




Exhibit 2

Application Package

-  **Applicant Document Checklist**
-  **General Qualifications and Conditions**
-  **Program Application**

(Attached)



CUMBERLAND COUNTY EMERGENCY MORTGAGE ASSISTANCE PROGRAM APPLICATION PACKAGE

To begin the application process for the Cumberland County Emergency Mortgage Assistance Program related to the CDBG-CV, the following application package must be completed and submitted along with the applicable documents to the address below. Applications are processed on a first-come, first-qualified, first-served basis. Applications will be processed until all funding is allocated.

APPLICANT DOCUMENT CHECKLIST

✓ DONE	Document	Notes
<input type="checkbox"/>	Completed Application (must be signed by all parties on the Mortgage Agreement)	
<input type="checkbox"/>	Photo Identification - Government issued photo ID (must match the address on the mortgage) for Head of Household and Co-Head of Household (Applicants); additional photo ID for every member listed as a member of the household	
<input type="checkbox"/>	Proof of COVID-19 Economic Impact	
<input type="checkbox"/>	Verification of Income. Examples include: Pay Stubs, Unemployment of Award letter, Social Security, Disability, or SSI Award letter, Verification of Pension, Verification of Child Support/Alimony, Veteran's Benefit, Worker's Compensation Statement, Self-Employment - Year-to-date Profit/Loss and last two year's income tax	
<input type="checkbox"/>	Certification of "No Income" if applicable	
<input type="checkbox"/>	Proof of Residence	
<input type="checkbox"/>	Current Mortgage Statement	

Questions? Contact Community CARES at: 717-249-1009 x2228.

Submit applications and supporting documentation to:

Mail to/In-person:
Community CARES
50 W. Penn Street
Carlisle PA 17013

Please type or use ink. Do not use pencil. Please write legible. All blanks must be completed or have a N/A written. For your privacy, information provided shall be kept confidential and use only for the purpose of determining eligibility for financial assistance. Submitting this application is not a guarantee of assistance.





**CUMBERLAND COUNTY
EMERGENCY MORTGAGE ASSISTANCE PROGRAM
GENERAL QUALIFICATIONS AND CONDITIONS**

I/We understand the following qualifications, conditions, and documentation requirements for this program:

I. GENERAL QUALIFICATIONS AND CONDITIONS

- The Cumberland County Emergency Mortgage Assistance Program provides one-time funds to individuals and families that own and occupy a residential property in Cumberland County as their primary residence who have lost income because of COVID-19 and who are at risk of default on their mortgage payment.
- The maximum amount of assistance is up to \$1,000 per month for a max period of three (3) consecutive months based on actual need and meets program requirements.
- Assistance is paid directly to the mortgage company or servicer listed on the monthly mortgage statement. **Eligible expenses that can be paid with funds include past due mortgage and current mortgage is principal and interest only.** Funds may not be applied to late charges, legal fees, local taxes, homeowner's insurance, HOA dues, or any other fees owed to the Mortgagee before, during or after the covered time frame.
 - **Mortgage:** Current mortgage statement showing the amount due or past due.
- To qualify, the total annual household income cannot exceed the limits in the table below:

TABLE "A" – Cumberland County Eligibility Income Limits

Household Size	1	2	3	4	5	6	7	8
80% AMI	\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,350	\$89,800
50% AMI	\$29,750	\$34,000	\$38,250	\$42,500	\$45,900	\$49,300	\$52,700	\$56,100

- To qualify, gross household income may not exceed those listed in Table “A”. Gross household income includes all income from all persons over 18 years of age.
- To qualify, the individual or family must demonstrate their income was/is reduced because of COVID-19. Situations causing loss of income include, but are not limited to, loss of employment, reduction of work hours, reduced wages.
- The application period for this program ends when all County CDBG-CV funds have been fully expended.
- The application must be filled out completely and include all required supporting documents.
- The application must be submitted to Community CARES.
- A limited number of applications will be accepted based on funding availability. Assistance will be provided on a first-come, first qualified, first served and subject to funding availability.
- Payment will be made directly to the lender.
- Community CARES determines the eligibility of applicants to the program and reserves the right to deny requests in specific instances that applications and/or applicants do not conform to these or other program guidelines.

II. DOCUMENTATION REQUIREMENTS: The following documents must be photocopied and attached to your application. **Do not submit originals.** No documents will be returned.

