

Applicant Information

Please fill out the information below about the person filling out this form.

Note: If the applicant is someone other than the owner, you will be required to upload a signed letter authorizing the applicant to complete this form on the owner's behalf.

Applicant First Name

Applicant Last Name

Applicant Phone

Applicant Email Address

Relationship to property owner

[Self, Property manager, Lawyer, Accountant, Other (Please specify)]

Property Details

Please answer the questions below regarding the details of your property. Please note that each property requires one application. You will need to complete another application if you are applying for assistance for other properties even if they have the same owner. Reminder that only property owners in the District of Columbia are eligible for this grant program

If you are not a property owner in the District of Columbia, you will not be considered for this program, per the grant guidelines. SN1

Address Line 1

Address Line 2 (optional)

City

State



Zip Code

Please specify the ward in which this property is located

What type of property is it?

[Single family home, Duplex, Apartment, Garden-style apartment, Condominiums]

Square

Lot

Number of total units

Number of vacant units

Number of units with past due balances as of August 31, 2022

Property website (if applicable)

Property owner information

Please answer the questions below regarding the ownership details of the property

Who is the property owner?

[An individual, Group of Individuals, Trust, LLC, Corporation, Other]

How is the property vested on the Deed?

Date property was acquired

Please upload a copy of the Deed

Please upload a copy of a valid business license for the property

Please provide the SSN or ITIN of the property owner (do not include the dashes)

CPM,



Please upload a copy of your OTR Clean Hands Certificate for each of the principal owners.

Upload a signed W9 Form for each of the principal owners. Verify that the document is dated April 2022 or after

Please provide information for the person who will sign the grant agreement This should be the Business Owner, CEO, or another executive that is able to sign contracts on behalf of the entity that will receive the funding from this grant. Do not include the email of a consultant, TA provider, or any other person that does not have the legal authority to sign contracts on behalf of the business.

Is the signatory the same entity as the property owner

Full Name of Signatory

Title of Signatory

Phone Number of Signatory

Email Address of Signatory

Mailing Address of Signatory

Please upload a copy or picture of a valid government-issued ID for signatory

Primary owner's demographic information

We collect the following information to understand the impact of this grant program. This information about gender and race will never factor into a decision about your eligibility or ineligibility for this grant program.

Primary owner's gender identity

Is the primary owner of Hispanic, Latino, or Spanish origin?

Primary Owner's Race



Rental Ledger

We will need documentation of each tenant's account balances. We will require you to complete a template that provides this information with your application, and to also provide us with the documentation you keep for your own records in order to track each tenant's account.

Will you be claiming 20 or more units for this grant?

How many delinquent tenants will you be claiming in this application?

Fill out the rental ledger below with the requested information about each tenant you will be claiming in this application (Further instructions at bottom of table)

Please upload a copy of your regular rental ledger for October 2021 - August 2022, if available

Financial and Legal Documents

Please answer the questions below. This information will be used for funding purposes if you are approved for this grant.

Routing Number:

Account Number:

I authorize City First Enterprises to deposit payment for the personal or business account listed above. I understand that City First Enterprises is not responsible for payments made in error or any errors in the information provided on this form. Providing incorrect information will delay or void the payment. I understand I may be contacted in regard to validating account information should City First Enterprises need additional information to process payment.

Please upload a copy of the voided check associated with the above bank account information

Please upload a copy of your COI (certificate of insurance) ACORD Form



I certify that I have read the District of Columbia Housing Stabilization Grant application materials fully. I understand that not all property owners will be funded through this program. I further certify that I believe my property to be eligible for this grant program.

I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements and/or incomplete information may result in denial or revocation of the grant award (if deemed eligible).

I acknowledge that City First Enterprises, the District of Columbia's funding partner for this grant program, may follow up with my business and any named contacts in this application for additional information. I acknowledge that full approval for this grant program and disbursement of funds, is solely dependent on providing any and all additional information necessary to approve my application for grant funding to City First Enterprises as needed and/or requested.

I authorize City First Enterprises to reach out to me at a future date with information about other financial resources and business coaching.

Waiver of Past Due Rent Notification

[DATE], 2022

Tenant Name Tenant Address Washington, DC

Dear [Tenant]:

I am happy to announce that we have partnered with the District of Columbia government to bring current your past due rent accrued between October 1st, 2021 to August 31st, 2022 for \$. As a result, **you no** longer owe any rent or fees for that period! We hope that this news will help you in addressing your needs at this time.

If you have any questions, I can be reached at [phone number] or by email at [email address].

Sincerely,

[SIGNATURE] **Property Owner**

Acknowledgement of Receipt by Tenant:

Please check all of the statements below that pertain to your current financial status:

I am unable to pay my full rent or make a full housing payment due to substantial loss of household income, loss of compensable hours of work or wages, lay-offs, or extraordinary out-of-pocket medical expenses.

I permit you to use this certification to apply on my behalf for assistance from the District of Columbia in paying the unpaid rent or housing payments including fees, penalties or interest that I have accrued during the past year.

I further understand that the eviction moratorium is no longer in effect and as such, I am required to make full payment of my rent and related fees. If I'm unable to pay my rent, I will need to apply directly to the Emergency Rental Assistance Program (ERAP) for the District or recertify my income with my landlord.

I understand that any false or misleading statements or omissions may result in criminal and civil actions for fines, penalties, damages, or imprisonment.

> John Falcicchio **Deputy Mayor**

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