

# Covid Mortgage Assistance Program

Dear Applicant,

CDCU has received funding to provide temporary mortgage assistance for households impacted by the COVID-19 pandemic and residing in the following cities: South Jordan, Sandy, and Taylorsville. Income eligible households who have experienced a loss of income or been otherwise financially affected due to the pandemic may be eligible for a **grant of up to \$5,000** to cover one to three months of mortgage payments.

## Eligibility Criteria:

- Applicants must live within South Jordan, Sandy, and Taylorsville.
- Applicants must own and live in the home.
- Financial impact related to COVID-19 must be documented and provided to CDCU (i.e. job loss, decreased work hours, etc.)
- Applicants who did not receive a forbearance and are facing foreclosure are eligible.
- Funds are eligible for undocumented or mixed-documentation households.
- Funds may be used for those in forbearance or have exhausted their forbearance.

## Mortgage Assistance Details:

- Homeowners at or below 80% AMI (see income chart below)
- A lien will not be recorded on the property.
- Homeowners may only apply to the program and receive assistance once

Household Size	Maximum Annual Household Income (80% AMI)
1 Person	\$51,650
2 Persons	\$59,000
3 Persons	\$66,400
4 Persons	\$73,750
5 Persons	\$79,650
6 Persons	\$85,550
7 Persons	\$91,450
8 Persons	\$97,350

*Effective June 1, 2021*

**CONTINUE TO NEXT PAGE**

- Applicants must provide contact information for their mortgage company. Payments are made directly from CDCU to the mortgage company.
- Applicants who have a forbearance may use this funding towards a lump sum amount that may be owed at the end of forbearance. Total assistance cannot exceed \$5,000.
- Applicants who have exhausted their forbearance may receive up to \$5,000.
- Applicants may receive three months of payments not to exceed \$5,000.
- Approved borrowers are encouraged to complete no-cost financial counseling provided by CDCU.

How to Apply:

1. Complete all the forms included in this packet. (The Monthly Spending plan is for required counseling purposes.)
2. Submit the packet and include your most recent mortgage statement that shows the account number, mortgage payment and contact information for the mortgage company.
3. Submit last 30 days of income. Possible sources and proof of income include but are not limited to: paystubs, SSI/SSA award letter, VA benefits, etc.

**\*\*Applications will not be reviewed unless the packet is complete and all requested documents are provided.\*\***

Fully completed packets with attached documentation will be reviewed within 20 business days.

You can return the documentation in the manner most convenient for you:

Mail/Drop off: Community Development Corporation of Utah, 501 E. 1700 S., Salt Lake City, UT 84105

Email: Scan and email to [pilar@cdcutah.org](mailto:pilar@cdcutah.org)

Fax: 801-994-7220

Questions? 801-994-7222

Best Regards,

CDCU Team

I am interested in (check all that apply): ☐ Managing my finances ☐ Purchasing a home ☐ Fixing my home ☐ Saving my home

## APPLICANT INFORMATION

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Sex: ☐ Male ☐ Female Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White ☐ Black ☐ Asian

☐ American Indian or Native Alaskan

☐ Native Hawaiian or Other Pacific Islander

☐ Other: \_\_\_\_\_

Have you received services from other counseling agencies? \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

## CO-APPLICANT INFORMATION

Co-Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Sex: ☐ Male ☐ Female Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White ☐ Black ☐ Asian

☐ American Indian or Native Alaskan

☐ Native Hawaiian or Other Pacific Islander

☐ Other: \_\_\_\_\_

## HOUSEHOLD INFORMATION

The following questions are for survey purposes only and do not affect an applicant's eligibility.

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Household Type: ☐ Single Adult ☐ Two or more unrelated adults ☐ Married with children ☐ Married without children

☐ Female headed single parent household ☐ Male headed single parent household ☐ Other \_\_\_\_\_

Is there a household member who is: ☐ Disabled ☐ Veteran ☐ Elderly

☐ Disabled Dependent ☐ Active Duty Military ☐ Foreign Born

☐ Household is English proficient ☐ Household is not English proficient

Do you need any special accommodations for language or disability? \_\_\_\_\_

Current Housing Situation: ☐ Homeowner ☐ Renter ☐ Other: \_\_\_\_\_

Are you working with a real estate agent? ☐ Yes ☐ No

Are you working with a lender? ☐ Yes ☐ No

Have you owned a home in the past 3 years? ☐ Yes ☐ No

Please provide the following information for all household members other than applicant & co-applicant:

	Name	Relationship	Age	Date of Birth	Sex	Ethnicity	Race
1.	_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	_____
2.	_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	_____
3.	_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	_____
4.	_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	_____
5.	_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	_____