1. **COMPLETED APPLICATION:** Must be signed by all parties on the Mortgage Agreement.
2. **PHOTO IDENTIFICATION:** Government issued Photo ID (i.e. driver’s license) which must match the address on the mortgage statement for Head of Household and Co-Head of Household (Applicants); additional photo IDs for every person listed as a member of the household residing in the housing unit for which mortgage assistance is requested.
3. **SOCIAL SECURITY CARDS:** for all residents living in the home.
4. **PROOF OF COVID-19 ECONOMIC IMPACT:** Applicants must submit documentation confirming negative economic impact during the COVID-19 pandemic period. Monthly income from January and February of 2020 shall be compared to monthly income from March 1, 2020 forward. Acceptable documentation of negative economic impact shall include:
 - A copy of household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 1, 2020 to present); or

- A copy of household member(s) notification of furlough from employer during the eligible pandemic period (March 1, 2020 to present); or
 - A copy of household member(s) notification or employee signed form confirming reduction in hours and/or pay during the eligible pandemic period (March 1, 2020 to present). The Request for Employment Verification Release Form (Exhibit 4) to the Program Guidelines may be used for this purpose; or
 - A copy of household member(s) application during the eligible pandemic period (March 1, 2020 to present) and/or approval for Unemployment Insurance Benefits; or
 - A notarized affidavit signed that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact or self-employment during eligible pandemic period (March 1, 2020 to present); or
 - Other appropriate documentation acceptable to Community CARES.
5. **VERIFICATION OF INCOME:** For each adult in the household 18 years or older, submit the supporting documentation appropriate for each type of income indicated in the Program Application Table C.
6. **PROOF OF RESIDENCE:** Most recent deed to the subject property.
7. **MORTGAGE STATEMENT:** Most recent current statement showing the amount due or past due.

III. **ACKNOWLEDGEMENT:** I/WE have read and understand the foregoing general qualification and condition statements. I/WE further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in MY/OUR not conforming to the requirements of the program will subject MY/OUR application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted.

Applicant Signature	Date
Co-Applicant Signature	Date

Please direct all questions regarding the Cumberland County Emergency Mortgage Assistance Program to (717) 249-1009 x2228..

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from Community CARES or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the County of Cumberland's verification of various eligibility requirements. The information provided on the following forms is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code which states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making false or fraudulent statement to the Department of the United States Government.



For Office Use Only	
Date Received	_____
Application No.	_____
Application Received By:	_____

CUMBERLAND COUNTY EMERGENCY MORTGAGE ASSISTANCE PROGRAM APPLICATION

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information provided shall be kept confidential and used only for the purpose of determining eligibility for financial assistance.

Were you or a household member affected by the COVID-19 pandemic? _____ Yes _____ No

If the answer to the above question is NO, you are not eligible for assistance.

1. TO BE COMPLETED BY APPLICANT/HEAD OF HOUSEHOLD (HH):

Full Name _____
Last First Middle

Property Address: _____

Mailing Address (if different from above): _____

Contact Numbers: Mobile _____ Work _____ Home _____

Email Address: _____

Driver's License No. _____ Date of Birth _____

☒ U.S. Citizen ☐ Legal Permanent Resident Social Security Number: _____

TOTAL number of persons in the household _____ (# of adults _____, # of children _____)

2. TO BE COMPLETED BY CO-APPLICANT

Full Name _____
Last First Middle

Property Address: _____

Mailing Address (if different from above): _____

Contact Numbers: Mobile _____ Work _____ Home _____

Email Address: _____

Driver's License No. _____ Date of Birth _____

☒ U.S. Citizen ☐ Legal Permanent Resident Social Security Number: _____

Relationship to Applicant: _____

3. EMPLOYMENT AND INCOME HISTORY (Applicant and Co-Applicant)

Applicant Employed? ☐ Yes ☐ No Self Employed? ☐ Yes ☐ No
Current/Recent Employer _____ Occupation _____
Estimated Gross Monthly Income \$ _____ # of years with Employer _____

Co-Applicant Employed? ☐ Yes ☐ No Self Employed? ☐ Yes ☐ No
Current/Recent Employer _____ Occupation _____
Estimated Gross Monthly Income \$ _____ # of years with Employer _____

4. HOUSEHOLD COMPOSITION (List ALL individuals living in the housing unit)

TABLE "B" – HOUSEHOLD COMPOSITION

Household Member Legal Name	Relationship to HH	Age	DOB	Gender	Disabled Y/N	Employed Y/N
1 Applicant	SELF					
2 Co-Applicant						
3						
4						
5						
6						
7						
8						

5. DEMOGRAPHIC INFORMATION

(The following information is strictly confidential information and will be combined with statistical information for federal reporting purposes only.)

Ethnicity (select one) ☐ Not Hispanic ☐ Hispanic

Race/National Origin (select one)

☐ White ☐ Black/African American ☐ Asian ☐ Pacific Islander ☐ American Indian/Alaskan Native

Female Head of Household

☐ Yes ☐ No

Disabled

☐ Yes ☐ No

6. PROPERTY INFORMATION

Property Address: _____

Municipality: _____ Age of housing unit: _____

Type of property: ☐ Single Family Home ☐ Condominium ☐ Town Home
☐ Manufactured Home ☐ Other _____

Is this your primary residence? ☐ Yes ☐ No Do you own the subject property? ☐ Yes ☐ No
Are you currently in active Bankruptcy? ☐ Yes ☐ No If yes, what Chapter filing? _____

7. MORTGAGE INFORMATION

Name of Lender/Mortgage Company: _____

Name of Contact Person: _____

Phone Number: _____ Email Address: _____

Address: _____

City State Zip
Loan/Account Number: _____ Term: _____

Monthly Mortgage Payment: _____ Date of Last Full Payment: _____

How many mortgage payments are past due? _____ Amount due: _____

8. DUPLICATION OF FUNDING

Have you received any COVID-19 related assistance for mortgage assistance? ☐ Yes ☐ No

Amount Approved? _____ Amount received to date: _____

List agency providing mortgage assistance:

1. _____ 2. _____ 3. _____

I/We _____ am aware that I can receive no other assistance for the same purpose.
I certify that I have not already received any mortgage assistance for this period of time, and am aware that if I receive additional assistance in the future for the same purpose, I will be required to notify Community CARES, and will be responsible to reimburse the Cumberland County CDBG-CV program for any funding deemed to be duplicate.

Applicant Signature _____

_____ Date

Co-Applicant Signature _____

_____ Date

CERTIFICATION OF ANNUAL INCOME

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based in the activity), and the relevant characteristics of each member for the purposes of income determination. Cumberland County requires supporting source documentation to be submitted as an attachment to this certification. A summary of documentation recommendations is provided in Table F. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

DEFINITION OF INCOME: For this program, Community CARES is using the Part 5 definition of income.

APPLICANT’S NAME: _____

TABLE “C” – CURRENT MONTHLY INCOME AFTER COVID-19 (MARCH 1, 2020-CURRENT)

INCOME SOURCE	APPLICANT AMOUNT	CO-APPLICANT AMOUNT	OTHER FAMILY MEMBERS AGE 18 OR OLDER AMOUNT	TOTAL
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).				
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to account.				
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received.				
Payments in lieu of earnings such as unemployment, disability, worker’s, and severance compensation. Report total amount received.				
Any public assistance or welfare payments from state or local welfare office. Report amount received.				
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.				
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.				
Total Present Gross Monthly Income			A	\$
Multiply by 12 months in a year			B	X12
A times B is equal to TOTAL ANNUAL INCOME			C	\$

TABLE "D" – MONTHLY INCOME PRIOR TO COVID-19 (JANUARY-FEBRUARY 2020)

INCOME SOURCE	APPLICANT AMOUNT	CO-APPLICANT AMOUNT	OTHER FAMILY MEMBERS AGE 18 OR OLDER AMOUNT	TOTAL
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).				
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to account.				
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received.				
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report total amount received.				
Any public assistance or welfare payments from state or local welfare office. Report amount received.				
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.				
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.				
Total Present Gross Monthly Income			A	\$
Multiply by 12 months in a year			B	X12
A times B is equal to TOTAL ANNUAL INCOME			C	\$

TABLE "E" – COVID-19 ECONOMIC IMPACT

INSTRUCTIONS: Check all that apply and explain below. May use additional sheets if necessary.

☐ TERMINATION OF EMPLOYMENT DUE TO COVID ☐ FURLOUGHED/REDUCED HOURS DUE TO COVID ☐ OTHER – EXPLAIN BELOW

In your own words, describe the need for assistance and how the household income has been directly impacted by the COVID-19 pandemic.

