

Dear Friends and Neighbors,

In these unprecedented times it becomes more and more important for communities to come together and support each other. If you have been affected by the COVID-19 pandemic, NeighborWorks Umpqua (NWU) is here to help through the Coos County Rent and Utility Assistance Program (CCRUAP). We currently have Community Development Block Grant (CDBG) funding through the Cares Act and Business Oregon to help you get caught up on unpaid rent and utilities.

To be eligible for Coos County Rent and Utility Assistance, you must answer 'yes' to all of the following statements:

- I am a renter household in Coos County, Oregon
- My household meets the program's income limits (view income table in income documentation section of application to determine if your household meets program income limits)
- I am seeking rent or utility (heat/electric) assistance for my primary rental residence in Oregon
- My household has had a loss of income due to COVID-19 (due to COVID-19 infection, inability to work due to compromised immune system, loss of childcare, or other related factors)
- I have received a late payment notice or eviction notice and am at risk of losing my housing due to nonpayment of rent, and/or past due utilities

If all of the above conditions apply to your situation, please fill out the Coos County Rent and Utility Assistance Program application.

If you cannot access our online application (available at <https://nwu.application.deval.us/>), this PDF version can be mailed, along with clearly legible copies of all documents, to NeighborWorks Umpqua at:

NeighborWorks Umpqua Coastal Housing Center
1984 Sherman Ave
North Bend, OR 97459

Please call us at (541) 756-1000 if you have question or are in need of assistance!

Application Checklist:

- Complete all application sections and required certifications (no duplication of benefits, zero or cash income if applicable)
- Copy of photo ID for **all adults** in your household for upload with your application (must be current/valid)
 - 2 bills with name and current address can be used in place of Photo ID
 - A signed attestation from an employer, landlord, caseworker, or other official with knowledge of the household's circumstances can be used in place of photo ID

- Copy of documentation of last 30 days of income for **all adults** in your household for upload with your application. The following are acceptable:
 - TANF printout
 - Pay Stubs or wage printout showing company name, employee name, and gross pay
 - Social Security Benefits Award Letter for the **current year**
 - Child support payment history (last 12 months)
 - Unemployment payment printout showing full name
 - VA Benefits Award Letter
 - Pension statement showing gross monthly amount or 1099
 - Adoption assistance monthly award amount
 - If zero or cash income earned within the last 30 days, complete certifications in this application
- For utilities, upload copy of most recent power and/or heating bill which shows the service address and unpaid balance for the account
- For past due rent, upload copy of a statement or ledger from your landlord documenting past rent due
- For all applicants, complete the statement of how COVID-19 has affected your household

Third-Party Release of Information

Would you like information about your application to be discussed and/or completed by someone else on your behalf? Yes No

If yes, in lieu of a signature, please insert your name in the statement below and date below the following statement. If no, please skip.

I, (print name) _____, authorize the following individual or organization to complete this application on my behalf, including submitting necessary documentation, speaking, and communicating via text, chat, or email with representatives of the Coos County Rent and Utility Assistance Program (CCRUAP) Support Center and/or NeighborWorks Umpqua.

Print First/Last Name of Third-Party

Print Third Party's Organization Name

Date

Preferred Language (Spoken / Written)

Does anyone work or volunteer for NWU? Check here

HEAD OF HOUSEHOLD INFORMATION

Please enter the following information for the primary Tenant:

Last Name: _____ First Name: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ County: _____

In Household (adults and children): _____ Application Date: _____

Mailing Address (if different from above):

Address: _____ Unit #: _____ County: _____

City: _____ State: _____ Zip: _____

Household Information:

Children Household Members (provide each child's birth date only):

Child #1: _____ Child #2: _____ Child #3: _____ Child #4: _____ Child #5: _____ Child

#6: _____ Child #7: _____ Child #8: _____

Household Members Income and Demographics

Please provide the legal names and information for **ALL adults** in your household

Income*		Demographics					
Occupant Name (Please list primary Applicant/Head of Household first)	Adult Gross Monthly Income	Age	Gender	Race	Hispanic (Yes/No)	Disability (Yes/No)	Veteran (Yes/No)

**Include all cash income received in the previous 30 days. The determination of income includes any unemployment insurance received by a member of the household but does not include one-time payments such as a stimulus check. If any adult household member has no income, please complete the Zero Income Certification at the end of this application.*

Coos County 80% Area Median Income Limits for Rental Assistance Eligibility

Household Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Gross Annual Income	\$40,250	\$46,000	\$51,750	\$57,450	\$62,050	\$66,650	\$71,250	\$75,850
Gross Monthly Income	\$3,354	\$3,833	\$4,313	\$4,788	\$5,171	\$5,554	\$5,938	\$6,321

Household Income Sources and Amount

<p>Total Adult Household Monthly Gross Income (Include all amounts listed in household members table above. Application must include supporting documentation)</p>	<p>\$ _____</p>
<p>What are your Household’s sources of income? (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Employment Income (including wage, tips, bonuses, etc.) <input type="checkbox"/> SSI / SSDI (adult) <input type="checkbox"/> SSI / SSDI (child) <input type="checkbox"/> Pension Income <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Unemployment

	<input type="checkbox"/> TANF <input type="checkbox"/> VA Benefits <input type="checkbox"/> Other Documented Income <input type="checkbox"/> Cash Income (must complete cash income certification) <input type="checkbox"/> Zero Income (must complete zero income certification)
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Does your total household monthly gross income fall within the limits for your household size as described above? Yes No

Certification of Zero Income

List all household member names for those certifying zero income:

Within the last 30 days, did you or any of the above listed household members receive income from any of the following sources?

- Wages, salaries, tips, bonus, commissions, etc.
- Severance pay
- Worker’s compensation
- Interest/dividends from assets, including bank accounts
- Net income from the operation of a business or profession
- Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, or online sales
- Unemployment benefits
- Social Security or Supplemental Social Security Income (SSI)
- Annuities, pensions, or retirement funds (i.e. IRA, 401K)
- Insurance policies, disability, death benefits, or similar types of periodic receipts
- Alimony or child support
- Regular contributions or gifts received from organizations or other persons not residing in the dwelling (including online donations such as GoFundMe or through a local bank)
- Temporary Assistance for Needy Families (TANF)
- All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm)
- Any other income source: _____

If you have entered 'no' for all of the questions on the previous page, the applicant may certify by signing below that the above household have no income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. I/We further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the NWU CCRUA Program and other remedies available under applicable law. I also give the NWU and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Sign Here: _____ **Date:** _____

Certification of Cash Income

List all household member names for those certifying cash income:

If cash income is included in the monthly gross income documented for any household members in this application, the applicant may certify by signing below that the cash income has been, to the best of your knowledge, fully and accurately documented.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. I/We further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the NWU CCRUA Program and other remedies available under applicable law. I also give the NWU and its agents or contractors permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Sign Here: _____ **Date:** _____

Landlord Information

Provide all information you have; NWU CCRUA Program Support will contact your landlord to verify your information.

Landlord/Property Manager Company Name: _____

Landlord/Property Manager First Name: _____

Landlord/Property Manager Last Name: _____

Telephone Number: _____ **Email:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Rent Assistance

Who pays the rent? (Household member name): _____

Number of bedrooms in unit: _____

How much do you pay for rent each month before fees? \$ _____

Do you have an eviction notice or notice of non-payment? Yes No

If yes to above question, please check which notice received:

72-hour notice 30-day notice Other notice: _____

Do you have Section 8, HUD, or other Housing Assistance? Yes No

Have you received Rent Relief Assistance in the past?

Yes, but I am only asking for costs that have not been paid. No

If Yes to above question, please check the program(s) you have received assistance from:

Oregon Energy Assistance Program Low-Income Energy Assistance Program (LIHEAP)

Oregon Emergency Rental Assistance Program (OERAP)

Any other Federal, State or Local Assistance Programs: _____

Past Due Rent

Only past due rent will be paid by the NWU CCRUA Program, for a total of up to 6 months past due rent. Past due rent must be from no earlier than April 2020. Please provide a statement or ledger from your landlord supporting the information provided in this application.

