

MAPA 2020 Landlord Assistance Program Overview

Purpose

This program provides landlords with direct rental assistance due to loss rental income, funds for minor rental rehabilitation projects, or a combination of both. The COVID-19 pandemic greatly increased financial burdens on landlords with many facing rental income losses. This program seeks to help maintain housing affordability by offsetting some income losses and providing funds to improve the quality of available rental housing. MAPA has received \$168,745 to distribute to eligible applicants through the end of 2020.

Eligible Applicants

Private and nonprofit landlords who are U.S. citizens or legal residents, Nebraska residents, and can prove COVID-19 impact are eligible to participate in this program. Rental units must be in Washington, Sarpy, or Cass counties in Nebraska. Tenants that benefit from this Program must be at or below the Nebraska median income, adjusted for household size. Units that are owned by public housing agencies are not eligible. Below are the tenant income limits by household size:

1 Person:	\$60,900	2 Person:	\$69,600
3 Person:	\$78,300	4 Person:	\$87,000
5 Person:	\$93,950	6 Person:	\$100,900
7 Person:	\$107,900	8 Person:	\$114,850

Assistance Types

Landlords can receive a total of \$10,000 in assistance for one unit. The maximum for direct assistance is \$2,500 and the maximum for minor rehabilitation is \$10,000. Landlords can receive both forms of assistance but their total assistance cannot exceed \$10,000. Unless there are additional funds available after December 1, 2020, only one unit is eligible for the program.

Direct Assistance

Landlords can receive direct assistance funds of up to \$2,500 to cover expenses caused by a partial or total loss of rental income in a rental unit. The tenant must have been

unable to pay due to their lives and/or employment having been impacted by COVID-19. Direct assistance can be used to cover missed utility bills and/or to reconnect utilities. Landlords must agree not to evict the unit's tenant for a specified period of time. For example, if rent is \$800 and a landlord receives \$2,500, the tenant cannot be evicted for at least 3 months as the direct assistance covers 3 months of rent.

Minor Rehabilitation

Landlords can receive rehabilitation funds of up to \$10,000 to cover deferred maintenance/health and safety items in a rental unit. Eligible projects include roofing, HVAC, plumbing, and minor electrical work. Ineligible projects include cosmetic items (painting, carpet, non-essential fixes), appliances, etc. The intention is to get the home up to the Habitability Standards and local building codes. Any bids exceeding \$5,000 must obtain three bids from contractors and must accept the lowest responsible option. Project elements can be split up to avoid this requirement (i.e. bidding out a furnace for \$4,000 and electrical for \$2,000 separately).

Timeline

First round applications are due by **October 8, 2020**. There may be further application rounds if funds are available. All projects have to be completed by December 31, 2020.

Multiple Units

Landlords can initially apply for only one unit. If there is extra funding available, applications for an additional 2 units can be submitted after December 1, 2020. All projects will still have to be completed by December 31, 2020.

Application Submittal

In order to apply for funding, landlords must complete the following attached documents and submit all items requested within them:

Attachment 1 - Application for Assistance

Attachment 2 - Landlord Expectations Form

Attachment 3 - Applicant Declarations

Attachment 4 - United States Citizenship Attestation Form

All forms can be returned to Grant Anderson at ganderson@mapacog.org or by physical mail at:

ATTN: Grant Anderson
Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, NE 68102

Review Process

Applications will be first reviewed on a first come first served basis. Incomplete applications will not be reviewed until all deficiencies are resolved.

MAPA Community Development staff will review the applications and conduct an initial inspection of the unit. Once complete, staff will make recommendations on approval to the Executive Director who will then make the final decision.

Once approved, landlords will need to sign the attached Memorandum of Understanding (MOU) as a contract for the funding. This will outline further guidelines and expectations for participation in the program.

Implementation

MAPA staff will inspect the unit prior to assistance being provided. For rehabilitation assistance, at least one other inspection will be conducted at the conclusion of the project to verify project completion. Photos will be taken at each inspection. Landlords are required to submit copies of all bids to MAPA for rehabilitation projects.

Landlords will need to submit invoices to MAPA by the 1st and 15th of the month. MAPA will then issue payments for the invoices once it receives reimbursement for the project from the statewide program. Payments will be approved by the MAPA project case manager, Community Development Manager, Director of Finance, and Executive Director before being sent to landlords.

Questions

Questions may be directed to Steven Stransky, Associate Planner, at sstransky@mapacog.org or to Ryan Ossell, Associate Planner, at rossell@mapacog.org.

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Name on Lease: _____

Address: _____

Phone: _____

City/ZIP: _____

Monthly Payment: \$ _____

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- Tenants must be at or below 100% of the State median income, adjusted for family size may be eligible.

