

DEMAP

Required Document – Checklist

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

1. COVID-19 Related Reason for Hardship-MUST BE ONE OF THE FOLLOWING - (CHECK ONE)

<input type="checkbox"/>	LOSS OF EMPLOYMENT occurring after March 1, 2020
<input type="checkbox"/>	UNDEREMPLOYMENT occurring after March 1, 2020
<input type="checkbox"/>	COVID-19 ILLNESS resulting in economic hardship

2. REQUIRED FOR ALL APPLICANTS

- (1) COMPLETED GRANT APPLICATION
- (2) AUTHORIZATION TO RELEASE INFORMATION - SIGNED
- (3) INCOME DOCUMENTATION
- (4) CURRENT MORTGAGE STATEMENT
- (5) PROOF OF COVID-19 MEDICAL EVENT-If Applicable

THE FOLLOWING DOCUMENTATION IS ALSO REQUIRED

<input checked="" type="checkbox"/>	WAGE EARNING (W2) EMPLOYEE	<input checked="" type="checkbox"/>	SELF EMPLOYED
<input type="checkbox"/>	UNEMPLOYMENT verification	<input type="checkbox"/>	YEAR TO DATE PROFIT & LOSS STATEMENT-
<input type="checkbox"/>	or	<input type="checkbox"/>	
<input type="checkbox"/>	DOCUMENTATION FROM EMPLOYER VERIFYING JOB LOSS	<input type="checkbox"/>	MOST RECENT TWO YEARS PERSONAL AND BUSINESS/CORPORATE TAX RETURNS
	Or for underemployed:	<input type="checkbox"/>	COPY OF CURRENT MORTGAGE STATEMENT
<input type="checkbox"/>	DOCUMENTATION FROM EMPLOYER VERIFYING CHANGE IN FULL TIME STATUS TO LESS THAN FULL TIME STATUS		
	and		
<input type="checkbox"/>	LAST 2 PAYSTUBS PRIOR TO INCOME REDUCTION		
<input type="checkbox"/>	FIRST TWO PAYSTUBS SINCE INCOME REDUCTION (FOR UNDER-EMPLOYED BORROWERS)		
	and		
<input type="checkbox"/>	COPY OF CURRENT MORTGAGE STATEMENT		

**Claiming Loss of Income from Medical Emergency Required Documentation
Also, MUST PROVIDE**

<input checked="" type="checkbox"/>	WAGE EARNING (W2) EMPLOYEE	<input checked="" type="checkbox"/>	SELF EMPLOYED
<input type="checkbox"/>	SIGNED STATEMENT FROM ATTENDING PHYSICIAN(S) CONFIRMING THE MEDICAL CASE WAS RELATED TO COVID-19 OF THE BORROWER OR ANY HOUSEHOLD MEMBER	<input type="checkbox"/>	SIGNED STATEMENT FROM ATTENDING PHYSICIAN(S) CONFIRMING THE MEDICAL CASE WAS RELATED TO COVID-19 OF THE BORROWER OR ANY HOUSEHOLD MEMBER

3. Household income during the qualifying impact (layoff, reduction in work hours, etc.) must be below the incomes limits listed below: **(CIRCLE ONE)**

Maximum Household Income Limit	
Kent & Sussex	\$65,520
New Castle	\$77,280

* IF HOUSEHOLD INCOME EXCEEDS MAXIMUM INCOME LIMITS, APPLICANT IS NOT ELIGIBLE FOR PROGRAM.

4. **Maximum Mortgage Payment Assistance Amount**

\$5,000.00 Per Household

5. **Verification of Reduction of Income**

1. Prior to Event Annual Household Income	
3. Current Annual Household Income	
If Current Household income exceeds line #1, NOT Eligible	

Completed by: _____
COUNSELOR NAME AND AGENCY Date

Counselor Contact: () _____
Phone Number E-mail Address

Reviewed by: _____
(DSHA Use Only) Date