



COVID-19 January 2021 City of Ketchikan Rental and Mortgage Assistance Application Instructions

Eligibility

Households must meet the following criteria to be considered for financial relief:

- Be a resident of the City of Ketchikan, residing within the city limits;
- Rent or own housing within the City of Ketchikan;
- Experienced a continued financial burden due to the ongoing COVID-19 pandemic;
- Currently earn at or under \$84,427.00 per household.

Funds Availability

The City of Ketchikan has made funds available to households who have had a loss of income on due to COVID-19.

Up to \$1,200 will be awarded to qualified households for the month of January.

To Apply

Applications will be accepted starting January 12th until the funds are exhausted.

Submit applications in one of the following ways:

- Email: CARES@comconnections.org
- Fax: attn. James Johnson (907) 225-1541
- Mail or hand-deliver to:

Community Connections Attn: James Johnson

721 Stedman St Ketchikan AK 99901

Only one application per household will be accepted.

Applicants will be notified of the status of their application via email to the contact person on the application.

If the demand for grants exceeds available funds, we reserve the right to allocate the funds on a **first come**, **first serve basis**. Applications will be date-stamped and processed on an ongoing basis.

Incomplete applications will be rejected.

Questions

Contact James Johnson or Cindy at Community Connections for more information or for clarification.

James Phone: (907) 225-7825

Email: CARES@comconnections.org

Cindy: (907) 220-0737

JANUARY - RENTAL & MORTGAGE ASSISTANCE APPLICATION -City of Ketchikan Residents Only-

Applications Accepted January 12th - Until Funds are Exhausted

Applicant In	itormation			
Name (Last,	First, MI):			
Name(s) as I	isted on the lease/m	nortgage/rental agreer	ment:	
	idence Address:			
City:		State:	Zip:	
Phone Numb	oer:			
Contact Nam	ne:		_	
E-mail:			_	
Do you resid	e within the Ketchika	an City limits?		
□ Yes	□ No			
Have you co	ntinued to experienc	ce a loss of income du	ue to COVID-19 after Decembe	r 31 st , 2020?
□ Yes	□ No			
Monthly Hou	sehold Income befo	re COVID-19 Hardsh	ip:	
\$				
Current mont	thly Household Inco	me:		
\$				
Monthly Mort	tgage or Rent Paym	ent?		
\$				

		your employment/income has continued to but that you lack sufficient resources to pay	е
To be approved you will need to address of your landlord for a che	•	ortgage holder information or the name and ent.	
Please select how award funds w	vill be distributed (yo	ou may only select one):	
Lender or Mortgage Holder Info	ormation (only fill o	out if you currently are paying a mortgage	!)
Bank or Lending Institution Name	ə:		
Address:			
Name of Mortgage or Loan Borro	ower:	Account #:	
or			
Rental Landlord Information			
Landlord Name:	Mailing Add	dress:	
City:	State:	Zip:	
Landlord Phone Number:			
Certification			
and accurate and that I meet the	eligibility requiremened in this application	ne information provided in this application is to ents for this grant. I agree to assist in the and to provide additional information to the equested.	
other federal programs including	CARES Act funds. E	enses that have already been reimbursed by By signing, I certify that I have not received ing on this application from the City, Borough	ı or
Signed:		Date:	
Printed Name:			