## HOUSEHOLD INCOME INFORMATION

Gross Annual Household Income: \$ \_\_\_\_\_ (total yearly income for entire family, before taxes & deductions)

Balance of All Debt: \$ \_\_\_\_\_

Total Monthly Payments, Exclude Rent & Utilities: \$ \_\_\_\_\_

### Applicant Employment Information:

Employer Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Pay Period: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Hourly Income: \$ \_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Net Monthly Income: \_\_\_\_\_

Other Income: \_\_\_\_\_

I am a: ☐ Certified Teacher ☐ Sworn law-enforcement officer  
☐ Firefighter or Certified Emergency Medical Technician

### Co-Applicant Employment Information:

Employer Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Pay Period: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Hourly Income: \$ \_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Net Monthly Income: \_\_\_\_\_

Other Income: \_\_\_\_\_

I am a: ☐ Certified Teacher ☐ Sworn law-enforcement officer  
☐ Firefighter or Certified Emergency Medical Technician

Other household members over the age of 18: ☐ Additional household members included on a separate page

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

Employed: ☐ Yes ☐ No

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Pay Period: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Hourly Income: \$ \_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_

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

Employed: ☐ Yes ☐ No

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Pay Period: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Hourly Income: \$ \_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_

*I certify that the information above is true and correct to my knowledge:*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Agency & Counseling Program Disclosure

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your counselor about alternative accommodations

**About us and Program Purpose:** Community Development Corporation of Utah (CDCU) is a nonprofit, HUD-approved housing counseling agency. CDCU strengthens our communities by empowering all Utahns through access to affordable housing and financial security. We provide free housing counseling and education services, including Financial Management/Budget Counseling, Home Improvement, and Rehabilitation Counseling, Mortgage Delinquency and Default Resolution Counseling, Pre-purchase Counseling, Financial, Budgeting, and Credit Workshops, and Pre-purchase Homebuyer Education Workshops. These programs and services are offered regardless of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, and marital status. We administer services in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

### Client and Counselor Roles and Responsibilities:

Counselor's Roles & Responsibilities	Client's Roles & Responsibilities
<ul style="list-style-type: none"><li>• Reviewing your housing goal and your finances</li><li>• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.</li><li>• Review/help prepare a household budget.</li><li>• Your counselor is not responsible for achieving your housing goal but will provide guidance and education in support of your goal.</li><li>• Neither your counselor nor agency employees, agents, or directors may provide legal advice.</li></ul>	<ul style="list-style-type: none"><li>• Providing accurate information about your income, debts, expenses, credit, and employment.</li><li>• Completing a budget and the steps assigned to you in your Client Action Plan</li><li>• Attending meetings, returning calls, providing requested paperwork in a timely manner.</li><li>• Notifying your counselor when changing a housing goal.</li><li>• Attending educational workshops as recommended.</li><li>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</li></ul>

**Termination of Services:** CDCU reserves the right to terminate services at any time if it is determined that the Client does not qualify for the programs that CDCU offers if the Client's needs cannot be met by said programs, if a respectful and professional relationship is not maintained or if there is failure to work cooperatively with housing counselor or staff. This includes, but is not limited to, missing three consecutive appointments. The client may also terminate services at any time.

**INITIALS:** \_\_\_\_ / \_\_\_\_

**Agency Conduct:** No CDCU employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering services for personal or private gain, providing preferential treatment for any person or organization, or engaging in conduct that would compromise CDCU's compliance with federal regulations or our commitment to serving the best interests of our clients.

**Agency Relationship/ Release of Information:** CDCU has financial affiliations with a variety of sources, including congressionally appropriated funds through the Department of Housing and Urban Development (HUD), NeighborWorks, Housing Partnership Network, the United States Treasury, local municipalities, and banks, as well as other public and private organizations including foundations and individuals. CDCU currently receives financial compensation for clients that participate in Framework's online Homeownership Education course. The client hereby grants permission for CDCU to share the Client's personal information with the aforementioned as applicable for tracking and reporting purposes. As a housing counseling program participant, you are not obligated to use the products and services of CDCU or our partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** In the interest of full disclosure, CDCU also provides the following services: Home Renovation Loan program, Down Payment Assistance programs, Mortgage Assistance programs, Home Sales programs, and Real Estate Representation. As a housing counseling client, you are not obligated to participate in any of these services. You are entitled to choose whatever services and/or products best meet your needs.



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NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your counselor about alternative accommodations

**Referrals and Community Resources:** You will be provided a community resource list that outlines regional services available to meet a variety of needs, including utility assistance, food banks, and legal aid assistance, among others. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by CDCU.

