EMERGENCY RENTAL ASSISTANCE GRANT PROGRAM GUIDELINES

Administered by:

City of Paramount
Planning Department
16400 Colorado Avenue
Paramount, CA 90723

www.paramountcity.com/community/cdbg

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Program Guidelines

Program Description

The Emergency Rental Assistance Grant Program (ERAG) provides emergency rental and utility assistance grants to income-eligible individuals and families economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay, residing in eligible areas of the City of Paramount.

Emergency grants are rental and/or utility payments made on behalf of an income-eligible applicant, up to $1,000 per month for a period of up to two (2) consecutive months, to maintain housing and/or to reduce rental or utility payment delinquency in arrears as a result of the economic downturn during the COVID-19 pandemic.

The ERAG Program will log all payments made on behalf of eligible individuals and families.

Use of Community Development Block Grant (CDBG) and Community Development Block Grant COVID-19 (CDBG-CV) Funds

CDBG and CDBG-CV funds will be used for emergency rental and/or utility payments on behalf of income-eligible individuals and families economically impacted by the COVID-19 pandemic. Monthly rental assistance is provided for a period of up to two (2) consecutive months through direct payment to a bona fide landlord, property management agent or company for current rent and/or to pay down rental arrears within the two (2) consecutive months to be addressed. Monthly utility assistance is provided for a period of up to two (2) consecutive months through direct payment to a bona fide utility provider for natural gas, electricity, or water/sewer charges typically incurred by the applicant in connection with the residential address receiving assistance. If receiving both rental and utility assistance, the same two (2) consecutive month period shall apply to both forms of assistance. Proof of arrears shall be required for utility assistance payments. The City may also use CDBG and CDBG-CV funds for program implementation costs such as direct personnel and non-personnel costs.

This activity is a public service activity under the CDBG program regulations at 24 CFR 570.201(e) as allowed pursuant to 24 CFR 570.207(b)(4) that provides emergency grant payments made over a period of up to three (3) consecutive months directly to the provider of the housing or the utility. The activity is further regulated pursuant to 24 CFR 570.208(a)(2)(i)(B) whereby applicants shall supply information on family size and income to qualify.

Program Marketing and Outreach

Program marketing shall be initiated by the Planning Department and may include any of the following:

- Public Service Announcement/ Advertisement in a media of general circulation;
- Flyer/ Advertisement on the City website;
- Public service announcements on City cable television;
- Posting at Community Centers and other locations where individuals and families seek services;
- Posting at City Hall;
- Posting at other City facilities; and
- Any other means of advertising as approved by Planning Department.

Marketing and outreach shall facilitate fair access and transparency. Information for applicants shall include any necessary pandemic related disclosures and social distancing requirements.

To facilitate meaningful access to program participation for Limited English Proficiency persons, all program marketing intended for the general public shall be provided in English and in Spanish, in accordance with the City of Paramount's current Limited English Proficiency Plan.

A log shall be kept to document marketing and outreach to individuals and families who may be eligible for Emergency Rental Assistance Grant Program funds.

Applicant Eligibility

Applicant's eligibility for Emergency Rental Assistance Payments shall be determined upon submission of a completed Program Application with all required information and documents.

To be eligible for assistance, an applicant must:

1. Reside within the incorporated City Limits of the City of Paramount.
2. Have a current annual family income that does not exceed the U.S. Department of Housing and Urban Development (HUD) established "Moderate-Income" limits for Los Angeles County. Family income eligibility is based on the following two (2) factors:
    a. The total number of people residing in the housing unit; and
    b. The total amount of current annual family income as stated in the Program Application and confirmed by supporting documentation.
3. Have experienced an economic impact because of the COVID-19 pandemic (job loss, furlough or reduction in hours or pay).
4. Have a current residential lease agreement for a housing unit in Paramount.

5. Submit a signed Program Participation-Payment Acceptance form from bona fide landlord/property management agent or company.
6. Submit a W-9 form completed by the landlord / property management agent or company.
7. Submit evidence of the current rental balance and / or utility balance.
8. Certify on the Program Application that the applicant has received nor will seek other sources of assistance from any private, local, state, or federal funding source for the same requested rent or utility expense.

Individuals and families that are currently participating in any Publicly Assisted Housing program are ineligible under this program (i.e. Section 8 Housing, etc.).

Eligibility Determination

Program staff will review applications and begin providing responses within 21 calendar days, or earlier. If an application is incomplete, the applicant shall be notified by phone and by mail and given 10 calendar days after the date of the first notification by phone or the date of the letter to submit the information. Applicants that fail to respond within ten (10) calendar days shall be denied assistance.

A denied applicant file shall contain all submitted information and documentation, as well as the reason for denial (e.g., over income limits, incomplete information, reside outside service area).

An approved applicant file shall contain all submitted information and documentation necessary to meet all required eligibility criteria and contain completed forms, documentation, and necessary information for all members of the family.

Documents supplied to the City in connection with Program Applications shall not be returned. Applicants are cautioned not to submit original documents and to only submit copies.

Residency in Eligible Area

Applicants must reside in a rental property located in the City of Paramount. Verification that the residence is located within the City of Paramount will be made by program staff.

Annual Income Definition and Documentation

All family members are considered members of the family for the purposes of determining income eligibility. As defined at 24 CFR 5.403, “family” includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: 1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or 2) A group of persons residing together, and such group includes,

but is not limited to a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); an elderly family; a near-elderly family; a disabled family; a displaced family; and the remaining member of a tenant family.

