

**CARES ACT – AFFORDABLE HOUSING OPERATIONS
APPLICATION FOR ASSISTANCE**

‘Estimated’ Loss of Revenue 09/01/2020 through 12/31/2020:

- Non-collectable rents from vacant units, not budgeted for in 2020: \$
- ‘Other’ lost revenue due to COVID-19: \$

Total Amount Requested for Non-Budgeted Increased Expenses 03/01/2020-12/31/2020: \$

Increased Expenses Breakdown -

Increased Expenses 03/01/2020 through 08/31/2020:

- Personal Protective Equipment (PPE), materials & other supplies for on-site property management, staff & tenants: \$
- Cleaning expenses incl. labor, contracted services, supplies & equipment: \$
- Communication costs to residents, to the public & perspective resident: \$
- Added staffing &/or establishing remote operations related to COVID-19: \$
- ‘Other’ documented COVID-19 related expenses: \$

‘Estimated’ Increased Expenses 09/01/2020 through 12/31/2020:

- Personal Protective Equipment (PPE), materials & other supplies for on-site property management, staff & tenants: \$
- Cleaning expenses incl. labor, contracted services, supplies & equipment: \$
- Communication costs to residents, to the public & perspective residents: \$
- Added staffing and/or establishing remote operations related to COVID-19: \$
- ‘Other’ documented COVID-19 related expenses: \$

DECLARATION

The signatory hereby declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, will assure that any funds received as a result of this application will be used for the purposes set forth herein & the organization will comply with all reporting requests & requirements.

If the application includes a request for COVID-19 related loss of rental income, the signatory declares that the affected tenant(s) and/or unit(s) have not, nor will not be receiving COVID-19 rental assistance through another entity, for the time period of March 1, 2020 through December 31, 2020.

Additionally, the signatory hereby declares that the information provided in this application is true & correct & that any intentional or negligent misrepresentation of this information contained in this application will result in monetary damages, including the pay back of the funds granted.

Signature of Authorized Representative:

Date:

Name & Title: