



## MIDPEN RESIDENT RESILIENCY FUND APPLICATION

### PROGRAM OVERVIEW

MidPen Resident Services' mission is to provide intentional and relevant services, build new opportunities, and implement quality programs to strengthen families. In response to the effects of the COVID-19 pandemic—lost jobs, lost income, food insecurity, academic challenges, and social isolation—MidPen Resident Services has established the MidPen Resident Resiliency Fund. The goal of this Fund is to rapidly and equitably support MidPen residents through this once in a century crisis.

The Resident Resiliency Fund will provide rapid-response micro-grants that puts resources directly in the hands of resilient residents knowledgeable about their own economic needs and ways to address them. Eligible households will receive up to a maximum of \$700 (\$400 for households with 2 or fewer individuals, \$700 for households with 3 or more members). The Resident Resiliency Fund will award one micro-grant per household, per the year 2020.

### PROGRAM ELIGIBILITY

- Applicant must be 18 years of age or older
- Applicants must be current residents at a MidPen Housing property (listed on the lease)
- Applicants must have NO 3-day notices to pay or quit, in their tenant files, in the previous 12 months – for applicants who have moved in within the last 12 months, no 3-day notices to pay or quit during their tenancy with MidPen
- Applicants must be financially affected by COVID-19
- Applicants must provide verification of financial hardship due to COVID-19 via supporting materials. Supporting materials may include, but are not limited to:
  - Letter from employer showing loss of work/furlough/reduced pay or hours
  - Paystubs showing reduced pay/hours
  - Bank statements showing reduction or loss of assets
  - Receipts showing increased costs related to COVID-19 (e.g. day care, medical expenses)
  - Self-affidavit if self-employed

### IMPORTANT INFORMATION

- Complete all the required fields, indicated by an asterisk. It is your responsibility, as the applicant, to ensure that a complete application is submitted.
- Provide all necessary supporting verification documents. Supporting documents should include your name and/or mailing address.
- Once your application has been submitted, e-mail will be the primary means of communication regarding your Resident Resiliency Fund Application. Please provide a valid email address on your application that you check regularly. Make sure that [RRF@midpen-housing.org](mailto:RRF@midpen-housing.org) is an approved sender – check your spam settings.

### APPLICATION TIMELINE

- The Resident Resiliency Fund Application will open Monday, June 15, 2020. The application window will remain open until 5PM (PST) on Friday, June 26, 2020.
- Award recipients will receive notification of selection results by Tuesday, July 7, 2020—see Resident Resiliency Guidelines and Procedures for more information, including the timeline and method of distribution of funds.



**APPLICANT INFORMATION**

\* First name \_\_\_\_\_ \* Last name \_\_\_\_\_ Suffix \_\_\_\_\_

\* MidPen Property \_\_\_\_\_

Address (Apartment number, street name) \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip code \_\_\_\_\_

\* Phone (xxx-xxx-xxxx) \_\_\_\_\_ \* Email \_\_\_\_\_

\* Date of birth (Month, date, year) \_\_\_\_\_ \* Total number of household members \_\_\_\_\_

**ELIGIBILITY INFORMATION**

- |   |     |    |
|---|-----|----|
| 1. Have you or anyone in your household had 3-day notices to pay or quit in previous 12 months? * | YES | NO |
| 2. Has your household been financially affected by Covid-19? *                                    | YES | NO |

**APPLICANT INFORMATION & ACKNOWLEDGEMENT**

By my signature on this form I acknowledge that:

- All of the information on my Resident Resiliency Fund Application is complete, current, and accurate to the best of my knowledge.

By my signature on this form I understand and agree that:

- All information submitted in this Resident Resiliency Fund Application may be reviewed by MidPen Services or other approved staff and/or affiliates for the purposes of selection and/or verification, and is subject to review or verification during the period of my Resident Resiliency Fund participation.
- If at any time information provided in this application is found to be false or inaccurate, it may be sufficient cause for rejection, dismissal, or ineligibility for Resident Resilience Fund awards.

\* First name (printed) \_\_\_\_\_ \* Last name (printed) \_\_\_\_\_

\* Signature \_\_\_\_\_ \* Today's Date \_\_\_\_\_

**MEDIA CONSENT**

Please select YES or NO to indicate whether you consent to all of the terms below:

- |     |    |  |
|-----|----|--|
| YES | NO | • Authorizing the use of any and all information from this application in connection to MidPen Resident Services research and evaluation activities. This includes my application and eligibility information, as long as this will not be made available to the public in a form that would allow me to be identified. Stated differently, application information may be made available to the public in an aggregated form, stated as an average or a total for a group of resident households. |
|-----|----|--|



- YES NO • Authorizing the use of my name, picture, or likeness to interested parties such as news media, governmental agencies, and legislative personnel for the purpose of recognizing the accomplishments of Resident Resiliency Fund recipients, or for MidPen Resident Services' promotional purposes.
- YES NO • Authorizing MidPen Resident Services staff to contact me to inquire about the impact that the Resident Resiliency Fund award had on my household.

---

\* First name (*printed*) \* Last name (*printed*)

---

\* Signature \* Today's Date

**REQUIRED DOCUMENTS**

Applicants must provide verification of financial hardship due to COVID-19 via supporting materials. Supporting materials may include, but are not limited to:

- Letter from employer showing loss of work/furlough/reduced pay or hours
- Paystubs showing reduced pay/hours
- Bank statements showing reduction or loss of assets
- Receipts showing increased costs related to COVID-19 (e.g. day care, medical expenses)
- Self-affidavit if self-employed

Please attach/provide supporting documents that demonstrate financial hardship as a consequence of COVID-19. All documents must clearly show your name and/or mailing address. If you have questions about whether your document is acceptable, please reach out to MidPen Services Staff.

**REVIEW YOUR APPLICATION**

Please review your application before submitting. Once you submit your application, you will not be able to make further edits.

**THANK YOU  
FOR SUBMITTING YOUR RESIDENT RESILIENCY FUND APPLICATION**

**FOR MIDPEN SERVICES STAFF ONLY**

Date application received	Time application received	MidPen Services staff name
Description of verification documentation received ( <i>E.g.: employer letter, 3 months of bank statements, etc.</i> )		