Rent Information:

Rent includes fees, utilities, and other fees that are charged to the Tenant as part of the rent and listed within the lease agreement (assistance cannot include security deposits, hotel vouchers/payments or payments to RV Parks).

Past Due Rent Amounts:

Month/Year	Original Amount Due	Amount Paid by Other Program(s)	Total Rent Amount Still Due

Energy Information:

This program will pay up to 6 months of past due utilities (electric and heat only). Please provide the information listed below and attach copies of your heat supplier’s monthly billing statements.

Name of Energy/Heat Supplier	Account Number	Utility Type (Electric, oil, gas, pellets)	Total Amount past due	Number of months past due	Is this utility disconnected?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual Applicant Request for Assistance and Duplication of Benefits Statement, Certification, and Subrogation Agreement

NeighborWorks Umpqua (NWU) under the CDBG-CV program is providing emergency assistance with past due rent and utility expenses and certain other expenses related to housing incurred due, directly or indirectly, to the COVID-19 outbreak to eligible renter households in its designated award area.

NWU must implement procedures to prevent any Duplication of Benefits (DOB) as required by the CDBG-CV Program and the Stafford Act Section 312. By signing below, applicant/s for NWU CCRUAP assistance 1) states the total CCRUAP funding request; 2) certifies that no duplicative assistance has been received 3) states any pending assistance that would duplicate the request in this application; 4); certifies the accuracy of the information; and 5) agrees to repay any awarded NWU CCRUAP funds duplicated if pending assistance for the same period is received.

Total assistance requested in this application that does NOT duplicate any assistance already received for the same time periods (note: amount entered here must match total of rent amounts past due entered above):

\$ _____

Pending rental or utility assistance applied for through other programs that duplicates assistance requested in this application:

\$ _____

Sources and amounts of pending rental assistance that duplicate assistance requested in this application:

Source of Pending Rental Assistance	Amount Requested

Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. I/We certify that we have not received any funds that duplicate the assistance requested in this application. Additionally, if I/we receive future funding for the same purpose of the CDBG-CV funds received, I/we will agree to repay the assistance that was duplicated. Warning: Any person who knowingly makes a false claim or statement to NWU and/or its agents or contractors may be subject to civil or criminal penalties.

By signing below, 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.

Sign Here: _____ **Date:** _____

Sign Here: _____ **Date:** _____

Certification and Authorization for Release of Information

I/We authorize NeighborWorks Umpqua (NWU) and/or its agents or contractors to obtain information from any and all federal, state, county or city agencies, employers, landlords (past, present and prospective) and utility providers to verify statements given in this application. I/we understand that any knowing or unknowing failure to provide accurate income or household information may result in denial of service. I/we understand that completion of this application is not a guarantee of benefit and that the decision to assist is based on (but not limited to): need, order of application, previous assistance, income qualification and available funding.

Sign Here: _____ **Date:** _____

Sign Here: _____ **Date:** _____

COVID-19 Impact Certification

Please put a check mark next to all that apply to your situation:

- Loss of Job or wages to you or your family due to COVID-19
- A member of family being positive or symptomatic
- Your employer closing or temporary shutting down from the pandemic
- Concerns of safety at workplace
- Self-quarantine
- Actively looking for work unable to find due to COVID-19
- Childcare been affected due to schools closing
- Mental health impacts due to COVID-19

- Considered a vulnerable individual, health concerns, age, disabled/handicap or fleeing from domestic violence

Please briefly describe your current situation:

Under penalty of perjury, I certify that the information presented in this COVID-19 impact certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the NWU CCRUA Program and other remedies available under applicable law.

Sign Here: _____ **Date:** _____

Sign Here: _____ **Date:** _____

LANDLORD AND TENANT HOUSEHOLD AGREEMENT

This agreement details the rights and responsibilities of both Landlord and Tenant under the NWU CCRUA Program. By accepting payment of rent relief, I hereby agree to the following:

Landlord Agreement

I, _____ (Landlord), acknowledge and agree to the requirement that I must not evict the renter for non-payment of rent associated with any of the months for which

the rent relief payment is made. Furthermore, I understand that NWU CCRUAP funds cannot be used to pay past due rent prior to April 1, 2020. I understand that if the renter owes past due rent prior to April 1, 2020, I must work with the Tenant to develop an appropriate payment plan. If the Tenant cannot adhere to the conditions within the payment plan, either the Tenant or I, may return to the Rental Assistance Program to apply for further assistance, provided the Tenant remains eligible and funds are still available.