**Errors and Omissions and Disclaimer of Liability:** I/we agree that CDCU, its employees, agents, and directors are not liable for any claims and causes of actions arising from errors or omissions by such parties, or related to my participation in CDCU counseling; and I hereby release and waive all claims of action, liabilities, expenses (including reasonable attorney's fees) against CDCU and its affiliates/partners. I have read this document, understand that I have given up substantial rights by signing it, have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law. Please note that representatives of CDCU do not provide tax or legal advice and that you should consult your tax advisor or attorney for such guidance.

**Quality Assurance:** In order to assess client satisfaction and in compliance with grant funding requirements, CDCU or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with CDCU grantors such as HUD. By signing this Disclosure Statement I give CDCU authorization to share my information with HUD and other third parties, as applicable.

**I/we acknowledge that I/we received, reviewed, and agree to CDCU's Program Disclosures.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

**If acceptance of the Program Disclosure Form is taken by phone:**

The counselor's signature above acknowledges that this Program Disclosure Form was read to the client and the client has verbally agreed to CDCU's Program Disclosures. A hard copy of the disclosure was sent to the client on

\_\_\_\_\_



## Privacy Policy and Practices

We at *Community Development Corporation of Utah* (CDCU) value your trust and are committed to the responsible management, use, and protection of your personal information. This notice describes our policy regarding the collection and disclosure of personal information. "Personal Information" or "non-public personal information", as used in this notice, means information that identifies an individual personally and is not otherwise publicly available. It includes personal financial information such as credit history, income, social security number, and other specific information you have provided us.

### Information We Collect

We collect non-public personal information, including:

- Information we receive from you verbally, or on applications or other forms
- Information about your transactions with us, our affiliates, or others
- Information we receive from consumer reporting agencies
- Information we receive from personal and employment references

### Information We Disclose

We may disclose the following kinds of non-public personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts, and income
- Information about your transactions with us, our affiliates, or others, such as parties to your transactions, your account balances, and your payment history
- Information we receive from consumer reporting agencies, such as your credit bureau reports, credit history, and credit worthiness

### To Whom We Disclose Information

We may disclose some or all of your non-public personal information to the following types of nonaffiliated third parties to provide program services to you:

- Creditors or other third parties where we have determined that it would be helpful to you or would aid us in counseling or otherwise assisting you
- Others (such as non-profit organizations or funding partners that make our services possible) as required for the purpose of review, auditing, research, and oversight
- We may also disclose personal information about you to anyone as permitted or required by law.

*You have the opportunity to "opt-out" of certain disclosures (direct us to not make those disclosures) by informing CDCU of your decision in writing.*

### Confidentiality and Security

Within the organization, we restrict access to non-public, personal information about you to those employees who need to know that information to provide services to you and to help them do their jobs, including financial or housing counseling, loan underwriting, loan servicing, or aiding you in obtaining a loan from others. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your nonpublic personal information. We do not share non-public personal information with any non-affiliated third parties for the purpose of making sales calls or marketing products or services to you.

### Emails and Updates

Please initial if you would NOT like us to contact you by email with updates and information about services that we feel may interest you. \_\_\_\_\_

By signing below, you acknowledge that you have received and read this disclosure notice.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

## COVID Assistance Hardship Letter Outline

*This is a guide to help you write your own letter.*

1. Keep it to **one** typed page.
2. Be sure to sign & date the letter.
3. Please explain your need for mortgage assistance.
4. Please attach documentation to support your hardship.  
*Examples may be letter of termination or reduction pay/hours from your employer, medical bills from COVID-related illness (Do not submit any document containing medical condition or history), unemployment benefits etc.*

Date

**Paragraph 1:** Describe what happened in a few sentences; don't include too many personal details. Please describe what the employment situation is for all adult household members. Please include dates of when changes in employment or Covid-related issues started. If you applied for unemployment, please mention when that began. Have you applied for mortgage assistance with another agency? Did you apply for forbearance with your lender?

**Paragraph 2:** Describe how your financial hardship is affecting you overall and what actions you have taken to improve your situation, such as reduce expenses, etc. Are you currently employed? Looking for new/better employment? Are you current or behind on your mortgage payments? If you are behind on your mortgage, please state how many months you are behind. Are you current on your utility bills? Do you receive any other type of assistance at this time (i.e. food stamps, utility assistance etc.)?

Sincerely,

John Doe  
Phone #801-555-1234





## Community Development Corporation of Utah

A HUD-Approved Counseling Agency (HUD#82135)

501 East 1700 South, Salt Lake City, Utah 84105

Office 801-994-7222 Fax 801-994-7220

TAX ID #87-0476889

### **Authorization to Release Information**

Borrower: \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Borrower: \_\_\_\_\_ Social Security # \_\_\_\_\_

Full Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Account # \_\_\_\_\_

I authorize:

\_\_\_\_\_  
(Mortgage Company)

\_\_\_\_\_  
(Telephone Number & 3rd Party Fax Number)

To release information concerning my mortgage to any of the HUD-certified housing counselors or processors at Community Development Corporation of Utah (CDCU).

