

**CITY OF MARYSVILLE AGENDA BILL**

**EXECUTIVE SUMMARY FOR ACTION**

**CITY COUNCIL MEETING DATE: 4/27/2020**

<b>AGENDA ITEM:</b>	
Affordable Housing Sales Tax Credit COVID-19 Program	
<b>PREPARED BY:</b>	<b>DIRECTOR APPROVAL:</b>
Sandy Langdon, Finance Director	
<b>DEPARTMENT:</b>	
Finance	
<b>ATTACHMENTS:</b>	
Program Outline; Program Application93	
<b>BUDGET CODE:</b>	<b>AMOUNT:</b>
	\$93,000.00
<b>SUMMARY:</b>	

On January 13, 2020 the council adopted Ordinance authorizing the maximum capacity of a local sales and use tax which allows the city to receive a sales tax credit from the state portion for programs regarding affordable and supportive housing.

The programs allowed are:

- (1) Acquiring, rehabilitating, or constructing affordable housing, which may include new units of affordable housing within an existing structure or facilities providing supportive housing services under RCW 71.24.385; or
- (2) Funding the operations and maintenance costs of new units of affordable or supportive housing; or
- (3) Providing rental assistance to tenants (at or below 60% of the median income of the city).

With the economic impacts of the COVID-19 to many of Marysville residents it is proposed to provide rental assistance under item 3 of the allowed programs. The attached guidelines and application provide details to the program.

<b>RECOMMENDED ACTION:</b> Council acknowledgement
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Marysville COVID-19 Rental Assistance Program

One-time per household  
\$1,500 maximum

Eligibility

Live within the Marysville city limits

Are behind in rent

Are economically impacted by COVID-19

Have not been delinquent on rent for six months prior to March 1. (Sept 2019-February 2020)

Have a current monthly household income that is below these amounts:  
(60% of Area Median)

Number in Household	Monthly / Annual	Number in Household	Monthly / Annual
1 Person	\$2,725 / \$32,700	5 Persons	\$4,208 / \$50,490
2 Persons	\$3,115 / \$37,380	6 Persons	\$4,520 / \$58,020
3 Persons	\$3,505 / \$42,060	7 Persons	\$4,835 / \$58,020
4 Persons	\$3,895 / \$46,740	8 Persons	\$5,145 / \$61,740

Tenant Income Verification

- A pay stub dated **before AND after** the outbreak COVID-19, which shows:
  - Your Name
  - Your Employer’s Name
  - Amount Year to Date (YTD) OR,
- A notice of your current employment status from your employer OR a claim for unemployment benefits dated after March 1, 2020, which shows:
  - Your name
  - Your Employer’s Name
  - Your employment status (employed, furloughed, reduced time/income, or termination)

Landlord Verification:

- A W9 for each property that a payment is being made to.

Living Situation Verification:

- A copy of the lease or month-to-month rental agreement showing current rent amount, who rent is paid to, signature(s), and where a check should be sent

- If you cannot provide any of the above, and have an informal living arrangement in which you are making a contribution toward the rent, you must submit this Certification of Payment Obligation for Friends or Family which can be found here
  - If you live alone, complete the application about yourself.
  - If you live with just your family or partner, complete the application on behalf of your whole family, or yourself and your partner.
  - If you live with roommates, complete the application about yourself, reflecting your individual needs.
  - If someone else who lives with you also needs help, they should complete their own application reflecting their individual needs.

We will need to communicate with your landlord to confirm information and/or collect documentation required to ensure the correct rent amount is paid and mailed to the right address. A check made payable to your landlord will be mailed to the landlord on your behalf within 14 days of receipt of all documentation and application approval.



**DRAFT APPLICATION**  
**TEMPORARY RENTAL ASSISTANCE PROGRAM**

<p><b><u>Applications must include:</u></b></p> <ul style="list-style-type: none"> <li>➤ Proof of Residency</li> <li>➤ Proof of COVID-19 Economic Impact</li> <li>➤ Proof of Rent Assistance Need</li> <li>➤ See below for other requirements</li> </ul>	<p><b><u>Return completed applications to:</u></b></p> <p>City of Marysville City Hall          1049 State Avenue          Marysville, WA 98270-4234  <i>Questions: 360-363-8010</i></p>
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Head of Household Name: \_\_\_\_\_

Co-Head of Household Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Phone Number (co-HOH): \_\_\_\_\_ E-mail: \_\_\_\_\_

Total Number of Persons in Household: \_\_\_\_\_ Number of Persons with Income: \_\_\_\_\_

Name and ages of all additional family members:

Name	Age	Name	Age

Landlord's Name: \_\_\_\_\_

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

City & Zip Code: \_\_\_\_\_

Current Rent Amount \_\_\_\_\_ Amount Requested \_\_\_\_\_ (max \$1,500)

Do you currently receive any type of Rental Assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

**Current Income**

Complete a separate sheet for each family member

**Head of Household's Name:** \_\_\_\_\_

**Sources of Head of Household's income**

Source		Amount per month	
Source		Amount per month	
Source		Amount per month	
Source		Amount per month	

Head of Household's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone, Fax, email \_\_\_\_\_

Your title/position at work \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Hours worked per week \_\_\_\_\_

**I hereby attest that the above information is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENT CHECKLIST**

Resident?	Yes	No	Copy of Lease Agreement
Behind in Rent?	Yes	No	Statement from the landlord
Economically impacted by COVID-19?	Yes	No	Pay stub dated before and after March 1, 2020 or A notice of current employment status from employer or A claim for Unemployment
Income at or below household thresholds?	Yes	No	Pay Stubs or unemployment claim.

**Additional Family Member Current Income Form**

**Current Income**

Complete a separate sheet for each family member

Family Member Name \_\_\_\_\_

**Sources of family member's income**

Source		Amount per month	
Source		Amount per month	
Source		Amount per month	
Source		Amount per month	

Family Member's Employer

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone, Fax, email \_\_\_\_\_

Your title/position at work \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Hours woked per week \_\_\_\_\_

**I hereby attest that the above information is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Eligibility

- a. Must live within the Marysville city limits;
- b. Are behind in rent;
- c. Have not been delinquent on rent for six months prior to March 1 (Sept 2019-Feb 2020)
- d. Are economically impacted by COVID-19; and
- e. Have a current monthly household income that is below these amounts (60% of Area Median):

\*2019 City of Marysville Median Income Levels at 60%

Household size:	One (1):	\$2,725	Five (5):	\$4,208
	Two (2):	\$3,115	Six (6):	\$4,520
	Three (3):	\$3,505	Seven (7):	\$4,835
	Four (4):	\$3,895	Eight (8):	\$5,145