Landlords will notify tenant by email or mail of the amount of rent paid by the NWU CCRUAP and steps to take if Tenant finds they are unable to pay rent in the future.

Landlord hereby authorizes NWU and its agents or contractors to disclose to the Tenant that this CCRUAP application has been filed, as well as the amount of the application, and its current status.

Furthermore, I acknowledge and agree to reimburse NWU CCRUAP funds if it is: a) determined at a later date that I or my Authorized Agent(s) (identified below) recorded inaccurate information contained in the Tenant Application Packet that resulted in determining the Tenant eligible for NWU Rental Assistance when Tenant was actually ineligible for said assistance, b) if NWU Rental assistance is determined to be duplicative of other assistance, or c) it is deemed necessary as determined for other reasons, as defined by NWU and/or its agents, in accordance with all applicable state and federal laws.

Furthermore, I shall hold harmless the NWU, its grantees/agents and employees from all claims and demands based upon or arising out of any action by me, my employees, agents or contractors.

I shall maintain all contractual and household records for at a minimum of five years, and shall provide access to such records by NWU, its grantees/agents and employees as may be requested.

I confirm that, in processing Tenant's application, I have complied with all applicable fair housing laws, including but not limited to, Oregon's Fair Housing Law which makes it illegal to discriminate in residential housing on the basis of race, color, religion, national origin, sex, elderliness, familial status, source of funds, sexual orientation, gender identity, status as a veteran, or disability.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in NWURAP, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

Tenant Agreement

I, _____ (Tenant), acknowledge and understand the terms of this agreement and have provided true and accurate information. I have been given the opportunity to ask questions and understand that I should seek legal counsel if Landlord is in breach of this agreement.

TENANT AUTHORIZATION

Tenant hereby authorizes NWU and its Grantees and Contractors to disclose to its landlord that this CCRUAP application has been filed and the current status of the application.

Print name of Tenant

Tenant Signature

Date

TENANT CERTIFICATION

I certify that the information I have provided in applying for NWU rental assistance is true, accurate, and complete. Additionally, I certify that I have not received any other form of federal, state or local subsidy or financial assistance for rent for the same time period as the requested CCRUAP funds and that I will repay any CCRUAP funds determined to be duplicative.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in RRP, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

Print name of Tenant

Tenant Signature

Date

LANDLORD / AUTHORIZED AGENT CERTIFICATION AND SIGNATURE

I certify the information I have recorded in the application and all attachments is accurate and complete based on the information provided by the Tenant in applying for NWU Rental Assistance.

If this application is completed by an Authorized Agent on behalf of Landlord, Authorized Agent hereby certifies that it is duly authorized to act on behalf of Landlord as its agent with respect to this Application, including, but not limited to, the Landlord Agreement set forth above.

The Landlord / Authorized Agent’s agreement with the certifications, terms, and conditions set forth herein is evidenced by the following signature.

Determination of eligibility completed by:

SUPPORTING DOCUMENTS ATTACHED

Rental Agreement

Please select what documentation is being attached. At least one is required.

- Lease or Other documentation confirming the landlord-tenant relationship and rent owed

Income Documentation

Income documentation is required for all adult household members listed on the application. Only one of the following is required for each adult household member. Check all that apply. If necessary, income should be documented with the Cash Income Certification. If an adult household member has no income, they must complete a Zero Income Certification.

- LIHEAP, WIC, SNAP, TANF, VA or other benefit letter (For households with 3 or less people, a benefit determination letter dated January 1, 2023 or later may be used instead of income documentation.)
- Check stubs from employer
- Letter from employer
- Unemployment insurance statement
- SSI/SSDI verification
- Child support/alimony verification
- Zero Income Certification
- Cash Income Certification
- Other: _____

Tenant/Landlord Ledger or Statement of Past Rent Due

The tenant/landlord ledger is documentation of the rent that has been paid and/or is owed by a tenant. This documentation can be provided by either the landlord or the tenant, but is required for a complete application.

