



**City of Portland**  
**CARES: Emergency Income Payment Program**  
**Application**



The City of Portland has received funds from the federal government to prevent, prepare, and respond to COVID-19. The City has designed a rental assistance program to aid Portland residents that have had a loss or reduction of income due to COVID-19. Rental assistance is available for 3 consecutive months, but will require a monthly application.

Return completed applications to Val Fitzgerald at the Opportunity Alliance; they can be returned by email, fax, or mail.

**Email:** [Val.fitzgerald@opportunityalliance.org](mailto:Val.fitzgerald@opportunityalliance.org)

**Phone:** 207.553.5937 **Fax:** 874-1182

**Mailing Address:** Valerie Fitzgerald  
**The Opportunity Alliance**  
**222 St. John Street, Suite 302-B**  
**Portland, ME 04102**

Once an application is received it will be reviewed and you will be notified of approval or denial, payment will be provided directly to the landlord for approved applications. If you are in need of additional assistance after the first month of payment please complete another application.

**PROGRAM GUIDELINES**

- Must be a Portland Resident
- Must be a renter
- Rent payment was up to date through March 2020
- Must have a reduction in income due to COVID-19
- Current income must meet the income guidelines below

2020 CDBG INCOME GUIDELINES PORTLAND METRO AREA								
Number in household	1	2	3	4	5	6	7	8
Moderate Income 80% AMI	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650

**DOCUMENTS REQUIRED FOR APPLICATION TO BE COMPLETE**

- Application form
- Landlord signature page
- Landlord W-9
- If requesting utility assistance, a copy of the utility bill.

**\*\*APPLICATION IS A FILLABLE PDF AND CAN BE COMPLETED ONLINE AND EMAILED TO [val.fitzgerald@opportunityalliance.org](mailto:val.fitzgerald@opportunityalliance.org) . IF APPLICATION IS PRINTED IT MUST BE COMPLETED USING BLUE OR BLANK INK. APPLICATION WILL NOT BE ACCEPTED WITHOUT A SIGNATURE. \*\***



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## Portland CARES Rent Relief Application and Affidavit

Tenant First Name: \_\_\_\_\_ Tenant Last Name: \_\_\_\_\_  
 Tenant Email: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Rental Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Names of all other household members (household members include anyone residing in the unit; roommates, children, etc.):**

#1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 #2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 #3 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 #4 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 #5 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 #6 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Race of Applicant:**

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native and White
<input type="checkbox"/> American Indian or Alaskan Native and Black/African American	<input type="checkbox"/> Others reporting more than one race

**I declare, under penalties of perjury, as follows:**

- I pay rent to \_\_\_\_\_ (Landlord) whose contact information is:  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
- My household has lost significant income due to COVID-19 and is now unable to pay rent for my residence.
- My household's estimated gross income for the current month is \$\_\_\_\_\_.
- My household's monthly rent is \$\_\_\_\_\_.
- My household is seeking utility assistance for  Gas/Heat  Electric (please attach utility bill)
- My household does not have sufficient savings or liquid assets to pay the rent or utilities.
- My residence is not subsidized through federal or state resources and my household is responsible for the full payment of the rent.
- No other person in my household has applied for or will apply for the Portland CARES Program. I understand that I may apply for assistance again under this program provided that my household does not receive greater than \$750 for rent per month and no more than \$250 in utility assistance over three months.
- I understand my Landlord must agree not to take any action to evict me for nonpayment of rent for any month in which the payment is applied.



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10. I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the City of Portland to investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a Class D crime (17-A MRSA, ch.19), and will subject me to criminal penalties and civil remedies.

I am signing this Application and Affidavit by electronically entering my name below or providing a wet signature.

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



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**LANDLORD SIGNATURE PAGE**

**Payment Information (Must match information on W-9)**

Pay to the order of: \_\_\_\_\_

Address to send payment to: \_\_\_\_\_

Tenant name: \_\_\_\_\_

I \_\_\_\_\_ am the owner and landlord of  
(name)

\_\_\_\_\_  
(address)

- I certify that the tenant applicant was up to date on payment through March 2020
- I certify that I have not received nor applied for any additional federal, State or Local assistance to pay the mortgage or other debt owed on the aforementioned property. Furthermore, I understand I cannot receive more than 3 months in assistance payments per qualified tenant through the CDBG-CV program.
- I understand that a W-9 will need to be provided to the City to process and receive payment, in turn I will receive a 1099 from the City at the end of the year

Signature

\_\_\_\_\_ Date \_\_\_\_\_