger of becoming delinquent without aid? [ ]  [ ]  Yes [ ]  No [ ]  N/A
4. Are you delinquent on any of your household bills? [ ]  Yes [ ]  No [ ]  N/A
5. How much money do you have saved either in accessible bank accounts or cash on hand? $
6. If you are receiving unemployment, when do you expect it to stop?
7. Have you applied for financial help from other relief organizations? [ ]  Yes [ ]  No

If yes, how much? $      Which agency?       Do you expect aid? [ ]  Yes [ ]  No

**MONTHLY FINANCIAL INFORMATION**

|  |  |
| --- | --- |
| ***Monthly Net Income*** | ***Monthly Expenses*** |
| Homeowner Income  | $      | Mortgage  | $      |
| Co-owner Income  | $      | Electricity | $      |
| Other Family Income  | $      | Gas  | $      |
| Social Security Income  | $      | Telephone  | $      |
| Child Support  | $      | Water  | $      |
| Food Stamps  | $      | Food  | $      |
| Retirement Benefits  | $      | Child Care  | $      |
| Disability Income  | $      | Car  | $      |
| Supplemental Income  | $      | Car Insurance  | $      |
| Other (such as Unemployment)  | $      | Loans  | $      |
|  |  | Credit Card Payments  | $      |
|  |  |

|  |
| --- |
| Internet/Cable:  |

Other:  | $      |
|  |  |  |  |
| **TOTAL INCOME:**  | $      | **TOTAL EXPENSES:**  | $      |

**SUBMITTING THIS APPLICATION**

**Documentation.** Please attach appropriate documentation demonstrating that your financial need is related to loss of income, health issue, or unexpected major expenses.

**Truthfulness.** Please make sure the information provided is complete and accurate. Applicants and the information provided will be screened thoroughly.

***If you are not truthful, you will be disqualified immediately.***

(For the purposes of this section, the term “I” refers to all Applicants collectively.)

Atlanta Habitat receives federal funds and other funds which require the disclosure of certain information to the government and/or funding source. If my application is approved, I/we hereby release Atlanta Habitat from any and all liability with regard to providing such information and documents as needed and hereby permit Atlanta Habitat to disclose such information and documents as is necessary.

I understand that any mortgage relief awarded will be based on available funding and will be limited to three months.

**Applicant Signature** **Date**

**Co-applicant Signature       Date**

**Applications can be submitted by email to** **Mortgage.Relief@Atlantahabitat.org** **or by fax at**

**678-705-0586.**

 