1 person	\$60,900
2 person	\$69,600
3 person	\$78,300
4 person	\$87,000
5 person	\$93,950
6 person	\$100,900
7 person	\$107,900
8 person	\$114,850

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	Documents Required	Applicant's Initials
W-9	✓	
Proof of revenue loss (Tenant / landlord loss or reduces wages)	✓	
Request of needed eligible repairs (photos)	✓	
Proof of Nebraska Residency	✓	
Proof of US Citizenship	✓	
COVID-19 Impact Statement	✓	

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The following information is requested to verify compliance with Federal laws prohibiting discrimination on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way.

Indicate the total number of family members in each of the following categories:

- _____ White
- _____ Black/African American
- _____ Asian
- _____ American Indian or Alaskan Native
- _____ Native Hawaiian or Other Pacific Islander

**ATTACHMENT 2:
LANDLORD EXPECTATIONS
2020 Landlord Assistance Program**

LANDLORD CONTACT INFORMATION

Business Name		Primary Contact	
Street Address		City	State
Primary Telephone Number		Secondary Telephone Number	Email Address
ZIP Code			

LANDLORD EXPECTATIONS

1. The landlord will provide the following to the appropriate Development District: proof of loss of revenue due to COVID-19 (either tenant or landlord's lost/reduced wages); current W-9 form; agree to a Habitability Standard Inspection for the rental unit receiving assistance; submit a cancelled check(s) or outstanding bill(s) for any direct financial assistance received; submit a project invoice for all rehabilitation projects including before and after photos of the work completed; and, for rehabilitation projects exceeding \$5,000, landlord must submit proof that 3 bids were obtained and that the project was awarded to the lowest responsible bid.
2. The landlord will provide housing that is affordable and well maintained over the length of the tenancy.
3. The landlord will communicate orally and/or in writing with the Development District when problems arise with the covered household. Problems may include issues raised during the application process (i.e. incomplete information or failure to meet screening criteria) or during tenancy. Specifically, the landlord commits to notifying the Development District and/or SENAHC in the event of: 1) issues that may lead to a written notice to the tenant, 2) any type of written notice to the tenant, 3) late payment of rent, 4) any other issues or action that may affect the continuation of tenant's tenancy, and 5) awareness of any potential or actual damage to the rental unit. The goal is to communicate with the Development District any issues with the tenant/unit for which the landlord is requesting assistance, and to ensure the tenant remains in the unit unless they sufficiently damage/destroy the unit or compromise their lease in any way.
4. The landlord must agree not to evict the tenant for the period of time that equals the current rental rate and the amount of assistance received, unless there are sufficient grounds to evict. Landlords must also work with the Development District to help guide tenants to resources such as community-based and tenant services that will provide rental education.

PARTICIPATION ACCEPTANCE

Signature

Signature Disclaimer: By entering my name above, I certify that my answers and the information I am providing are true and complete to the best of my knowledge.

**ATTACHMENT 3:
APPLICANT DECLARATIONS**

Declarations

I (We), the undersigned owners of the property listed on this application, hereby make application to participate in the 2020 Landlord Assistance Program and authorize the Metropolitan Area Planning Agency to verify my (our) eligibility for assistance.

I (We) agree to abide by all rules and regulations established for the program, including the right of the Metropolitan Area Planning Agency to inspect the property identified above for the purpose of determining its suitability and condition, as well as to determine the progress of the work being undertaken.

I (We) understand that the receipt of this application by the Metropolitan Area Planning Agency in no way implies approval of the application or acceptance of the application for CARES Act assistance and that approval of the application will depend upon meeting eligibility requirements and the availability of program funds.

I (We) understand that intentionally providing false or misleading information will be grounds for disqualifying me (us) from participation in the program.

I (We) understand that the rental property listed on this application may be included in a database that is a compilation of statewide landlords/rental properties. This database is a tool that seeks to help connect potential tenants with landlords.

Signatures

I (We) hereby further certify that the above information is true and accurate to the best of my (our) knowledge.

Applicant

Date

Co-applicant

Date

Signature Disclaimer: By entering my name above, I certify that my answers and the information I am providing are true and complete to the best of my knowledge.

**ATTACHMENT 4
UNITED STATES CITIZENSHIP ATTESTATION FORM**

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

Applicant

I am a citizen of the United States.

OR

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:

_____, and I agree to provide a copy of my USCIS documentation upon request.

Applicant's Printed Name: _____
(first, middle, last)

Signature: _____

Date: _____

Co-applicant

I am a citizen of the United States.

OR

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:

_____, and I agree to provide a copy of my USCIS documentation upon request.

Co-applicant's Printed Name: _____
(first, middle, last)

Signature: _____

Date: _____

I (we) hereby attest that my (our) response and the information provided on this form and any related application for public benefits are true, complete and accurate and I (we) understand that this information may be used to verify my (our) lawful presence in the United States.

Disclaimer & Signature: By entering my name above, I certify that my answers and the information I am providing are true and complete to the best of my knowledge.