Other Documentation

- Signed landlord/tenant agreement (required)
- W-9

- Photo ID for **all adults** in your household (must be current/valid; 2 bills with name and current address can be used in place of Photo ID)

Privacy Policy

NeighborWorks Umpqua (NWU) is committed to assuring the privacy of individuals and families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all of the information (Personal Information) you share with NWU, both orally and in writing, will be managed in accordance with applicable state and federal laws. While your Personal Information is exempt from disclosure under Oregon's Public Records laws, ORS 192.355(24), your Personal Information will be shared when required by applicable law and to the extent needed by NWU and its agents or contractors to administer the NWU Rental Assistance Program. If your Personal Information is required to be disclosed with third-parties, it will only be shared if you authorize and sign the Third Party Authorization for Release of Information. Please note, however, if you do not sign the Third Party Authorization for Release of Information, you will not be eligible to apply for NWU Rental Assistance funds. If you do sign the Authorization for Release, your Personal Information will be shared as follows:

Disclosure within NWU: Your personal information will be shared only with those NWU employees who have a need to know your Personal Information in order to provide you with NWU services including, without limitation, reviewing, processing your application for NWU Rental Assistance funds, administering the CCRUA Program in accordance with applicable law, and counseling you about the CCRUAP Program and options relating to the Program. NWU may also use your Personal Information in aggregate, anonymous form for the purpose of: (i) research, (ii) evaluating our NWU services, (iii) reporting required by grantors, state, and federal programs, and (iv) designing future NWU and programs.

Disclosure to NWU agents and Subcontractors: Your Personal Information will be shared with NWU agents and subcontractors to the extent necessary for such parties to assist NWU with processing your CCRUAP application, counseling you about the NWU CCRUA Program, and options relating to the Program, and administering the NWU CCRUA Program in accordance with applicable law. NWU agents and subcontractors are bound by the same obligation of confidentiality as NWU and shall treat and protect your Personal Information as NWU does.

Disclosure to other governmental agencies, entities, authorities: NWU and its agents and Subcontractors will disclose your Personal Information to other governmental agencies, entities, or authorities: (i) as necessary to comply with the administration of the NWU CCRUA Program (for example and without limitation, federal assistance reporting requirements), (ii) if compelled to do so by applicable law (for example, in response to a subpoena from a court or other authority of competent jurisdiction), and (iii) to ensure there is no duplication of benefits.

Disclosure to other third-parties: NWU and its agents and Subcontractors will disclose your Personal Information to your landlord, property management company, and utility companies (including internet providers) only to the extent necessary to verify and process your application. NWU will disclose your Personal Information to other third parties if compelled to do so by applicable law (for example, in response to a subpoena from a court or other authority of competent jurisdiction). In addition to limiting the disclosure of your Personal Information as described above, NWU computer systems, networks, and its third-party application service providers employ physical, electronic, and procedural safeguards that comply with applicable federal and state laws that have been enacted or adopted for the purpose of protecting your Personal Information from being disclosed to unauthorized parties.

Sign Here: _____ **Date:** _____

Sign Here: _____ **Date:** _____

Affidavit Statements

Read each statement and sign to agree at the bottom of the form for each household member:

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need for assistance.
2. I/We understand and acknowledge that NWU and/or its agents may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal and/or state law.
3. I/We understand that if I/we have engaged in fraud or misrepresented any fact(s) in connection with this NWU CCRUAP application, or if I/we do not provide all of the required documentation, that NWU may seek additional information for verify accuracy and/or I may be disqualified for assistance.
4. I/We understand that the NWU CCRUAP funds are not intended to duplicate any other funds I/we have received for the same expenses, and I/we certify that I/we have not received duplicate benefits from any other source for the funding I/we are requesting in this application.
5. I/We understand that NWU and/or its agents will use this information to evaluate my/our eligibility for assistance, but NWU and its agents are not obligated to offer me/us assistance based solely on the representations in this affidavit.
6. I/We understand that NWU Rental Assistance is only available for primary residences in Coos County Oregon, and I/we hereby confirm that the address listed in my/our application is our primary residence.

