



## (Exhibit B)

### POLICY AND GUIDELINES FOR COVID-19 RESPONSE CDBG FUND EMERGENCY RENTAL ASSISTANCE PROGRAM CHARLOTTE

This policy is designed to address how the Emergency Rental Assistance Program Charlotte (ERAP\_CLT) (as funded by the City of Charlotte's CDBG) is administered. It is intended to establish guidelines and information to employees of The Housing Partnership of eligibility requirements for the program as well as establishing the amount of rental assistance for which a customer is approved.

#### Who is eligible?

- The program is aimed to assist customers in income-restricted rental units at properties which received past Housing Trust Fund investments. It is also available for the customer base of the Way Home Endowment program.
- The program is available to any rental customers with a personal rent obligation in a restricted income unit of City-provided Housing Trust Fund properties.
- The customer must have a COVID-19 related loss of income or other qualifying criteria as listed below.

#### Fair Housing Policy

- The Housing Partnership is committed to compliance with all federal, state, and local fair housing laws. The Housing Partnership will not discriminate against any person because of race, color, religion, national origin, sex, familial status, disability, or any other specific classes protected by applicable laws. The Housing Partnership will allow any reasonable accommodation or reasonable modification based upon a disability-related need.

#### What is a qualifying COVID-19 related loss of income?

- The client must be able to prove the income loss or have increased costs related to childcare due to COVID-19 including:
  - a. Reduction of work hours
  - b. Job loss or furlough
  - c. COVID-19 illness of self or immediate family member
  - d. Loss of schooling/daycare and resulting childcare needs that causes a job loss, reduction of work hours or new daycare costs because children are not in school that cause financial hardship.

How much rental assistance is available to each client?

- Each client is eligible to receive rental assistance equal to their entire one month's rent less any rental subsidy received from other sources such as VASH or HUD Section 8 Voucher. Customers may receive up to three consecutive month's rental assistance, subject to proof of continued hardship.

First come first serve:

- ERAP, as funded through a construct with the City of Charlotte utilizing CDBG contract, is first come first serve until funding for the program is fully utilized. Funding for the program is limited to three consecutive month's rent beginning in April 2020. The funds may not be used to pay arrearage prior to April.

How will funds be distributed?

- Funds will be distributed to the property owner through our partner agency Socialserve. The property owner will be contractually obligated for crediting each customer's rental obligation.

How is the budget session managed?

- After the customer has applied, a counselor will contact the customer to 1) obtain required program documents and 2) establish a time for a budget session. The goal of the budget session is to assist the customer to prioritize payments over the short term. Two additional check-ins will be conducted with a priority to move the customer to full financial stability, establish an ongoing counseling relationship and eventually set long-term financial goals such as purchasing a home.
- Way Home Endowment customers may have their own financial counseling through a separate agency.

Application denial:

- If an applicant does not meet the criteria listed above to enter the program, team members must send that denial to the program administrator and SVP Programs for additional review. Tenants will be referred to another resource.

Demographic Information Collected

- The Housing Partnership collects basic demographic information for the purpose of tracking metrics related to grant outcomes. This information does not impact the grant award decision as we observe all applicable fair housing laws of protected classes that include: race, sex, national origin, religion, color, familial status and disability.

## Customer Privacy

- The Housing Partnership is required to retain and share certain information. This information is provided to partners and funders for purposes of funding, program monitoring, compliance and evaluation. The partners and funders include, but are not limited to HUD, The City of Charlotte, Mecklenburg County, NeighborWorks America, United Way, Socialserve, and the Housing Partnership Network. The Housing Partnership maintains physical, electronic and procedural safeguards that comply with federal regulations to guard nonpublic personal information. The Housing Partnership restricts access only to those employees who need to know and who provide services.

*This policy is the property of Charlotte-Mecklenburg Housing Partnership, Inc. ("CMHP"). It is designed to address the guidelines under which the Emergency Rental Assistance Program-Charlotte (ERAP-CLT) is administered.*

## **Sample Tenant Flyer**

# **EMERGENCY RENT ASSISTANCE PROGRAM**

If you're experiencing a financial hardship with paying your rent *due to COVID-19 (Coronavirus Pandemic)* the Emergency Rent Assistance Program for the City of Charlotte (ERAP-CLT) may be able to assist you. ERAP-CLT is a partnership between the City of Charlotte and The Housing Partnership.

ERAP-CLT is open to individuals and families who are experiencing a delay in making their rental payments due to COVID-19. An ERAP-CLT representative will work with you one-on-one to determine if you are eligible for rental assistance. If eligible, the funds will be sent directly to the property management company to cover your rental payment.

Please note that due to limited funding, applications will be approved and assistance will be provided on a first come, first served basis.

