These are truly unprecedented times, for our businesses, our partners, and especially for our rental housing residents who have been negatively impacted by COVID-19. To support residents that are struggling with rent, City of Aurora staff created an emergency rental relief program to assist residents with up to two months in past due rent. With a total program funding amount of $500,000, the City of Aurora Emergency Rent Assistance Program will provide grants to City residents impacted by the COVID-19 crisis.

The City of Aurora Emergency Rent Assistance Program is supported by Community Development Block Grant funding from the U.S. Department of Housing and Urban Development to provide grants to assist residents with past due rent caused by job loss, reduction in hours, or other complications suffered due to COVID-19.

Residents that are eligible to apply for a grant must demonstrate:

- Current signed lease agreement for a rental house or apartment licensed with the City of Aurora.
- A loss or reduction of income due to COVID-19.
- Total household gross annual income (all household members) is < 80% Area Median Income.
- Financial ability to pay future rent without assistance.
- Documentation that past due rent is owed.

The goal of the program is to provide all eligible residents an equal chance for receiving assistance. To achieve this, all applications will be entered into a “lottery.” Applications will be assigned a randomized number, thereby, creating a ranked list that the City will follow to review and approve applications. With only a certain amount of funds available, and the potential for hundreds of applicants, City staff will review and expedite applications as quickly as possible until all funds are exhausted.

**Financial Empowerment Center**

The City is also offering free of cost, access to the Aurora Financial Empowerment Center (FEC). At the FEC, professionally trained FEC counselors help individuals and families with low and moderate incomes manage their finances, pay down debt, increase savings, establish and build credit, and access safe and affordable mainstream banking products. At the core of the FEC model is the integration of counseling into other social services, such as housing and foreclosure prevention, workforce development, prisoner reentry, benefits access, domestic violence services, and more. The Aurora FEC offer services remotely during the COVID-19 pandemic to help residents navigate the financial impact of this crisis. Appointments with FEC counselors can be made by visiting www.CityofAuroraFEC.org or by calling 630-256-4552.

**Implementation and Monitoring**

Checks and balances are built into the program. City staff is responsible for program oversight and monitoring. Once an application is approved and processed for payment, checks made payable to the landlord or management company identified in the lease agreement are mailed.
PERSONAL INFORMATION

APPLICANT’S NAME: _____________________________________________________________

FULL STREET ADDRESS, INCLUDING YOUR APARTMENT NUMBER (e.g. 1234 N. Main Avenue, Apt. #123A):

_________________________________________________________  Zip Code: _______________________

COUNTY:  □ DuPage  □ Kane  □ Kendall  □ Will  □ Do not know

PHONE: ____________________    EMAIL ADDRESS: _____________________________________

DATE OF BIRTH: ______________________________

☐ Please provide a copy of your government issued photo identification and include a recent bill or other document/statement with your name and address to verify you reside at the address for which you are seeking rental assistance.

Do you own or rent?

☐ Own (STOP, you are not eligible to apply)

☐ Rent (Please provide your landlord's name and contact information.)

   Landlord’s Name: _____________________________Landlord’s Phone #: ____________

Number of months in past due rent you owe?

☐ Current on rent (STOP, you are not eligible to apply)

☐ 1 month past due

☐ 2 months past due

☐ More than 2 months past due. (Your landlord must document in a written agreement that past due rent in excess of two months will be waived, added to future rent payments, or other agreement to bring your rent current and/or you provide verification that you received additional financial assistance.)

Can you demonstrate an ability to pay future rent payments in full?

☐ Yes  ☐ No (STOP, you are not eligible to apply)

You must live within the city limits of Aurora, and the housing unit you rent must be licensed by the City of Aurora to qualify for this program. Units located in unincorporated Aurora will not be eligible. (Please see Appendix D, City of Aurora municipal limits.)

Is your rental housing unit licensed by the City of Aurora?

☐ Yes  ☐ No (STOP, you are not eligible to apply)  ☐ Do not know
How long have you lived at this address? □ Less than 1 year  □ 1-3 yrs.  □ 3-5 yrs.  □ More than 5 yrs.

What is your monthly rent? $ __________________________

Number of bedrooms in your housing unit? □ 0 (Studio)  □ 1  □ 2  □ 3  □ 4  □ 5

**LOW-MODERATE INCOME VERIFICATION**

Qualification for this program means that your annual income (inclusive of **all household members** who contribute to the household income) is at or below the HUD's 2020 area median income as shown below. Circle the option that best describes your household income. If your household size exceeds 8, please select the household size of 8 and staff will review your application and manually calculate your maximum income threshold.

If your household income exceeds the limits below, you are not eligible for this program. The requested documents below must also be included for each household member.

<table>
<thead>
<tr>
<th>Number of Members in Household</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max Income Threshold</td>
<td>$51,000</td>
<td>$58,250</td>
<td>$65,550</td>
<td>$72,800</td>
<td>$78,650</td>
<td>$84,450</td>
<td>$90,300</td>
<td>$96,100</td>
</tr>
</tbody>
</table>

Use the space below to describe any unique situations that further explain how your income was calculated and your income threshold selection in the next question. If your current household income exceeds the limits set forth above based in your household size you do not qualify for this program.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please attach the following documents for **all household members** 18 years and older who reside in your housing unit.

☐ Most recent copy of federal tax return including W2(s).
☐ Past two months’ cash account statements (excluding formal retirement accounts).
☐ Past two months of most recent pay stubs or award letter(s) for SSI/ Social Security/ Public Assistance/ Pension/ Retirement/ Unemployment and all other income.
☐ Signed Income Certification sheet (Appendix B).

**GRANT REQUEST INFORMATION**

Has your household situation been impacted due to the Coronavirus? Please note if your household has not been affected by Coronavirus, your application will not be considered for grant funds.

☐ Layoff or furlough  ☐ Reduction in work hours  ☐ Other impact: ____________________________________________

☐ My household was not impacted by COVID-19 (STOP, you are not eligible to apply)

Briefly describe how your household was affected by the COVID-19 pandemic including possible job loss, reduction in employment hours, or other ways your household was negatively affected.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Total amount requested. Each applicant can request **up to 2 months** of past due rent, with a maximum request amount based on HUD’s Fair Market Rent and the total monthly rent stated in your signed lease. To determine the maximum amount request, please use the table below.

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Maximum Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (Studio)</td>
<td>$956</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>$1,076</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>$1,212</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>$1,585</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>$1,888</td>
</tr>
</tbody>
</table>

Total amount requested: $__________________________.

A copy of your lease agreement as well as your monthly rent payment history or documentation (i.e. late notice) to verify your rent payment is past due must be submitted with your application.

The City is required to complete a review of all other potential sources of benefits. Complete and sign the worksheet located on Appendix C to certify that all the information you provided is true and correct, to the best of your knowledge. You acknowledge you provided this information for the purpose of seeking assistance from a federally funded program and, under Federal law, making false or fraudulent statements can result in a fine or even imprisonment.

Applications you make to other rental assistance programs do not disqualify you from applying for the city program. A review of your application and all additional assistance received will be completed by city staff to determine eligibility. Note any rental assistance received or applications made for rental assistance below.

Provide additional information not captured in the application that the city might consider when reviewing your application for approval.

**APPLICANT CERTIFICATION**

I am submitting a request for disbursement from the City of Aurora’s Rental Assistance Program referenced above. By entering my signature below, I certify that I meet all eligibility requirements as defined by the program and I understand that if qualified for assistance, all documentation related to the program’s requirements must be provided to the City before payment is issued.

Applicant Printed Name: ______________________________________

Applicant Signature: ______________________________________ Date: ________________

*Please review the application checklist in Appendix A to ensure that all requested documents are attached to your submitted application.*
APPENDIX A
Application Checklist

☐ Completed and signed application.

☐ Signed Income Certification Form (Appendix B).

☐ Completed and signed Duplication of Benefits Worksheet (Appendix C).

☐ Copy of your government issued photo identification and a recent bill or other document/statement with your name and address to verify you reside at the address for which you are seeking rental assistance.

☐ Monthly rent payment history or documentation such as a late notice to verify your rent payment is past due.

☐ Copy of your complete signed lease that includes the date of execution, monthly rent amount, and end date.

☐ Low-moderate income verification supporting documents for all household members (18 years and older):
  
  ☐ Most recent copy of federal tax return including W2(s).
  ☐ Past two months’ cash account statements (excluding formal retirement accounts).
  ☐ Past two months of most recent pay stubs or award letter(s) for SSI/ Social Security/ Public Assistance/Pension/Retirement/Unemployment and all other income.
1. Please indicate your household’s income. This includes all adult household members that earn a wage from employment or ANY household member that receives Social Security, child support, pensions, etc. (full-time adult students of any age who earn a wage should only count $480 toward total):

$_________________________________________________________

2. How many members are in your household? ______________________

3. What is your family status?
   □ Head of Household/Spouse is 62 years or older
   □ Head of Household/Spouse is disabled
   □ None of the above

4. Does your family have a female head of household?
   □ Yes
   □ No

5. What would you consider your Ethnicity? (HUD Requested Demographic Information)
   □ Hispanic or Latino
   □ Not Hispanic or Latino
   □ Prefer not to answer

6. What would you consider your Race? (HUD Requested Demographic Information)
   □ White
   □ Black/African American
   □ Asian
   □ American Indian/Alaska Native
   □ Native Hawaiian/Other Pacific Islander
   □ American Indian/Alaska Native AND White
   □ Asian AND White
   □ Black/African American AND White
   □ American Indian/Alaska Native AND Black/African American
   □ Other Multi-racial
   □ Prefer not to answer

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

_____________________________    __________________________
Signature                        Date

_____________________________    __________________________
Printed Name                      Date

Signature (Parent or Guardian, if client is under 18 years old)

_____________________________    __________________________
Printed Name (Parent or Guardian, if client is under 18 years old) Date
DUPLICATION OF BENEFITS REVIEW

<table>
<thead>
<tr>
<th>Tenant Name</th>
<th>Landlord Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant Address</td>
<td>Landlord Address</td>
</tr>
<tr>
<td>Tenant Phone</td>
<td>Landlord Phone</td>
</tr>
<tr>
<td>Tenant E-Mail</td>
<td>Landlord E-Mail</td>
</tr>
</tbody>
</table>

Provide a response for all potential sources of benefits below. Provide receipts for benefits received and rent payments made. Please note you are not required to contact each source of benefit below.

**State of Illinois**
Illinois Housing Development Agency (IHDA)

Open August 10th—21st
312-883-2720/888-252-1199
era.ihda.org

Did you file an application?  ❑ YES  ❑ NO
Was your application:  ❑ Approved  ❑ Denied  ❑ Pending
If approved, what was the amount you received $________________
If approved, for which months of rent was it used?

**Veteran's Assistance Commission (VAC)**

Kane: 630-232-3550
DuPage: 630-407-5655
Will: 815-740-8389
Kendall: 630-553-8355

Did you file an application?  ❑ YES  ❑ NO
Was your application:  ❑ Approved  ❑ Denied  ❑ Pending
If approved, what was the amount you received $________________
If approved, for which months of rent was it used?

**Catholic Charities**

Kane: 630-820-3220
DuPage: 630-495-8008
Will: 815-774-4663
Kendall: 815-744-4663

Did you file an application?  ❑ YES  ❑ NO
Was your application:  ❑ Approved  ❑ Denied  ❑ Pending
If approved, what was the amount you received $________________
If approved, for which months of rent was it used?
<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Services Provided</th>
</tr>
</thead>
</table>
| Two Rivers Head Start Agency, Aurora | 630-264-1151/800-847-9010     | Did you file an application? YES NO  
Was your application: Approved Denied Pending  
If approved, what was the amount you received $___________  
If approved, for which months of rent was it used?  
| People's Resource Center DuPage: 630-682-5402 | Did you file an application? YES NO  
Was your application: Approved Denied Pending  
If approved, what was the amount you received $___________  
If approved, for which months of rent was it used?  
| Kendall Community Benefits Kendall: 630-553-9100 | Did you file an application? YES NO  
Was your application: Approved Denied Pending  
If approved, what was the amount you received $___________  
If approved, for which months of rent was it used?  
| Will County Center for Community Centers Will: 815-722-0722 | Did you file an application? YES NO  
Was your application: Approved Denied Pending  
If approved, what was the amount you received $___________  
If approved, for which months of rent was it used?  
| The Salvation Army, Aurora 630-897-7265 | Did you file an application? YES NO  
Was your application: Approved Denied Pending  
If approved, what was the amount you received $___________  
If approved, for which months of rent was it used?  

Hesed House, Aurora 630-897-2156

Did you file an application?  ☐ YES  ☐ NO

Was your application:  ☐ Approved  ☐ Denied  ☐ Pending

If approved, what was the amount you received $______________

If approved, for which months of rent was it used?
_______________________________________________________

Local Non-Profit Agencies:
Quad County Urban League: 331-219-4851
St. Vincent DePaul: 630-236-1285
Other: ________________

To which agency(ies) did you or will you apply?
Was your application:  ☐ Approved  ☐ Denied  ☐ Pending

If approved, what was the amount you received $______________

If approved, for which months of rent was it used?
_______________________________________________________

Print your name, provide your signature, and date your certification below:

Printed Name  Signature  Date

FOR OFFICE USE ONLY

Amount of monthly rent:
Total amount of past due rent:
Late Fees/Penalties Due/Paid:

List each month of unpaid rent:

Amount of assistance received to date:
To which month(s) was assistance received applied?
Program maximum for unit size by county/zip code:
Amount of total award Approved
APPENDIX D

City of Aurora Municipal Boundary

If you are unsure if your address is within Aurora’s city limits, please visit www.aurora-il.org and enter your address into the City of Aurora’s “My Place” app.