Privacy and protection of personal information:

1. I/We understand that the submission of an application does not guarantee NWU rental assistance.
2. I/We hereby authorize NWU and its employees and agents to discuss, share, release and otherwise provide information about my rental history, utility payment status, employment, and financial and rent situation as it is necessary to seek solutions to my/our housing and/or utility problem, and as necessary to prevent a duplication of benefits.
3. I/We understand that this information will be treated as confidential and that access to this information will be limited to those who are directly involved in assisting with my/our application.

4. I/We understand NWU may provide certain information not covered under applicable privacy laws to be reported to the United States Department of the Treasury or its successors or assigns for limited reporting purposes related to federal housing programs.
5. I/We consent to being contacted concerning this request for rental assistance at any mobile telephone number or address I/we have provided. This includes email addresses, text messages, and telephone calls to my/our mobile telephone.

Application process:

1. I/We understand that I/we do not automatically qualify for NWU rental assistance by submitting an application or any additional forms or documents requested by NWU, their assignees or agents.
2. I/We understand that this is only an application for assistance and that the NWU and its agents or its assignees will consider additional factors in reviewing my/our application.
3. I/We understand that my/our application may not meet applicable criteria and that I/we will be notified in writing via mail, email, or through the online application, of my/our application's acceptance or denial.
4. I/We certify that I am/we are willing to provide all requested documents and to respond to all communications from NWU and its partners in a timely manner.
5. I/We authorize NWU, its agents, and its assignees to review and verify information contained in my NWU CCRUAP application at any time.
6. I/We understand that I/we may be audited by NWU or its assignees and agree to provide requested documents in a timely manner or risk termination or repayment of my/our assistance.
7. Applicant acknowledges that if NWU or any of its partners determine that any information submitted by the applicant is incorrect or inaccurate, the information may be adjusted by NWU or its partners.

Fraud:

1. I/We have described my/our current financial condition, and certify that all information presented herein, as well as attachments are true, accurate, and correct to the best of my/our knowledge.
2. I/We understand that false or misleading information will affect my/our ability to receive assistance and may be grounds for rejection of my/our application or termination of assistance I/we may receive.
3. I/We understand that false or misleading information may result in a request for immediate repayment of any assistance that I/we receive.
4. I/We also understand that knowingly submitting false information may violate Federal law.

Sign Here: _____ **Date:** _____

Sign Here: _____ **Date:** _____

Disclaimer/Limitation of Liability

You agree to defend, indemnify and hold harmless NWU and its assignees ("Agency") and its affiliates, subsidiaries, agents, and their respective officers, directors, employees, and agents from and against all claims, liabilities, costs, and expenses arising under any representation or warranty made by the

Agency; your failure to comply with the Terms and Conditions', your negligence, actions, or omissions; your violation or alleged violation of the rights of a third party. Under no circumstances will NWU or its assignees be liable for any lost profits, lost opportunity or any direct, consequential, incidental, special, punitive, or exemplary damages arising out of your use of or inability to use NWU site or its services or programs, even if the NWU has been apprised of the likelihood of such damages occurring and regardless of the form of action, whether in contract, warranty, tort (including negligence), strict liability, or otherwise. This includes any damages or losses based on any statement, representation, negligence, action, or omission by any housing counselor or their employees or their agents.

Sign Here: _____ **Date:** _____

Sign Here: _____ **Date:** _____

Third Party to Contact Servicer or Property Management Company

The Applicant and any Co-Applicants and residents 18 years and older (if any) named below (individually and collectively, "Borrower Applicant") authorize all Third Party vendors present on this application; and the Third Parties assisting NWU in the review of the NWU CCRUAP applications (Individually and collectively, "Third Party") to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the lease, utilities, and/or the NWU Rental Assistance Program application of the Applicant.

Sign Here: _____ **Date:** _____

Sign Here: _____ **Date:** _____