Self-Help Enterprises COVID-19 Utility Assistance Application

Instructions and Checklist

Completed applications should be submitted to: covidrelief@selfhelpenterprises.org

Or fax to ATTN: COVID RELIEF (559) 651-3634 FAX

Subject line should include your first and last name and the city you reside in
"Example – John Smith, Visalia COVID Assistance

SHE will reply within 3 days to confirm receiving an emailed application.
SHE will contact you via phone within 3 days after application was received.

Applicants: Must be able to prove a verifiable COVID-19 hardship – see page 2 of application, all other hardships are ineligible. Applicants must be income eligible.

- *This program is for only applicants facing verifiable COVID-19 related hardships.*

***Available Assistance** for qualifying applicants includes help to cover the costs of utilities. This program can assist with up to three (3) Consecutive months of utilities but is limited to $1,000 per household.*

All Applications when submitted must include:

- **Completed** application forms signed by all adults in the household (18 or older)
  - Application
  - Self-Certification of Income
  - Duplication of Benefits Affidavit
- Copies of photo IDs for all adults in the household (18 or older)
- Proof of income for all household members including minors, if applicable.
  - Acceptable Proof of Income includes Last 30 days of Income from Paystubs, unemployment benefit statement(s), benefit statements, current pay stubs for all adults *and* minors.

For Utility Assistance, you must include: **(eligible utilities include electricity, gas, water, sewer, trash, and broadband)**

- **Current** utility bill(s)

Applications when submitted MUST be complete, this includes ALL required documentation. Incomplete applications will result in processing delays.

Payments are sent directly to the utility company.

Please e-mail covidrelief@selfhelpenterprises.org or call (559) 802-1600 if you have questions regarding supporting documents, the application, or what is considered a verifiable COVID-19 hardship.

Utility Assistance Application

Date:_____

Applicant Name:_____ Phone:_____

Alternate Phone:_____ Email:_____

Complete Address: _____

Mailing Address (*if different*): _____

Do you receive Section 8 Assistance? Yes ☐ No ☐

HOUSEHOLD MEMBERS: (*Reside in the home*):

	Applicant's Name	**Other Household Member #1**	**Other Household Member #2**	**Other Household Member #3**	**Other Household Member #4**	**Other Household Member #5**
Name *(First, Last)*						
Date of Birth						
Age						
Gender						
Education *(Highest level)*						
Health Insurance?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

OTHER BENEFITS:

Type	**Benefit Amount**		**Type**	**Benefit Amount**
Ex: CalFresh (food stamps)	*$250.00*			

A. Total Household Benefits: $_____

CURRENT HOUSEHOLD MONTHLY INCOME:

Household Member's Name	**Type of Income (Job, unemployment, other benefits)**	**Total of last payment BEFORE TAXES**	**Pay schedule (weekly, monthly, every other week, twice monthly)**
EXAMPLE	*Employment*	*$2,000*	*Twice a month*

Total Household Income (Monthly) $_____ x 12 months = B. Total Household Annual Income $_____

Utilities			
Utility:	Company & Account Number:	Amount due:	Amount requested:
Electricity			1.
Gas			2.
Water			3.
City utilities (trash, sewer, and water for some cities)			4.

C. TOTAL AMOUNT REQUESTED (1+2+3+4): _____

Please note that maximum per household is $1,000, please indicated which expenses are your priorities and/or how to distribute funds

HARDSHIP:
Please briefly explain the hardship your household is experiencing **as it relates to COVID-19** (Example: if you were laid off because of COVID-19, if your hours were reduced, etc.)
Please include WHEN the hardship began, HOW it has impacted your household, and WHY you cannot pay the expenses requested in this application.

APPLICATION CERTIFICATION: **(if more than 3 signatures are needed, use space below)**
SHE Applicability: it is necessary to obtain, retain, and provide, if requested, personal information for clients served with program funding. I certify that my household is presently experiencing an economic hardship and is need of assistance. SHE has my authorization to examine all employment, income, mortgage, and other records pertinent to my application for program funding and to make a direct payment on my behalf. My signature certifies that the information on this application is true and correct to the best of my knowledge.

Applicant Signature:_____ __Date: _____

Co-Applicant Signature:_____ Date: _____

Co-Applicant Signature:_____ Date: _____

SELF-CERTIFICATION of Income *for*

☐ City of / ☐ Town of / ☐ County of _____ **CDBG Funded Activity**

Name of Public Service: CDBG-CV1 COVID-19 Subsistence Payment Program

Page 1 to be filled out by Participant

Part I: Confidential Participant / Beneficiary HUD Demographic Information

(This section is voluntary.)

Ethnicity (Select One)	☐ **Not Hispanic**	☐ **Hispanic**
Race (Select One)		
☐ White	☐ Am. Indian/Alaskan Nat. & White	
☐ Black/African American	☐ Asian & White	
☐ Asian	☐ Black/African American & White	
☐ American Indian/Alaskan Native	☐ Am. Indian/Alaskan & Black/African	
☐ Nat. Hawaiian/Other Pacific Isl.	☐ Other Multi-Racial	
Other Demographic Data (Select all that Applies)		
☐ Female Head of Household ☐ Participant is Disabled ☐ Veteran ☐ Senior Citizen	☐ Single / Non Elderly ☐ Related/Single Parent ☐ Related/Two Parent ☐ Other (_____)	

Part II: Confidential Participant / Beneficiary Income Certification

(Must be completed and signed prior to providing public service.)

My total family size consists of _____ members, and the total gross annual income* for all adult members is $_____. (enter amount from Item B on page 1)

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state or federal personnel as part of compliance monitoring.

Participant / Beneficiary Information:

Signature:_____ **Date:**_____

Name (print): _____

Physical Home Address: _____,**(City)**_____

HCD Revised: August, 2015

Duplication of Benefits Affidavit ("Affidavit")

I/We, _____ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving to help us respond to the coronavirus by providing us with assistance with rent, mortgage, or utility payments **("Type of Assistance")** for the purpose of avoiding foreclosure, eviction, or disconnection of utility services **("Need")** in the amount of _____ (**"Amount of Assistance or Total Need" identified as item C. on page 2)** from Self-Help Enterprises **("Organization")** through a program administered by the City of _____ funding from the U.S. Department of Housing and Urban Development (the "Program").
2. I/We believe the **Amount of Assistance/Total Need** is _____
3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below ("Duplicative Assistance"):

(a) Any item listed on page 1 under item A should be listed here if it is for utilities

Source of Funds #1	
Purpose	
Amount	

(b)

Source of Funds #2	
Purpose	
Amount	

(c)

Source of Funds #3	
Purpose	
Amount	

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c))) $_____.
5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.
6. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–2 254; 132 Stat. 3442). prohibits federal agencies from providing assistance to any person for "any part of such loss" as to which he has received financial assistance under any other program or from insurance or any other source (such as, FEMA, SBA, the Red Cross, the City, business owner's Insurance, etc.).
7. I/We understand that the amount of assistance received by I/We from Self-Help Enterprises must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from

other sources (such as, FEMA, SBA, the Red Cross, the City homeowner's insurance, etc.) for the same purpose.

8. Therefore, I/We understand that if I/We receive assistance from a source other than Self-Help Enterprises (such as, FEMA, SBA, the Red Cross, the City, homeowner's insurance, etc.) for the Need for the same purpose, I/We must repay the assistance received from Self-Help Enterprises.

9. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by Me/Us from [*Insert Subrecipient Name*], payment of fines and/or imprisonment may be required in the event that I/We provide false, incomplete or misleading information in this Affidavit or during the rest of this process. **By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.**

Participant _____

Signature of Participant _____ Date _____

Participant _____

Signature of Participant _____ Date _____