



City of San Benito CDBG-CV
Coronavirus Aid, Relief and Economic Security Act
Hardship Assistance Program

Mortgage Assistance Form

_____, the undersigned, am requesting Mortgage Assistance in the amount of \$_____ per month for _____ month(s) for a total amount of \$_____. This amount will be applied towards my mortgage with _____ (Lender) and my loan No. is _____. The legal description of my property is _____ and my address is _____. Mortgagee pays \$_____ monthly to mortgage / financial institution. The amount of the Mortgage Assistance provided will cover the mortgage for the following time period _____. By signing the form below, I am acknowledging that I have not received a mortgage forbearance from my lender or suspension of mortgage payments.

Mortgage/Financial Institution

Company: _____
Phone number: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

****Notice to applicant – Please provide copy of W9 from mortgage company or financial institution.**

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Date

Date