**Luz Baxley, Counselor**

801-994-7222 x212

[luz@cdcutah.org](mailto:luz@cdcutah.org)

**Denise Hunsaker, Processor**

801-994-7222 x204

[denise@cdcutah.org](mailto:denise@cdcutah.org)

I/we authorize any of the CDCU counselors or processors to speak with above named mortgage company and any other party with servicing responsibilities for this account. I/we authorize the mortgage company to discuss my loan and with CDCU representatives via phone, email, fax, or other written communication. I/we also give authorization for CDCU to submit documents on my behalf and for my mortgage company to send documents directly to CDCU.

This authorization shall remain valid until it is revoked in writing by any borrower or co-borrower.

Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization to Pull Credit

By signing below, I/we authorize Community Development Corporation of Utah (CDCU) to (check all that apply):

- ☒ *Pull my credit report as a soft inquiry for the purpose of financial counseling, credit counseling, home purchase counseling and/or foreclosure prevention counseling services. I understand that this inquiry will NOT affect my credit score.*
- ☐ *Pull my credit report as a hard inquiry to review my credit file in connection with my pursuit of a loan to purchase real property and/or down payment assistance program administered by CDCU. I understand this credit inquiry MAY impact my credit score.*

There is no charge for CDCU to pull a credit report. Applicant(s) understand and authorize CDCU to obtain information regarding outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, etc.) I/we understand that this authorization does not commit me/us to obtain a mortgage loan from CDCU.

CDCU has a contract with a third party in order to pull credit reports. CDCU does not guarantee the accuracy, validity, or completeness of the credit report provided.

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Client signature

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Date

---

Printed name

---

Client signature

---

Date

---

Printed name

# MONTHLY SPENDING PLAN

Net Monthly Income	
Total Net Income	

Fixed Monthly Expenses	
Mortgage/Rent	
Savings	
Power	
Gas	
Water/Sewer/Garbage	
Home/Cell phone	
Cable/Internet	
Car Payment	
Car Payment	
Student Loans	
Credit Card	
Credit Card	
Credit Card	
Child Support/ Alimony	
Car Insurance	
Life Insurance	
Donations	
Other:	
Other:	
Total Fixed Expenses	

Variable Monthly Expenses	
Gas	
Groceries	
Household Supplies	
Eating Out	
School Lunches	
Entertainment	
Personal Care/Hair care	
Clothing	
Medical	
Gym Membership	
Pet Supplies	
Other:	
Other:	
Other:	
Total Variable Expenses	
SUMMARY	
Net Monthly Income	
— Total Fixed Expenses	
— Total Variable Expenses	
Total Surplus or Deficit	

**CERTIFICATION OF ZERO INCOME****PLEASE SUBMIT ONE FORM PER ANY NON WORKING ADULT HOUSEHOLD MEMBER**

Household Name: \_\_\_\_\_

Purchase Property Address: \_\_\_\_\_

The program for which your household is applying is funded in part by one or more of the following sources: CDBG and HOME funds. Community Development Corporation of Utah is required to verify ALL income of ALL adult household members (18 years or older) receiving assistance, or applying for assistance under these programs. To comply with this requirement, you are required to supply the information requested in the certification below. This information will be held in strict confidence and used only for the eligibility of your household for this program.

1. I hereby certify that I do not individually receive income from any of the following sources:

- a) Wages from employment (including commissions, tips, bonuses, fees, etc.)
- b) Income from operation of a business
- c) Rental income from real or personal property
- d) Interest or dividends from assets
- e) Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f) Unemployment or disability payments
- g) Public assistance payments
- h) Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- i) Sales from self-employed resources (Avon, Mary Kay, etc.)
- j) Funds from other source(s) not named above (list below): \_\_\_\_\_

2. Check (A) or (B) as applicable:

- ☐ A. I have no income of any kind at this point in time and do not anticipate income from any source within the next 12 months.
- ☐ B. I am not presently employed, but anticipate becoming employed within the next 12 months.

Based upon my educational background, skills, and past work experience, and with adjustments to reflect circumstances anticipated within the next year, I anticipate earning: \$ \_\_\_\_\_ over the next 12 months. In support of this estimate, I have submitted:

- ☐ Most recent year's tax return
- ☐ Previous job and salary history
- ☐ Other supporting documentation: \_\_\_\_\_

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud.*

\_\_\_\_\_  
(Client Signature)\_\_\_\_\_  
(Printed Name)\_\_\_\_\_  
(Date)