### **Eligibility Requirements:**

- Tenant of the properties listed on page 2
- Job loss as a result of COVID-19
- Wage reduction as a result of COVID-19
- Illness as a result of COVID-19
- Childcare challenges as a result of COVID-19

To get started, please visit [www.eraclt.com](http://www.eraclt.com) and complete the online application. If you are not able to complete the application online, please contact us at (704) 351-6382 and our team will assist you. If you have any questions, please email [eraclt@cmhp.org](mailto:eraclt@cmhp.org) or call (704) 351-6382.

Once we receive your completed application, a representative will contact you to schedule an over the phone appointment. We look forward to working with you.

Sincerely,  
ERAP-CLT Team  
The Housing Partnership



This program is available to qualified tenants of the below listed property/properties:

PROPERTY NAME(S), ADDRESS

*The Housing Partnership is committed to compliance with all federal, state, and local fair housing laws. The Housing Partnership will not discriminate against any person because of race, color, religion, national origin, sex, familial status, disability, or any other specific classes protected by applicable laws. The Housing Partnership will allow any reasonable accommodation or reasonable modification based upon a disability-related need.*

SAMPLE



### Application Form

Please complete and return **BEFORE the 12<sup>th</sup> day of the month.**

**The following demographic information is utilized for data gathering only and will not impact the decision to award**

Property Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please complete the application and sign the *Service Agreement & Authorization to Release Information.***

Applicant #1 _____	_____/_____/_____ M.I.	Last Name _____	_____/_____/_____ Birth Date
<b>First Name</b>			

<u><b>Gender:</b></u> <input type="radio"/> M <input type="radio"/> F <input type="radio"/> TG <input type="radio"/> Other	<u><b>Education:</b></u> <input type="radio"/> Some College <input type="radio"/> Associates Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Graduate Degree <input type="radio"/> High School Diploma or equivalent <input type="radio"/> High School Graduate <input type="radio"/> Less than High School Diploma	<u><b>Marital Status:</b></u> <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Married/ Civil Union
<u><b>Race :</b></u> <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> American Indian and White <input type="radio"/> Asian and White <input type="radio"/> Black / African American and White <input type="radio"/> American Indian and Black	<u><b>Household Type:</b></u> <input type="radio"/> Single Adult <input type="radio"/> Female-headed single parent <input type="radio"/> Male-headed single parent <input type="radio"/> Married – no dependents <input type="radio"/> Married – with dependents <input type="radio"/> Two or more unrelated adults <input type="radio"/> Other	<u><b>Actively Serving in Military?</b></u> <input type="radio"/> Yes <input type="radio"/> No  <u><b>Are you a Veteran?</b></u> <input type="radio"/> Yes <input type="radio"/> No
<u><b>Ethnicity:</b></u> <input type="radio"/> Hispanic <input type="radio"/> Not Hispanic	<u><b>Referred By:</b></u> <input type="radio"/> HUD Outreach <input type="radio"/> Agency Outreach <input type="radio"/> United Way <input type="radio"/> Social Serve <input type="radio"/> Another Agency <input type="radio"/> Other	

Applicant #2 _____	_____/_____/_____ M.I.	Last Name _____	_____/_____/_____ Birth Date
<b>First Name</b>			

<u><b>Gender:</b></u> <input type="radio"/> M <input type="radio"/> F <input type="radio"/> TG <input type="radio"/> Other	<u><b>Education:</b></u> <input type="radio"/> Some College <input type="radio"/> Associates Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Graduate Degree <input type="radio"/> High School Diploma or equivalent <input type="radio"/> High School Graduate <input type="radio"/> Less than High School Diploma	<u><b>Marital Status:</b></u> <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Married/ Civil Union
<u><b>Race :</b></u> <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> American Indian and White <input type="radio"/> Asian and White <input type="radio"/> Black / African American and White <input type="radio"/> American Indian and Black	<u><b>Household Type:</b></u> <input type="radio"/> Single Adult <input type="radio"/> Female-headed single parent <input type="radio"/> Male-headed single parent <input type="radio"/> Married – no dependents <input type="radio"/> Married – with dependents <input type="radio"/> Two or more unrelated adults <input type="radio"/> Other	<u><b>Actively Serving in Military?</b></u> <input type="radio"/> Yes <input type="radio"/> No  <u><b>Are you a Veteran?</b></u> <input type="radio"/> Yes <input type="radio"/> No
<u><b>Ethnicity:</b></u> <input type="radio"/> Hispanic <input type="radio"/> Not Hispanic	<u><b>Referred By:</b></u> <input type="radio"/> Laurel Street <input type="radio"/> Mosaic <input type="radio"/> CMHP <input type="radio"/> Social Serve <input type="radio"/> Property Manager <input type="radio"/> Other	



1) Do you have e-mail and check it regularly?  Yes  No (PLEASE PRINT CLEARLY AND NEATLY)

