



City Council
Beverly H. Burks, Mayor
Awet Eyasu, Vice-Mayor
Jamie Carroll Ahmed Hassan
Laura Hopkins Debra Johnson
Mark Perkins

* Covid-19 TEMPORARY MORTGAGE PAYMENT ASSISTANCE PROGRAM *

(Clarkston, GA)— The Clarkston City Council has allocated up to \$50,000.00 from its share of the Federal AMERICAN RESCUE PLAN ACT (ARPA to provide temporary MORTGAGE PAYMENT ASSISTANCE to Clarkston residents impacted by the COVID-19 health/economic crisis.

MAXIMUM BENEFIT TO A SINGLE BENEFICIARY: \$3,000.00

MORTGAGE MUST BE FOR A PROPERTY WITHIN THE CORPORATE LIMITS OF THE CITY OF CLARKSTON.

COMPLETE & PROVIDE ALL INFORMATION REQUESTED BELOW:

- 1. COPY OF MORTGAGE AND/OR EVIDENCE OF PROPERTY OWNERSHIP WITH MORTGAGE OBLIGATION.
2. MUST PROVIDE A COPY OF YOUR MONTHLY MORTGAGE STATEMENT.
3. PROPERTY MUST BE YOUR PRIMARY RESIDENCE.
4. MUST LIST ALL RESIDENTS LIVING IN UNIT, INCLUDING ALL DEPENDENTS.
5. MUST PROVIDE PROOF OF LOSS OF INCOME DUE TO THE COVID-19 HEALTH/ECONOMIC CRISIS.
6. GOVERNMENT ISSUED PHOTO ID

Submit completed application and supporting documents to gabrielleu@cityofclarkston.com

APPLICANT

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: (MONTH) (DAY) (YEAR)

ADDRESS: STREET NUMBER STREET NAME

PHONE: EMAIL:

TOTAL NUMBER OF PEOPLE (INCLUDING APPLICANT) LIVING IN RESIDENCE:

Number of Adults (including applicant), 18 years of age and older:

Number of Children, 17 years of age and younger: _____

LIST ALL PEOPLE LIVING IN RESIDENCE – PLEASE CIRCLE IF DEPENDENT (ATTACH ADDITIONAL SHEET IF NEEDED)

- | | | | |
|----|------------|-----------|-----------|
| 1. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 2. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 3. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 4. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 5. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 6. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |

MONTHLY MORTGAGE: _____ **AMOUNT APPLICANT IS ABLE TO PAY:** _____
(PRINCIPAL & INTEREST ONLY, EXCLUDING ESCROW)

MORTGAGE START & END DATES: _____

DESCRIPTION OF ECONOMIC HARDSHIP: _____

EVIDENCE OF ECONOMIC HARDSHIP, APPLICANT MUST PROVIDE: Document from most recent employer showing furlough, termination, job loss, position eliminated, copy of accepted unemployment filing; Any other document showing economic hardship including, but not limited to, pay stub, income verification, and/or bank statements.

I affirm/certify that all the above and submitted information and documentation is true, accurate, and complete. I authorize the City of Clarkston to contact current and former employers, complex-property owner or other to confirm information/documents provided. Completing and submitting this application is not a guarantee that I will receive the rent payment assistance. All mortgage payment assistance will be made to the mortgage/bank/lender company.

I understand that it is a felony to make false statements or writings to the City of Clarkston pursuant to O.C.G.A. §16-10-20.

APPLICANT SIGNATURE & DATE

CITY REPRESENTATIVE & DATE