Therefore, family member information must include, at a minimum, the following:

1. Full names and ages of all family members living in the residence; and
2. Signature of all adult family members age 18 or over, certifying that the information provided related to the annual family income and family composition is correct.

To determine family income for all applicants, the City will use the annual income definition as defined by HUD at 24 CFR 5.609 (commonly referred to as Part 5). The City will use the Part 5 method to calculate the annual income by projecting the prevailing rate of income of the family for the next 12-month period as measured from the date that the City performs the income determination.

The ERAG is classified under the Limited Clientele National Objective of the CDBG Program at 24 CFR 570.208(a)(2), whereby a verifiable self-certification form is permitted by HUD to document that individuals and families receiving assistance are low- or moderate-income. A verifiable self-certification shall be collected an evaluated with each Program Application. The self-certification shall be verified for all applicants receiving assistance at the time of application, except that upon recommendation by program staff, the Planning Director shall have the authority to waive submission of source documentation on a case-by-case basis. However, in no event shall fewer than 51 percent of all assisted applicant files contain only the verifiable self-certification without supporting documentation to verify the amounts of income listed on the Program Application.

Annual Income Limits

Each applicant will need to provide verifiable documentation to support the applicant's stated income. The income limits for this program are:

Family Size	Extremely Low	Low Income	Moderate Income
	Equal to or less than 30% of Area Median	31% to 50% of Area Median	51% to 80% of Area Median
1	23,700	$39,450	$63,100
2	$27,050	$45,050	$72,100
3	$30,450	$50,700	$81,100
4	$33,800	$56,300	$90,100
5	$36,550	$60,850	$97,350
6	$39,250	$65,350	$104,550
7	$41,950	$69,850	$111,750
8	$44,650	$74,350	$118,950

Effective July 1, 2020 for the Los Angeles - Long Beach Metropolitan Area

Documenting Economic Impact during COVID-19 pandemic period

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:

1. A copy of family member(s) notification of job loss/termination from employer during the eligible pandemic period (March 1, 2020 to present); or

2. A copy of family member(s) notification of furlough from employer during the eligible pandemic period (March 1, 2020 to present); or

3. A copy of family member(s) notification or employer signed form confirming reduction in hours and/or pay during the eligible pandemic period (March 1, 2020 to present). The Request for Verification of Income or Reduction of Hours and/or Pay Form (Exhibit 3) to the Program Guidelines may be used for this purpose; or

4. A copy of family member(s) application during the eligible pandemic period (March 1, 2020 to present) and/or approval for Unemployment Insurance benefits;

5. A notarized affidavit signed that includes the name of the family member who is self-employed, the name and nature of the business, and narrative

confirming economic impact on self-employment during eligible pandemic period (March 1, 2020 to present); or

6. Other appropriate documentation acceptable to the City.

Availability of Applications

First Round

The City shall make application forms available on July 6, 2020 through July 17,2020 on its website (for printing at home), mailed by request by calling the Planning Department at (562) 220-2036, and available at the City's Main Lobby counter and at the City's Planning Department counter located at, 16400 Colorado Avenue, Paramount, CA 90723 during regular business hours.

Second Round

The City shall make application forms available on October 1, 2020 on its website (for printing at home), mailed by request by calling the Planning Department at (562) 220-2036, and available at the City's Main Lobby counter and at the City's Planning Department counter located at, 16400 Colorado Avenue, Paramount, CA 90723 during regular business hours.

Program Participation-Payment Acceptance Form

A signed Program Participation-Payment Acceptance form from the bona fide landlord/property management agent or company must be submitted as a part of an applicant's emergency rental assistance application.

Current Lease or Rental Agreement

Applicants shall submit a copy of their current residential lease agreement or written rental agreement for the address they reside in and for which rental or utility assistance is requested.

W-9 Form

Applicants shall submit a completed W-9 form from the bona fide landlord/property management agent or company. The landlord/property management agent or company will be provided with an IRS 1099 form at the end of the calendar year for tax reporting purposes.

Current Balances Due

Applicants shall submit a confirmed copy of their current rental balance from the bona fide landlord/property management agent or company. Utility balances will be shown on the utility bills that must be submitted with the Program Application.

Landlord, Property Management Agent or Company

A bona fide landlord/property management agent or company is defined as the legal owner and/or representative of a Single-Family or Multi-Unit residential property leased for the purposes of permanent housing, entitled to collect rent as prescribed in a valid lease agreement.

To process and disburse payments to a bona fide landlord/property management agent or company, signed and completed W-9 and Program Participation-Payment Acceptance forms are required. The landlord/property management agent or company will abide by Emergency Rental Assistance Grant Program requirements and will be provided with a clear summary and schedule of payments to be made on behalf of eligible individuals and families.

Under no circumstances will the ERAG program staff be a party to any lease for which assistance is provided or a resident or owner/landlord of such housing unit.

Intake and Assessment Process

First Round

Funding is limited. Therefore, applications are due to City Hall no later than 5:00 p.m. on Friday, July 17, 2020. A virtual lottery will be conducted on July 20, 2020 at 3:00 p.m. to determine the order that applications will be reviewed.

Second Round

Applications will be accepted, date stamped and processed in the order received until funds are no longer available.

Program staff will review applications and provide responses within 21 calendar days, or earlier. If an application is incomplete, the applicant shall be notified by phone and by email and given 10 calendar days after the date of the first notification by phone or the date of the letter to submit the information. Applicants that fail to respond within ten (10) calendar days shall be denied assistance.