INCOME DOCUMENTATION: Please provide the requested items below, if applicable to your family for all family members over the age of 18. All documents submitted must be copies and will not be returned. **DO NOT SEND ORIGINALS.**

NOTE: A "Certification of No Income" should be completed by all adult household members only if appropriate. (Exhibit 3)

TABLE "F" – INCOME DOCUMENTATION REQUIRED

IF YOU OR A MEMBER OF YOUR HOUSEHOLD HAVE INCOME FROM ANY OF THE FOLLOWING SOURCES:	YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS:	COVERING THE FOLLOWING PERIOD(S) OF TIME:	
Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items.	Copies of last 3 paycheck stubs/earnings statements	January 1, 2020 – February 29, 2020 -AND- March 1, 2020 - Current	
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).	Complete (all pages) for the most recent filed Federal Income Tax Return; or Profit and Loss Statement showing the net amount after business expenses.	January 1, 2020 - Current	
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	Bank Statements	Most recent three (3) months	
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report the total amount received.	Social Security or other Award letter; or Bank Statement	Current year’s award letter or most recent three (3) months bank statements	
Payments in lieu of earnings such as unemployment, disability, worker’s, and severance compensation. Report the total amount received.	Award letter; or Bank Statement	Current year’s award letter or most recent three (3) months bank statement	
Any public assistance or welfare payments from state or local welfare office. Report the amount received.	Award letter; or Statement from source of assistance	Current year’s award letter or statement of current benefits from the source of assistance	
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.	Award letter; or Bank Statement	Most recent three (3) months	
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.	Bank Statement; Copy of last three paystubs	Most recent three (3) months	
List of Assets (Mortgage Agreement Holders Only)			
Type of Asset	Account No.	Balance	Name of Financial Institution
Checking Account			
Savings Account			
Stocks, Bond, CDs			

TABLE G – APPLICANT CERTIFICATION AND SIGNATURES

Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes Community CARES or any of its duly authorized representatives to verify the information listed herein and as further explained in instructions.

I/We hereby understand the information provided is collected to determine if I/we are eligible to receive assistance under the Cumberland County Emergency Mortgage Assistance Program.

I/We understand that additional information will likely be required to move forward with this program.

I/We hereby certify that all the information provided herein is true and complete to the best of my/our knowledge and belief.

I/We understand that it is a federal crime if I/we knowingly make any false statements for the purpose of obtaining this financial assistance, and that it is punishable by fine or imprisonment, or both.

I/We certify my/our primary residence is located at: _____, _____, PA, Zip _____.

I/We certify that I/we occupy the address above.

I/We understand that the funds will be awarded as assistance.

I/We understand that if I/we receive duplication of benefits from another state, federal or local source, I/we must repay part or all of the assistance provided to me/us by the County of Cumberland.

I/We understand that we may only receive this funding once.

APPLICANT SIGNATURE, PRINTED NAME AND DATE

Signature	Printed Name	Date
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OTHER ADULTS IN THE FAMILY SIGNATURE, PRINTED NAME AND DATE

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

Exhibit 3
Certification of No Income
(Attached)



CUMBERLAND COUNTY EMERGENCY MORTGAGE ASSISTANCE PROGRAM

CERTIFICATION OF NO INCOME

A "Certification of Zero Income" should be completed by adult household members only (if applicable). If there are any sources of income listed that you (the applicant) need clarification on, please contact the Program Administrator.

I. THIS SECTION TO BE COMPLETED BY APPLICANT/ADULT HOUSEHOLD MEMBERS

I _____, hereby certify that:

- A. I **do not** individually receive income from **any** of the following sources:
- Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - Income from operations of a business
 - Rental income from real or personal property;
 - Interest or dividends from assets;
 - Social Security payments;
 - Supplemental Security Income payments;
 - Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
 - Unemployment or disability payments;
 - Public assistance payments (other than food stamps);
 - Periodic allowances from alimony or child support;
 - Gifts received from persons not comprising the household;
 - Any other source not named above; **AND**
- B. I currently **do not** have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; and
- C. I will be using the following sources of funds to pay for mortgage, utilities, and /or necessities:

II. APPLICANT CERTIFICATION

Under penalty of perjury, I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of participation under the Cumberland County Emergency Mortgage Assistance Program.

Household Member Printed Name

Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Exhibit 4

Employment Verification Release Form

(Attached)



CUMBERLAND COUNTY EMERGENCY MORTGAGE ASSISTANCE PROGRAM REQUEST FOR VERIFICATION OF INCOME

To Employer: _____ Date: _____
From Applicant: _____
Applicant's Address: _____

I have applied to Cumberland County's Emergency Mortgage Assistance Program. I have authorized the program to obtain a verification of my income (and/or) reduction of hours and/or pay due to the COVID-19 economic downturn from you. In order for my eligibility to be determined, Community CARES must verify all of my income. The requested information is for the confidential use of Community CARES program and Community CARES only. Please furnish the information requested below and return this form, using the stamped, addressed envelope provided.