Applicant #1 e-mail address: \_\_\_\_\_

Applicant #2 e-mail address: \_\_\_\_\_

2) Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If different mailing address, please provide:

\_\_\_\_\_

3) Applicant #1 Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is this your  Home phone  Cell  Work

Applicant #2 Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is this your  Home phone  Cell  Work

4) Number of people in the household: \_\_\_\_\_ Number of dependents: \_\_\_\_\_

5) Primary language spoken? \_\_\_\_\_ Do you require an interpreter?  Yes  No  
(Interpreters provided free of charge)

**Household Income**

**Household Total Gross Monthly Income:** \$ \_\_\_\_\_ (amount *before taxes or any other deductions*)

**Current Monthly Rent Payment:** \$ \_\_\_\_\_

**What is the reason for your hardship? Please select one:**

- Job loss as a result of COVID-19
- Wage reduction as a result of COVID-19
- Illness as a result of COVID-19
- Childcare challenges as a result of COVID-19

**Are you currently receiving rental subsidy?**

**Yes**

**If (yes), please list which agency(s), and the amount \_\_\_\_\_ \$**

**No**



## ***Emergency Rent Assistance Program*** **Service Agreement &** **Authorization to Release Information**

The Housing Partnership (CMHP) is pleased to serve customers in Mecklenburg County. Please read the following. To participate in the *Emergency Rent Assistance Program for the City of Charlotte* you must understand and agree to the following:

1. **The Emergency Rent Assistance Program is Voluntary.** I am choosing to participate in the *Emergency Rent Assistance Program for the City of Charlotte (ERAP-CLT)*. ERAP-CLT is a voluntary program intended to help me discover ways to stabilize my financial and housing situation through community resources, money management, and credit counseling. I can withdraw at any time.
2. **Privacy is Paramount.** CMHP is required to retain and share certain information. This information is provided to partners and funders for purposes of funding, program monitoring, compliance and evaluation. The partners and funders include, but are not limited to HUD, NeighborWorks America, the City of Charlotte and the Housing Partnership Network. I understand that I may opt-out of this requirement but proof of this opt-out must be recorded in my file. I further give permission for The Housing Partnership program administrators and/or their agents to follow-up with me within the next three years for the purpose of program evaluation. CMHP maintains physical, electronic and procedural safeguards that comply with federal regulations to guard my nonpublic personal information. CMHP restricts access only to those employees who need to know and who provide services to me.
3. **Accommodation for Special Needs.** CMHP is pleased to offer fair and easy access to all of our programs and services. If I need an accommodation due to a special need, disability, learning barrier or language barrier I can let CMHP know what assistance I need before the workshop or service. CMHP asks that I give ample notice that allows enough time to coordinate the accommodation.  
 ***Please check here and contact us to discuss. [erap@cmhp.org](mailto:erap@cmhp.org) or (980) 406-9731***

My signature is verification that I have received the CMHP Consumer Privacy Policy and the CMHP Conflict of Interest Statement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant #1    Signature                          Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant #2    Signature                          Date

\_\_\_\_\_  
Applicant #1    Printed Name

\_\_\_\_\_  
Applicant #2    Printed Name

Please complete and return to [erap@cmhp.org](mailto:erap@cmhp.org)



# Consumer Privacy Policy

The Housing Partnership (CMHP) is a non-profit housing organization subject to the laws of the State of North Carolina. CMHP values the trust of its customers and is committed to the responsible management, use and protection of personal information. This notice describes The Housing Partnership's policy for the collection and disclosure of your information. We are entrusted with sensitive non-public information about you and your finances and uphold strict confidentiality procedures within our organization. We do not now, nor have we ever, sold or rented your non-public personal information to any non-affiliated third party for any reason.

**What information we collect:** We may collect "non-public personal information," which could include but is not limited to items such as your household income, payment history, and account balances. This information is collected in order to provide individual counseling, shared equity grants and services.

The following are sources we may obtain information from:

- Information you provide to us, on applications and other eligibility or grant-related documents
- Information we receive from third parties such as employers or other income sources, institutions with which you have deposited funds or that have extended you credit
- Information about your transactions with us, our affiliates, or others

**We also collect basic demographic information for the purpose of tracking metrics related to grant outcomes. This information does not impact the grant award decision as we observe the laws of protected classes that include: race, sex, national origin, religion, color, familial status and disability.**

**What Information We Disclose:** We may share information under the law about our experiences or transactions with you or your account (such as your account balance and payment history with us) with companies related to us by common control or ownership ("affiliates"). However, where state law may be more restrictive, we will abide by the more restrictive requirements.

In order to expedite processing of our services on your behalf, CMHP may need to disclose non-public personal information about you to "non-affiliated third parties" (that is companies not related to us by common control or ownership) and **will do so only with a signed authorization to release information from you**. These entities may include: attorneys, other lending entities, CMHP funding sources as required, government-funded programs and/or service providers, or other government entities; and when required by law or in response to subpoenas; and to reputable credit reporting agencies via servicers ("credit bureaus"). We also may share information with other funding programs in order to combine different sources of loans and/or grants to help address your housing needs. Finally, in order to remain compliant with funders requirements, CMHP may be required to allow funders such as (but not restricted to) HUD, NeighborWorks America and Housing Partnership Network to engage in a review process that may include reviewing electronic and/or hard copy files.

If The Housing Partnership shares information with any non-affiliated third party, we will require their agreement to protect the confidentiality of customer information and use it only for the specific purpose intended and not reuse, sell, rent, or disclose it in any other form to any other entity. We will continue to adhere to the privacy policies and practices described in this notice whether or not we find you eligible for our program, or if you pay off your loan with us.

**Our Security Procedures:** We will always maintain control over the confidentiality of our customer information, which includes having physical, electronic and procedural safeguards that comply with federal standards. We will permit only authorized employees, who are trained in the proper handling of our customers' sensitive non-public information, to have access to that information in order to provide you with quality products and superior service. All of our operational and data processing systems are in a secure environment that protects your information from being accessed by third parties. Thank you for your confidence in The Housing Partnership and for allowing us to help meet your housing needs.

## Conflict of Interest Statement

The Housing Partnership (CMHP) is a non-profit housing organization subject to the laws of the State of North Carolina. CMHP values the trust of its customers and is committed to fair and professional relationships. This notice describes The Housing Partnership's Charlotte's policy to avoid conflicts of interest.

CMHP has clear protocols and policies in order to avoid conflicts of interest which include a limit on gifts that can be received by staff, a requirement to not engage in any activity that would result in a personal gain to an employee and his/her relative, and a prohibition against preferential treatment of organizations or individuals. Where applicable, CMHP's standard is to offer at least three options of lenders, Realtors®, inspectors, attorneys and contractors when providing resources to our customers.

**CMHP's personnel policy for Conflict of Interest reads:**

All employees must avoid engaging in any activity that could create a conflict of interest or the appearance of a conflict of interest. A potential or actual conflict of interest occurs whenever an employee is in a position to influence a decision that may result in personal gain for the employee or an immediate family member as a result of CMHP's business dealings. A conflict may also arise if an employee engages in an activity that has an adverse impact on the ability of CMHP to carry out its mission in an efficient, effective manner. It is impossible to relate all of the situations that may cause or give the appearance of a conflict for CMHP. However, the following is an example of the type of prohibited conduct that may create an actual or potential conflict:

- Acceptance of gifts, money, discounts, or gratuities of a value greater than \$25 from any person or entity doing business or seeking to do business with CMHP, particularly if the item is not offered to the general public.

**Additionally, The Housing Partnership has added specific language pertaining to customers' rights to pursue resources, which reads:**

The Housing Partnership provides home education and counseling (including financial literacy, rental, pre-purchase, delinquency & foreclosure mitigation and post-purchase). Homeownership staff may discuss resources outside of CMHP to address your situation; these may include housing agencies or programs, lenders, Realtors®, home inspectors, attorneys, contractors and other specific resources as appropriate. A customer is under no obligation to engage these other resources nor is a customer restricted to only these resources. It is important to note that The Housing Partnership encourages our customers to evaluate and choose resources that best suit your needs. Customers are responsible for choosing resources.

Further, all CMHP services are provided at will, and any customer has the right to refuse services provided by CMHP; a customer may withdraw from CMHP services at any time. If you have any questions regarding these rights please feel free to speak with an ERAP-CLT team member at any time.

We thank you for your confidence in The Housing Partnership and for allowing us to help meet your housing needs.

## Intake Checklist

To help us serve you more efficiently, please provide completed information, including the following items with your submission.

### Required Items:

- Completed Application form
- Proof of Identification for all applicants listed on the lease

### Additional Verification items needed based upon the specific area of impact

#### For Job Loss:

- Proof of employment (most recent 30 days of paystubs or new hire letter)
- Termination letter if applicable
- Unemployment benefit letter if applicable

#### For Wage Reduction:

- Proof of other income (child support, SSI, TANF benefits)
- Most recent 30 days of paystubs reflecting wage changes
- Most recent 30 days bank statement for all bank accounts if applicable

#### For Illness:

- A letter from your employer stating that you are out of work due to COVID-19

#### For Childcare:

- Proof of expenses related to childcare as a result of COVID-19
- Most recent 30 days of paystubs reflecting wage changes

### Please submit required documentation by email to [erapclt@cmhp.org](mailto:erapclt@cmhp.org).

- A picture of the documents is ok. Please make sure all pictures are clear.

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