Applicants will be required to schedule an appointment and will be provided direction to hand-deliver the application packet to:

City of Paramount
Planning Department
16400 Colorado Avenue
Paramount, CA 90723

Appeals

Applicants may appeal application denials. Appeals shall be submitted to the Planning Department at the address listed above within seven (7) calendar days of the date of the application denial letter. The written appeal shall state the reason(s) why the applicant

believes the application denial was in error and provide any additional documentation necessary to support the applicant's assertion of same. The decision of the Planning Director shall be issued in writing within 14 calendar days and shall be final.

Duplication of Benefits

All applicants shall certify on the Program Application under penalty of perjury, under the laws of the State of California, that they are not able to receive, and have not received, other federal or non-federal benefits or assistance for rent or utility assistance for the period of time between March 1, 2020 and the date of last signature on this application form. Applicants shall further certify that they will not pursue other federal or non-federal benefits for the same uses of this grant program for rent and/or utility costs for the period of March 1, 2020 until the final assistance payment made by City under the Emergency Rental Assistance Grant Program.

A Duplication of Benefits (DOB) policies and procedures has been established and is attached as Exhibit 6 in addition to the Subrogation Agreement and DOB Certification. These policies and procedures establish the process for which the City of Paramount will use to prevent the occurrence of duplication of benefits in accordance with the Stafford Act (section 312), as amended, the Disaster Recovery Reform Act of 2018, the Coronavirus Aid, Relief, and Economic Security Act, and the OMB Cost Principles (2 CFR § 200).

This policy is relevant for all CDBG-CV activities as well as activities with FY2019 and FY2020 formula CDBG allocations that are used to prevent, prepare for, and respond to coronavirus. These policies and procedures are applicable to the City as well as its subrecipients and/ or contractors who are assisting in the design and implementation of projects and activities with these funding sources.

False Claims

Applicants shall certify on the Program Application under penalty of perjury that "The information provided on this form is subject to verification by HUD 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 a false or fraudulent statement to a department of the United States Government."

Applicant Confidentiality

Employees and agents of the City will not disclose any applicant's personal confidential information as part of the program. All confidential information of applicants will be kept in a locked secured storage facility or password protected electronic files and unavailable to persons outside of the program. At all times, the City will abide by all requirements stated within the Privacy Act of 1974 as amended. If the City receives a request for public records related to the program, only non-confidential information, as verified by the City, will be provided.

Nondiscrimination

The Emergency Rental Assistance Grant Program shall be implemented consistent with the City's commitment to State and Federal equal opportunity laws. No person shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG and CDBG-CV program funds on the basis of their disability, family status, national origin, race, color, religion, sex, marital status, medical condition, ancestry, source of income, age, sexual orientation, gender identity, gender expression, genetic information, or other arbitrary discrimination.

The City of Paramount will provide reasonable accommodations and/ or modifications, or provide language assistance to individuals requesting such assistance to benefit from the services provided by the Emergency Rental Assistance Grant Program.

Conflict of Interest

In accordance with 24 CFR 570.611, no member of the governing body and no official, employee or agent of the City of Paramount, nor any other person, either for themselves or those with whom they have business or immediate family ties, who exercises policy or decision making responsibilities will financially benefit from this program.

Program Guidelines Changes or Modifications

Minor changes to these Program Guidelines involving administrative procedures or accommodations to adapt to unique applicant situations or opportunities, or regulatory changes may be performed with the approval of the Planning Director. Federal regulatory requirements for the CDBG and CDBG-CV programs are not subject to modification or revision, except when HUD issues guidance superseding prior regulatory requirements.

Frequently Asked Questions

(Attached)

EMERGENCY RENTAL ASSISTANCE GRANT PROGRAM (ERAG)

This program is federally funded. It's available to Paramount renters, financially impacted by COVID-19, to assist with rent and utility payments.

FREQUENTLY ASKED QUESTIONS

1. **Who can apply for ERA assistance?** City of Paramount renters.
2. **What are the eligibility criteria?** Renters must meet income qualifications and demonstrate financial impacts as a result of COVID-19. Examples include, but are not limited to, loss of employment, reduction of work hours, reduced wages.
3. **How much financial assistance is available?** Up to $1,000 per month for up to two (2) consecutive months, based on actual need for rent and utility payments.
4. **Do I have to repay the grant?** No.
5. **How can I apply?** Click the link below to download and print the application or pick up an application at City Hall.
6. **What information is needed?**
   - Complete the ERAG Application. Income documentation, rental/lease agreement and proof of COVID-19 impact are required. Please read the checklist attached to the application for a full list of requirements.
   - The ERAG application is also available by mail upon request by calling (562) 220-2036.
7. **How will applications be processed?** Funds are limited. Therefore, applications will be accepted, date stamped and processed in the order received until funds are no longer available.
8. **How do I submit my application packet?** Call the Emergency Assistance Program phone line at (909) 784-1457 to schedule an appointment.
9. **When are applications due?** The application period will remain open until funds are no longer available
10. **How soon will I know if I'm approved?** Staff will review applications and begin providing responses within 21 calendar days, or earlier. If your application is incomplete, you will be given 10 calendar days to submit the missing information.
11. **If I'm approved, are grant funds sent directly to me?** No. In accordance with HUD rules, the City will pay your landlord directly.

Visit www.paramountcity.com/community/cdbg for Program Guidelines and Application.