(Signature of Applicant)

PLEASE COMPLETE ONLY ONE OPTION AND PROVIDE THE INFORMATION REQUESTED.

Employee Start date of employment _____

☐ There is no change. Employee is still employed with the company and continues to work their regular hours (does not include overtime).

☐ **EMPLOYEE'S HOURS HAVE BEEN REDUCED**

Date hours were reduced: _____

Hours worked prior to date above: _____

Hours of work since date above: _____

Reduction in hours: ☐ was due to COVID-19

☐ was NOT due to COVID-19

☐ **EMPLOYEE HAS BEEN LAID OFF/TERMINATED**

Is no longer employed with the company listed above.

Date of Separation: _____

Separation: ☐ was due to COVID-19

☐ was NOT due to COVID-19

If employment separation was due to COVID-19, will the employee be able to return to work?

☐ No ☐ Yes, and can return on: _____ ☐ Return date unknown at this time.

Person completing the form

I certify that the information I have completed on this form is true and complete to the best of my knowledge and will be used to establish eligibility for a Federal program by the U.S. Department of Housing and Urban Development (HUD). I understand that falsified statements on this form in any detail shall be considered cause for disqualification of assistance for the applicant.

Signature: _____

Name: _____

Title: _____

Phone Number: _____ Email: _____

If you have any questions or require further information, please do not hesitate to contact Ray at (717) 249-1009 ext. 2228 or Amanda at (717) 249-1009 ext 2224.

Exhibit 5

Program Participation Agreement

(Attached)



**CUMBERLAND COUNTY
EMERGENCY MORTGAGE ASSISTANCE PROGRAM**

Program Participation Agreement

Applicant:			
Applicant Address:			
SECTION I – COMPLETED BY THE REDEVELOPMENT AUTHORITY OF THE COUNTY OF CUMBERLAND			
Mortgage/Loan Servicing Company			
Address	City	State	Zip
<p>Community CARES, hereafter referred to as “CARES”, administers this program on behalf of the County of Cumberland, and has verified the mortgage agreement and other eligibility documentation by the Applicant identified above and determined that this household is eligible to receive an Emergency Mortgage Assistance. CARES will issue monthly mortgage and/or monthly mortgage arrears payments directly to the Mortgage/Loan Servicing Company on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay. This Agreement must be completed and returned with the application by the applicant to the CARES staff in order to process the payment(s). Payment(s) will be issued on a monthly basis to the Mortgage/Loan Servicing Company as defined below:</p>			
MORTGAGE ASSISTANCE PROVIDED Amount \$ _____	ANTICIPATED TERMS OF ASSISTANCE For _____ consecutive month(s) beginning _____		
Authority’s Staff Name (print)	Authority’s Staff Signature	Date	Telephone No.:

SECTION II - COMPLETED BY APPLICANT

I UNDERSTAND AND CERTIFY THAT: In no case is my Mortgage/Loan Servicing Company entitled to a payment for a month that I did not reside at my property. I understand that I may be prosecuted if I commit fraud or knowingly assist my Mortgage/Loan Servicing Company to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive mortgage payments on my behalf from CARES. I may not acquire rights to sue CARES for payment of mortgage (or balance of mortgage) or for a breach of any obligation by the Mortgage/Loan Servicing Company.

I also understand and certify that I receive no other housing mortgage subsidy and/or assistance for full or partial monthly mortgage payment from any other government entity.

I further understand that this mortgage assistance may not be in the full amount of my monthly mortgage payment, and the difference between Cumberland County's assistance and my actual mortgage amount is still my responsibility to pay to my Mortgage/Loan Servicing Company.

I understand that mortgage assistance is limited and the duration of assistance is as stated in Section 1 of this agreement. CARES will make every effort to make mortgage assistance payments as required by the mortgage agreement but will only be responsible for late fees due to administrative errors by CARES and its agents. I understand that assistance may be terminated if a participant is determined to be no longer eligible, was never eligible, has not been fully engaged in the program, and/or has not been fully compliant with program requirements as determined by CARES. Examples of non-compliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

I further understand that the information provided on my application forms is subject to verification by the Pennsylvania Department of Community and Economic Development at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making false or fraudulent statement to a Department of the United States Government.

APPLICANT NAME (PRINT):

ADDRESS

CITY

STATE

ZIP

APPLICANT SIGNATURE:

DATE:

TELEPHONE NUMBER:

