

## CARES Act Checklist

To qualify for the CARES Act Assistance Program the following must be met for you to be eligible:

1. Applicants must be 18 years and older
2. Applicants must have a source of income or loss of income due to COVID-19 in the past 30 days
3. Applicants must live in the four-county area (Cherokee, Clay, Graham and Swain)
4. The applicants need MUST be caused by the COVID-19 pandemic
5. Applicants MUST complete a written statement, stating how they have been directly affected by COVID-19, specific to the need for Emergency Assistance.
6. Applicants can only apply one time for the CARES Act Assistance Program but can apply for different things under the one application (ex. Health Care Supplies and Utilities). That does not necessarily mean all the things applied for will be approved.

The following verifications will be needed in order to apply for the CARES Act Assistance Program:

1. Written statement explaining how you have been directly affected by COVID-19
2. Written statement explaining how each need requested is related to COVID-19
  - a. The written statements can be on one sheet of paper if both questions are answered.
3. Photo Identification of all household members over the age of 18. (ex. Driver's license, Military I.D., State I.D.)
4. Social Security Cards for everyone in the household.
5. Proof of income from the past 30 days for all the household members
  - Paycheck stubs
  - Layoff verification
  - Social Security Benefits
  - Child Support
  - Work First (TANF)
  - Utility allowance
  - Food & Nutrition Services Benefits
  - Section 8 or Public housing verification

**ALL OF THE ABOVE ITEMS MUST BE PROVIDED, IF APPLICABLE, IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.**

**IF YOUR INFORMATION IS NOT RECEIVED WITHIN 7 BUSINESS DAYS AFTER YOUR APPLICATION HAS BEEN SUBMITTED, YOU WILL LOSE YOUR SPOT ON THE LIST AND YOUR APPLICATION WILL NOT BE PROCESSED.**

### CARES Act Income Limits

# of Persons in Family/Household:	200% Poverty Guideline:
<b>Annual Amount:</b>	
1	\$ 25,520.00
2	\$ 34,480.00
3	\$ 43,440.00
4	\$ 52,400.00
5	\$ 61,360.00
6	\$ 70,320.00
7	\$ 79,280.00
8	\$ 88,240.00
For each additional member	add \$8,960
<b>Monthly Amount:</b>	
1	\$ 2,126.67
2	\$ 2,873.33
3	\$ 3,620.00
4	\$ 4,366.67
5	\$ 5,113.33
6	\$ 5,860.00
7	\$ 6,606.67
8	\$ 7,353.33

**Four Square Community Action Agency  
Coronavirus Aid, Relief and Economic Security (CARES) Act Application**

Applicant Name:		Date
Street Address:		P.O. Box
City	State	Zip Code
Social Security: _____		Date of Birth: _____
Phone #:	Alternate Phone #:	
Describe the hardship due to COVID-19:		

**Four Square Community Action Agency  
Coronavirus Aid, Relief and Economic Security (CARES) Act Application**

**Income Information**

First Name	M.I.	Last Name	Source *	Method **	Amount	***How Verified

\***Source:** Employment, Self Employment, Child Support, Childcare Paid, Contribution, Disability, Pension, Public Housing, Food Stamps, Medicaid, Section 8 Housing, Subsidized Housing, SSI, Unemployment Benefits, V.A. Benefits, Work First or TANF, Income Other, No Income  
 \*\* **Method:** Hourly, Weekly, Bi-weekly, Monthly  
 \*\*\***Verified:** Pay Stubs, Employer, Award Letter, Child Support Enforcement Agency, County DSS Record, Notarized Statement, Tax Return, W-2 Form, Other

By signing below I certify that all information provided on this application is correct and true.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Household Member Information

Household Member

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

Household Member

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

Household Member

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

Household Member Information

Household Member

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

Household Member

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

Household Member

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

**Consent:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Four Square Community Action, Inc. any information or materials needed to complete and verify my eligibility for and continued participation in a Federal housing assistance program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**Information Covered:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and marital status	Employment, income, and assets	Residences and rental activity
Credit and criminal activity	Medical or child care allowances	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**Groups or Individuals that May be Asked:** The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Past and present employers	Veterans Administration	Social Security Administration
Welfare agencies	Courts and Post Offices	State Unemployment agencies
Law enforcement agencies	Retirement Systems	Medical and child care providers
Schools and colleges	Utility companies	Support and alimony providers
Banks and other financial institutions	Previous landlords (including public housing agencies)	

**Conditions:**

- I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.
- I give my permission for general information volunteered by me to be used in the local newspaper and any other news letters in the community, State Association, and to the funding sources for purposes of information and public relations regarding Four Square CAA's CSBG program.
- I authorize the use of photographs taken during program activities to be used for purposes of information and public relations regarding Four Square CAA's CSBG program.
- I authorize Four Square CAA to release any necessary information pertaining to me to any organization, which may be able to assist me in other types of programs, not provided by this Agency, and to the Office of Economic Opportunity.

\_\_\_\_\_  
*Head of Household*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse or other adult member*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*Date*

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.



# Four Square Community Action, Inc.



## INDIVIDUALS' PRIVACY NOTICE

Four Square Community Action, Inc. will comply with the Privacy Act (24 C.F.R. Part 5) by acknowledging responsibility for safeguarding individuals' personally identifiable information. It is committed to protecting the privacy of this information including Social Security and Employer Identification numbers, stored electronically and/or in paper form, in accordance with federal privacy laws, guidance, and best practices.

Applicants shall be provided with a copy of this Privacy Notice at the time of application and at each annual income recertification.

Collection, maintenance, use and dissemination of personally identifiable information (PII) such as social security numbers, employer identification numbers, and income information shall be conducted in compliance with all provisions of Federal, State, and local law. Also, sensitive personally identifiable information lost, compromised, or disclosed without authorization that could substantially harm an individual will be handled in compliance with provisions of Federal, State, and local law. Examples are: Social Security or Driver's License number or any financial account numbers such as credit or debit card numbers.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Four Square CAA Employee

An Equal Opportunity Employer



Four Square CAA CSBG Program

PARTICIPANT NOTICE OF APPEAL RIGHTS AND GRIEVANCE PROCEDURE

Through the CSBG Program, our Agency will provide Information and Referral assistance to low-income individuals in Cherokee, Clay, Graham, and Swain counties. This program is funded by the Federal and State Governments who have established eligibility criteria and guidelines that must be followed by Community Action Agencies. Therefore, Four Square Community Action, Inc. may deny or terminate services to any individual for any of the following reasons:

- a. Failure to meet eligibility guidelines of the funding source
- b. Failure to provide sufficient information to determine eligibility
- c. Incomplete applications
- d. Supplying fraudulent information
- e. Proven intent to defraud
- f. Misrepresentation of purpose
- g. Failure to carry-out activities in the Participant Action Plan
- h. Funds not available

If an individual feels that they have been refused services or services have been terminated unfairly, they have a right to appeal. The appeal process provides an opportunity for Participants/potential Participants to challenge the Agency's decision to deny or terminate services.

Appeal Procedures

When an individual has been refused services, or when services are terminated, the following steps are taken in the order shown below:

1. The Executive Director will notify the Participant in writing within ten (10) working days of the action. The notification will include the reasons for denial of assistance, the opportunity to submit additional written information which the person believes would warrant favorable determination of eligibility, and the deadline for submitting this information.
2. The individual must file Notice of Intent to Appeal in writing within five (5) working days of date of notice sent in step 1 above. The Notice of Intent to Appeal should be sent to Four Square CAA P.O. Box 2290 Andrews, North Carolina 28901.
3. The Executive Director will notify the Participant/potential Participant in writing of the date, time, and place of their scheduled hearing. The hearing will be held within seven (7) working days of receipt of the Notice of Intent to Appeal at which time the participant/potential participant will be given the opportunity to present evidence as to why the denial should be over-ruled.
4. The Participant/potential Participant will have the right to present any documents or information at the hearing to support his/her position.
5. All information will be documented and evaluated by the Four Square CAA and the Participant will be notified of the result in writing within seven (7) working days of the scheduled hearing.
6. All information resulting from the appeal will be documented and filed in the Participant's Case file for 3 years and be available for public inspection consistent with the procedures of Rules .0301 and .0302.

Questions or Comments: \_\_\_\_\_

Given to client on: \_\_\_\_\_ Printed Client Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
CSBG- Outreach Specialist

Give Client a Copy and Keep Copy in File

# North Carolina COVID-19 Resources for Renters Facing Eviction

If you are a renter in North Carolina facing eviction due to COVID-19 economic impacts, there may be resources available to you.

## Rental and Utility Assistance

If you were unable to pay your rent and/or utilities due to COVID-19 or its economic impacts, you may qualify for assistance. Call **NC 2-1-1** to learn of resources in your community for emergency needs, including rental and utility assistance.

## Know Your Rights

If you rent a home that has a federal subsidy (like Section 8, public housing, a tax credit, etc.), or if the property you are renting has a federally-backed mortgage (like a FHA loan, a VA loan, a Fannie Mae or Freddie Mac loan, etc.), you are protected under the CARES Act and a landlord is not allowed to evict for nonpayment right now. For those properties, landlords are not allowed to file a nonpayment eviction case between March 27, 2020, and July 25, 2020. An eviction notice served after this time period must provide the tenant with 30 days to vacate.

Also, no matter what kind of home you rent, Governor Roy Cooper ordered that no landlords should file eviction cases for nonpayment between May 30, 2020, and June 20, 2020. If your landlord filed a case against you during that time, you may have a defense. Governor Cooper also ordered that tenants are afforded 6 months after June 20, 2020 to pay rent that became due between May 30, 2020 and June 20, 2020.

*Even if your eviction court date has already passed, you have 10 days from the day of the judgment to appeal.*

## Legal Assistance

You may also be eligible for legal assistance.

Free legal advice and counsel, including in-court representation, is available through Legal Aid of North Carolina. If you need a lawyer, call the statewide toll-free helpline at 1-866-219-5262 or apply online [www.legalaidnc.org](http://www.legalaidnc.org).

The Civil Legal Assistance Clinic at the UNC School of Law has a CARES Act Eviction Information Line to help Spanish speakers and people who are not eligible for assistance from Legal Aid. **Individuals seeking assistance from the CARES Act Eviction Information Line should send a text message with their full address, and property name if known, to 919-590-9165.** Tenants will then receive an information packet about the CARES Act via both text message and U.S. mail.

Free legal assistance for individuals in Western North Carolina is provided through Pisgah Legal. Call 1-800-489-6144 or apply online at <https://www.pisgahlegal.org/>.