CITY OF PARAMOUNT
Planning Department
16400 Colorado Avenue
Paramount, CA 90723
(562) 220-2036

Funding provided by HUD

EQUAL HOUSING OPPORTUNITY

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Program Application

(Attached)

CITY OF PARAMOUNT
EMERGENCY RENTAL ASSISTANCE GRANT PROGRAM

ITEMS REQUIRED FOR SUBMISSION TO DETERMINE ELIGIBILITY

1. ☐ PROGRAM APPLICATION
Included in this packet. Please read and complete application in its entirety. ***(Incomplete applications will not be reviewed)****.*

2. ☐ GENERAL QUALIFICATIONS AND CONDITIONS FORM
Included in this packet. Please read, sign, and return this document.

3. ☐ COPY OF PHOTO IDENTIFICATION
Provide photo identification (i.e., driver's license or CA I.D.) for persons over the age of 18.

4. ☐ PROOF OF COVID-19 ECONOMIC IMPACT
Submit documentation confirming negative economic impact during the COVID-19 pandemic period. Acceptable documentation of negative economic impact shall include:

- *A **COPY** of family member(s) notification of job loss/termination from employer during the eligible pandemic period (March 1, 2020 to present); or*
- *A **COPY** of family member(s) notification of furlough from employer during the eligible pandemic period (March 1, 2020 to present); or*
- *A **COPY** of family member(s) notification or employer signed form confirming reduction in hours and/or pay during the eligible pandemic period (March 1, 2020 to present). The Request for Verification of Income or Reduction of Hours and/or Pay Form may be used; **AND***
- *A **COPY** of family 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 family member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period (March 1, 2020 to present); or*
- *Other appropriate documentation acceptable to the City.*

5. ☐ COPY OF INCOME VERIFICATION DOCUMENTATION
For each adult in the family 18 years or older, submit the supporting documentation appropriate for each type of income indicated in the program application on Table F.

6. ☐ BANK STATEMENT - MOST RECENT THREE (3) MONTHS
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

7. ☐ PROOF OF TENANCY
*Current residential lease agreement or rental agreement **AND** a statement from the landlord or property owner indicating the month(s) and amount due and/or past due.*

8. ☐ UTILITY BILL(S) - if applicable
Provide copies of current monthly bill/statement indicating the amount past due.

9. ☐ W-9 FORM
Included in this packet. Form to be completed by landlord or property owner

10. ☐ DUPLICATION OF BENEFITS CERTIFICATION
Included in this packet. Please read, complete, sign, and return this document

11. ☐ SUBROGATION AGREEMENT
Included in this packet. Please read, sign, and return this document

12. ☐ PROGRAM PARTICIPATION - PAYMENT ACCEPTANCE AGREEMENT
Included in this packet. Section II to be completed by applicant (tenant) and Section III & IV to be completed by landlord or property owner

ONLY COMPLETE APPLICATIONS WITH ALL SUPPORTING DOCUMENTATION WILL BE ACCEPTED AND CONSIDERED - DO NOT SUBMIT ORIGINALS – PLEASE PROVIDE PHOTOCOPIES

Date Received_____

Application No._____

City of Paramount
Emergency Rental Assistance Grant Program

GENERAL QUALIFICATIONS AND CONDITIONS

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

I. GENERAL QUALIFICATIONS AND CONDITIONS:

- The Emergency Rental Assistance Grant Program provides one-time grants to individuals and families renting a residential property in Paramount who have lost income because of COVID-19 and who are at risk of losing their housing.
- The maximum amount of assistance is up to $1,000 per month for up to two (2) consecutive months, based on actual need.
- The form of assistance is a grant paid directly to the owner of the housing or to the utility company. Eligible expenses that can be paid with grant funds include past due rent, current rent, or past due utilities. Utilities are limited to electricity, natural gas, and water/sewer and must be the sole responsibility of the tenant. Expenses must be evidenced by:
    - **Rent:** Current residential lease or written rental agreement showing the amount due each month AND a statement from the landlord or property owner indicating the amount due and/or past due.
    - **Utilities:** Current monthly bill/statement indicating the amount past due.
- To qualify, the total annual family income cannot exceed the limits listed in the table below.

TABLE "A" - 2020 Eligibility Income Limits

Household Size	Maximum Annual Income for Low and Moderate Income Families
1	$63,100
2	$72,100
3	$81,100
4	$90,100
5	$97,350
6	$104,550
7	$111,750
8	$118,950

- To qualify, gross family income may not exceed those listed in Table "A". Gross family 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.
- Applications will be available on October 1, 2020.

- The application must be filled out completely and include all required supporting documents.
- Applicants will be required to schedule an appointment by calling the Emergency Assistance Program phone line at (909) 784-1457 and will be provided direction to hand-deliver the application packet.
- Applications will be accepted, date stamped and processed in the order received until funds are no longer available.
- The City will review applications and begin providing responses within 21 calendar days, or earlier. If an application is incomplete, the applicant will be given 10 calendar days to submit the missing paperwork.
- Payment will be made directly to the property owner / landlord or utility company.
- The City determines the eligibility of applicants to the program and reserves the right to deny requests in specific instances where the repairs and/or applications/applicants do not conform to these or other program guidelines.

II. 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 Emergency Rental Assistance Grant Program to Esther Luis at **(909) 784-1457**.*

City of Paramount
Emergency Rental Assistance

PROGRAM APPLICATION

Date Received_____
Application No._____

HOW DID YOU HEAR ABOUT THE PROGRAM?

☐ Neighbor ☐ Friend/Family Member ☐ I inquired with the City to see if there was such a Program
☐ Direct Mail/Information Sent to me from City ☐ Newspaper Advertisement – Name of Paper: _____
☐ City Worker/Official Told Me about the Program ☐ Internet – City website or other (please explain):_____
☐ Other, (please explain):_____

HEAD OF HOUSEHOLD INFORMATION:

Name(s):_____

Property Address:_____

Cell No.:_____ Alternate No.:_____Email:_____

Employment: ☐ Retired ☐ Self-Employed ☐ Employed – Employer's Name:_____
Owner's Sex: ☐ Male ☐ Female Age:_____

FAMILY COMPOSITION (List the name of each individual living in the housing unit):

TABLE "B" – FAMILY COMPOSITION

NO.	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DISABLED YES / NO	AGE	SEX M / F
1.		SELF			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

COVID-19 ECONOMIC IMPACT:

☐ TERMINATION OF EMPLOYMENT DUE TO COVID ☐ FURLOUGH / REDUCED HOURS DUE TO COVID

☐ OTHER

In your own words, describe why family income was reduced as a result of COVID-19:

City of Paramount
Emergency Rental Assistance Grant

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 on the activity), and the relevant characteristics of each member for the purposes of income determination. The City of Paramount requires supporting source documentation to be submitted as an attachment to this certification. A summary of documentation recommendations is provided in Table E. 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, the City of Paramount is using the Part 5 definition of income.

APPLICANT'S NAME: _____

TABLE "C" – CURRENT MONTHLY INCOME DURING COVID-19 (MARCH 1 – 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 Current 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 Gross Monthly Income Prior COVID-19			**A**	**$**
Multiply by 12 months in a year			**B**	**X12**
A times B is equal to TOTAL ANNUAL INCOME			**C**	**$**

INSTRUCTIONS: Check all that apply and explain below.

TABLE "E" – COVID-19 ECONOMIC IMPACT

☐ TERMINATION OF EMPLOYMENT DUE TO COVID ☐ FURLOUGH / REDUCED HOURS DUE TO COVID

☐ OTHER – EXPLAIN BELOW.

In your own words, describe why family income was reduced because of COVID-19:

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.**

TABLE "F" – INCOME DOCUMENTATION REQUIRED

IF YOU OR A MEMBER OF YOUR FAMILY 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 Statements	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 Statements	Current year's award letter or Most recent three (3) months bank statements
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

City of Paramount
Emergency Rental Assistance Grant

DEMOGRAPHIC INFORMATION

INSTRUCTIONS: The information on this sheet is strictly confidential and will be combined with the statistical information for federal reporting purposes only.

I. ETHNICITY: Hispanic ☐ Non-Hispanic ☐

II. RACIAL BACKGROUND (PLEASE CHECK APPROPRIATE SPACES):

Single Race Categories:

☐ African American
☐ Asian
☐ Native American
☐ Pacific Islander
☐ White (Includes Hispanic)

Double Race Categories:

☐ African American and White
☐ African American and Native American
☐ Asian and White
☐ Native American and White
☐ Other Multi – Racial

CERTIFICATIONS: I/We certify that this information is complete and accurate and have provided supporting documentation as part of this application.

I/We further certify under penalty of perjury, under the laws of the State of California, that I/We am/are not able to receive, and have not received, other federal or non-federal benefits or assistance for rent or utility assistance for the period of time between March 1, 2020 and the date of last signature on this application form. I/We shall further certify that I/We will not pursue other federal or non-federal benefits for the same uses of this grant program for rent and/or utility costs for the period of March 1, 2020 until the final assistance payment made by City under the Emergency Rental Assistance Grant Program.

TABLE "G" – CERTIFICATION SIGNATURES

APPLICANT SIGNATURE, PRINTED NAME, AND DATE		
Signature	Printed Name	Date

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
Signature	Printed Name	Date
Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by HUD 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 a false or fraudulent statement to a department of the United States Government.

Request for Verification of Income or Reduction of Hours and/or Pay Form

(Attached)

REQUEST FOR VERIFICATION OF INCOME OR REDUCTION OF HOURS AND/OR PAY FORM

To Employer: _____Date: _____

From Applicant: _____

Applicant's Address: _____

I have applied to the City of Paramount Emergency Rental Assistance Grant 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, the City must verify all of my income. The requested information is for the confidential use of the City program and the U.S. Department of Housing and Urban Development only. Please furnish the information requested below and return this form, using the stamped, addressed envelope provided.

_____
(Signature of Applicant)

.....

EMPLOYER'S VERIFICATION

Employee's Name: _____ Position Held: _____

Dates of Employment: From _____ To _____

Types of Employment: ____Permanent ____Temporary ____Seasonal ____Intermittent

Probability of Continued Employment:_____

(For Income Verification)

RATE OF PAY: (estimated, if not actually paid on hourly, monthly or annual basis):

$ _____ hourly; $ _____ monthly; or $ _____annually

Additional Compensation: (actual amounts received in past 12 months)

Overtime: $ _____, Tips $ _____, Commissions, Bonuses: $ _____

(For Pay and/or Hours Reduction)

RATE OF PAY CHANGE: (estimated, if not actually paid on hourly, monthly or annual basis):

Former Rate of Pay as of (dd/mm/yy): $_____hourly; $_____monthly; or $_____annually

New Rate of Pay as of (dd/mm/yy): $_____hourly; $_____monthly; or $_____annually

REDUCTION OF HOURS WORKED: (estimated if not actual):

Former Regular Hours Worked as of (dd/mm/yy): Hours per____day; _____week; or _____month

New Regular Hours Worked as of (dd/mm/yy): Hours per_____day; _____week; or _____month

_____ _____
(Date) (Signature and Title of Employer)

Program Participation-Payment Acceptance Form

(Attached)

CITY OF PARAMOUNT

EMERGENCY RENTAL ASSISTANCE GRANT PROGRAM

Program Participation-Payment Acceptance Agreement

Applicant Tenant:
Tenant Address:

SECTION I - COMPLETED BY CITY STAFF			
Landlord/Legal Property Owner		Management Company (if applicable)	
Address	City	State	Zip
Email		Phone	

City of Paramount, hereafter referred to as City, administers this program and has verified the lease/rental agreement and other eligibility documentation by the Applicant identified above and determined that this household is eligible to receive Emergency Rental Grant Assistance. City will issue monthly rental and/or monthly rental arrears payments directly to the landlord/property management 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 and a completed *W-9, Request for Taxpayer Identification Number and Certification* must be completed by the landlord/property management company and returned to the City staff in order to process the payment(s). Payment(s) will be issued on a monthly basis to the landlord as defined below:

RENTAL ASSISTANCE PROVIDED Amount $ _____	ANTICIPATED TERMS OF ASSISTANCE For_____consecutive month beginning _____ for the month(s) of _____		
CITY STAFF NAME (PRINT)	CITY STAFF SIGNATURE	DATE	TELEPHONE NUMBER

SECTION II - COMPLETED BY THE APPLICANT (TENANT)

I UNDERSTAND AND CERTIFY THAT: In no case is my landlord entitled to a payment for a month that I did not reside at their property. I understand that I may be prosecuted if I commit fraud or knowingly assist my landlord to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive rent payments on my behalf from the City. I may not acquire rights to sue [City] for payment of rent (or the balance of rent) or for a breach of any obligations by the landlord.

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

I further understand that this rental assistance may not be in the full amount of my monthly rental payment, and the difference between the City's assistance and my actual rent amount is still my responsibility to pay to my landlord.

I understand that rental assistance is limited and the duration of assistance is as stated in Section 1 of this agreement. City will make every effort to make rental assistance payments as required by the lease agreement but will only be responsible for late fees due to administrative errors by City staff. 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 the City. 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 HUD 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 statements to a Department of the United States Government.

APPLICANT (TENANT) NAME (PRINT):			
ADDRESS	CITY	STATE	ZIP
APPLICANT (TENANT) SIGNATURE:			
DATE:	TELEPHONE NUMBER:		

SECTION III - COMPLETED BY THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY			
The landlord (legal owner of the residence reference above) must complete this Section. ☐ I do not want to participate in the City of Paramount Emergency Rental Assistance Grant Program; or ☐ I would like to participate in the City of Paramount Emergency Rental Assistance Grant Program. To receive payment, I will provide this signed agreement and a W-9 Request for Taxpayer Identification Number and Certification. **TENANT'S MONTHLY RENT IS DUE ON THE _____OF EACH MONTH**.			
LANDLORD/LEGAL OWNER'S NAME/MGT. COMPANY (PRINT)			
MAILING ADDRESS	CITY	STATE	ZIP
APPLICANT (TENANT) NAME (PRINT)			
PROPERTY ADDRESS	CITY	STATE	ZIP

SECTION IV: LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY CERTIFICATION

I UNDERSTAND AND CERTIFY THAT: In no case am I entitled to a payment for a month that the applicant does not reside at my property. If I receive a direct rent payment for a month that the applicant did not reside at my property, I shall remit to City an amount that represents the overpaid rent. To return such amounts or payments, I shall call City at (562) 220-2036 and mail payment to City at 16400 Colorado Ave, Paramount, CA 90723. I must not cash a direct rent payment if the applicant has moved. I may be prosecuted if I commit fraud or knowingly assist an applicant to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive direct rent payments. I may not acquire rights to sue [City] for payment of rent or for a breach of any obligations by the tenant.

I also understand and certify that I receive no other subsidy and/or assistance from or on behalf of this applicant for full or partial monthly rental payment.

Rental assistance is limited and the duration of assistance as stated in Section 1 of this agreement. City will make every effort to make rental assistance payments as required by the lease agreement but will only be responsible for late fees due to administrative errors by City staff. 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 the City. Examples non-compliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

In addition, I understand and agree that during the term of this agreement, I must give City a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.

I further understand that the information provided on this form is subject to verification by HUD 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 a false or fraudulent statement to a Department of the United States Government.

LANDLORD INITIAL:_____

THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY MUST SIGN AND DATE:

LANDLORD/LEGAL OWNER/MGT. CO. NAME (PRINT):	
LANDLORD/LEGAL OWNER/MGT. CO. SIGNATURE:	
DATE:	TELEPHONE NUMBER:

Landlord W-9 Form

(Attached)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting,* later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships,* earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint.* You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Duplication of Benefits

Policies & Procedures

DOB Certification

Subrogation Agreement

(Attached)

City of Paramount

Policies & Procedures
Duplication of Benefits

AUGUST 2020

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Introduction – Policy Purpose

These policies and procedures establish the process for which the City of Paramount will use to prevent the occurrence of duplication of benefits in accordance with the Stafford Act (section 312), as amended, the Disaster Recovery Reform Act of 2018, the Coronavirus Aid, Relief, and Economic Security Act, and the OMB Cost Principles (2 CFR § 200).

This policy is relevant for all CDBG-CV activities as well as activities with FY2019 and FY2020 formula CDBG allocations that are used to prevent, prepare for, and respond to coronavirus. These policies and procedures are applicable to the City as well as its subrecipients and/ or contractors who are assisting in the design and implementation of projects and activities with these funding sources.

Definition of (DOB) Duplication of Benefits

A duplication of benefits (DOB) 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. Within the CDBG-CV program, all grantees are bound by Section 312 of the Stafford Act, as amended, and the OMB Cost Principles within 2 CFR 200 that require that all costs must "be necessary and reasonable for the performance of the Federal award."

City Responsibilities

The Department of Planning is responsible for ensuring that all CDBG-CV requirements are met, including the prevention duplication of benefits.

For all programs required to comply with DOB requirements, the City will conduct the following activities.

1. Prior to awarding any grants to a beneficiary/ entity (person, family, household, business, or other entity receiving assistance) (either directly or through a contractor/ subrecipient), the City will establish a list of potential funding federal, state, local, and non-governmental funding sources that may present a potential duplication of benefit.[1]
2. The City or its designee will request applicants to report if they are receiving or anticipate receiving any assistance from the identified sources or other sources made available to the applicant.
3. For applicants that are receiving additional or other assistance, the City or its designee will incorporate the other loans or grants into its calculation of maximum level of award.

[1] Appendix 1: CARES Act Programs through SBA, FEMA, IRS, Treasury, USDA, and HHS for CDBG Grantees' Awareness for Duplication of Benefits

4. Prior to issuing award, the City or its designee will review the application, the calculated maximum level of award, and any other information provided by the applicant to assess whether the CDBG-CV funds will duplicate financial assistance that is already received or is likely to be received by the applicant. The City or its designee will document this finding in the program file.
5. The City or its designee will include a clause or attachment to the grant agreement that the beneficiary/ entity will repay all assistance that the City determines to be duplicative.[2] When necessary, the City or its designee will use a subrogation agreement and a duplication of benefits certification as part of the grant award.

DOB Analysis – Determination and Verification

To determine a duplication of benefits analysis, the City or its designee shall complete the following steps:

1) Assess Need: Determine the amount of need (total cost of the activity)
2) Determine Assistance: Determine the amount of assistance that has or will be provided from all sources to pay for the cost
3) Calculate Maximum Level of Award: Determine the amount of assistance already provided compared to the need to determine the maximum CDBG-CV award
4) Document analysis: Document calculation and maintain adequate documentation justifying determination of maximum award

Loans

Private loans are not considered a form of financial assistance and therefore are not included in the calculation of duplication of benefits. A private loan is a loan that is not provided by or guaranteed by a governmental entity, and that requires the CDBG-CV applicant (the borrower) to repay the full amount of the loan (principal and interest) under typical commercial lending terms, *e.g.,* the loan is not forgivable. For DOB calculations, private loans are not financial assistance and need not be considered in the DOB calculation, regardless of whether the borrower is a person or entity.

Subsidized loans, such as those provided by the SBA are included in the DOB calculation unless an exception applies:

1. Declined or cancelled subsidized loans
2. Portion of loan was undistributed to beneficiary

Further, the City may structure programs related to the repayment of subsidized loans in accordance with the policies under FR-6169-N-01.

[2] Appendix 2: Sample Subrogation Agreement; Appendix 3: Sample Duplication of Benefits Certification

Compliance and Recapture of Funds

If a beneficiary/ entity is determined to have a duplication of benefits, the City or its designee shall withhold future pay requests and the approved project budget will be amended. If all funds have been expended when additional DOBs are identified or the DOB exceeds the amount of future payments, then the beneficiary/ entity will be required to repay the funds to the City. These repaid funds will be returned to the project or activity budget. If necessary, the City will reprogram these funds to alternative CDBG-CV eligible projects.

Monitoring

The City shall verify DOB calculations are correct for beneficiaries/ entities.

For City directed projects, the City shall conduct internal project monitoring to review duplication of benefit calculations and documentation during the application/ intake process. For contractor/ subrecipient directed projects, the City shall conduct desk or in-person monitoring and include a review of duplication of benefits verification as part of those monitorings.

Documentation must be kept in each beneficiary/ entity or project file that contains the following:

- Maximum level of award calculation
    - Amount of need
    - Amount of all sources of assistance provided to a beneficiary/ entity or project
    - Final award calculation
- Documentation of other sources used by the beneficiary/ entity including description of specific use of other sources
    - Preferably third party verification or signed statement by beneficiary/ entity
        - Examples of third-party verification:
            - For FEMA programs – letters from FEMA
            - For insurance – letter from insurance company
            - For ESG programs – award letter
            - For SBA programs – letter from the SBA
- Signed certification from the beneficiary/ entity certifying that no additional benefits have been received or are anticipated to be received.
- Signed Grant Agreement from the beneficiary/ entity

Based on the risk of duplication of benefits of an individual activity or program, the City may establish more frequent monitoring or oversight to mitigate the risk of duplication of benefits from occurring. Risk of duplication of benefits will be determined if other federal/ non-federal

programs are funding similar activities in the city, creating a greater chance of duplication of benefits occurring.

DUPLICATION OF BENEFITS CERTIFICATION

INSTRUCTIONS

The certification is divided into three (3) components:

1. Assistance received from government, bank and any and all other rental and/or utility assistance received by or anticipated to be received by family/individual
2. Attachments;
3. Signature(s)

Read each component in full and provide the accurate information.

Part 1. Government, Bank, and Other Funding Sources Duplication of Benefits Certification

This certification must be completed by all applicants that will receive any assistance from the Emergency Rental Assistance Grant Program being offered by the City of Paramount. The information within this certification will provide the City of Paramount with vital information for ongoing evaluation of duplication of benefits as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security Act.

This section identifies any sources of rental and/or utility assistance funds that an applicant has received or anticipates receiving. Sources of funds include but are not limited to: Federal, state, and local grant programs, subsidized loans, or nonprofit donations or grants. Please indicate below the amount allocated from any and all funding sources.

Source of Funds #1

Grant Provider Name	
Purpose / Specific Use	
Amount	
☐**Government Loan** ☐ **Government Grant** ☐**Government Forgivable Loan** ☐ **Nonprofit Grant** ☐**Nonprofit Forgivable Loan** ☐**Other:**_____	

Source of Funds #2

Grant Provider Name	
Purpose / Specific Use	
Amount	
☐**Government Loan** ☐ **Government Grant** ☐**Government Forgivable Loan** ☐ **Nonprofit Grant** ☐**Nonprofit Forgivable Loan** ☐**Other:**_____	

Source of Funds #3

Grant Provider Name	
Purpose / Specific Use	
Amount	
☐**Government Loan** ☐ **Government Grant** ☐**Government Forgivable Loan** ☐ **Nonprofit Grant** ☐**Nonprofit Forgivable Loan** ☐**Other:**_____	

Source of Funds #4

Grant Provider Name	
Purpose / Specific Use	
Amount	
☐**Government Loan** ☐ **Government Grant** ☐**Government Forgivable Loan** ☐ **Nonprofit Grant** ☐**Nonprofit Forgivable Loan** ☐**Other:**_____	

=== Check if no other assistance has been received by the Applicant===

☐ **Applicant has not and is not receiving any other form of rental and/or utility assistance.**

Part 2. Attachments

Attached to this certification are copies of the following:

1. Award letter for any assistance received from other rental and/or utility assistance programs or summary of award received as well as documentation of use of funds.

Part 3. Signature(s)

By executing this certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the _____ day of _____, 20___.

_____ _____

Applicant Signature Print Applicant name

_____ _____

Joint Applicant Signature Print Joint Applicant name

SUBROGATION AGREEMENT

This Subrogation and Assignment Agreement ("Agreement") is made and entered into on this __day of _____, 20____, by and between _____ ("Applicant") and the City of Paramount ("Grantor").

In consideration of Applicant's financial situation or the commitment by Grantor to evaluate Applicant's application for the receipt of funds (collectively, the "Grant") under the City of Paramount's Emergency Rental Assistance Grant Program (the "Program") administered by Grantor, Applicant hereby assigns to Grantor all of Applicant's future rights to reimbursement and all payments received from any grant, subsidized loan, or assistance under any rental and/or utility assistance programs that are determined in the sole discretion of City of Paramount to be a duplication of benefits ("DOB") as provided in this Agreement.

The proceeds or payments referred to in the preceding paragraph, whether they are from a federal grant or any other source, and whether or not such amounts are a DOB, shall be referred to herein as "Proceeds," and any Proceeds that are a DOB shall be referred to herein as "DOB Proceeds." Upon receiving any Proceeds not listed on the Duplication of Benefits Certification, the Applicant agrees to immediately notify the Grantor of such additional amounts. The Grantor will determine in its sole discretion if such additional amounts constitute a DOB. If some or all of the Proceeds are determined to be a DOB, the portion that is a DOB shall be paid to the Grantor.

Applicant's assistance and cooperation shall include but shall not be limited to allowing suit to be brought in Applicant's name(s) and providing any additional documentation with respect to such consent, giving depositions, providing documents, producing record and other evidence, testifying at trial, and any other form of assistance and cooperation reasonably requested by the Grantor. Applicant further agrees to assist and cooperate in the attainment and collection of any DOB Proceeds that the Applicant would be entitled to under any applicable housing assistance program.

If requested by the Grantor, Applicant agrees to execute such further and additional documents and instruments as may be requested to further and better assign to the Grantor, to the extent of the Grant paid to Applicant under the Program, the Policies, any amounts received under the the Program that are DOB Proceeds and/or any rights thereunder, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by the Grantor to consummate and make effective the purposes of this Agreement.

Applicant explicitly allows the Grantor to request of any organization with which the Applicant has applied for or is receiving *Proceeds*, any non-public or confidential information determined to be reasonably necessary by the Grantor to monitor/enforce its interest in the rights assigned to it under this Agreement and give Applicant's consent to such company to release said information to the Grantor.

Applicant represents that all statements and representations made by the Applicant regarding Proceeds received by the Applicant shall be true and correct as of the date of Closing.

NOTICE: Applicant executing this Agreement are hereby notified that intentionally or knowingly making a materially false or misleading written statement to obtain property or creditis a violation of Title 18 United States Code Section 1001 and, depending upon the amount of the Grant, is punishable by a fine,

imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

The Applicant executing this Agreement hereby represents that he/she has received, read, and understands this notice of penalties for making a materially false or misleading written statement to obtain the Grant.

In any proceeding to enforce this Agreement, the Grantor shall be entitled to recover all costs of enforcement, including actual attorney's fees.

APPLICANT

Signature: _____
Name: _____
Date: _____

CO-APPLICANT

Signature: _____
Name: _____
Date: _____

GRANTOR:

City of Paramount

Signature: _____
Name: _____
Title: _____
Date: _____