

CITY OF FORT BRAGG

**Community Development Block Grant Program (CDBG) COVID-19 Utility
Subsistence Payment - Application and Verification Form**

Up to \$500.00 total is available to qualifying families impacted by COVID-19 for emergency subsistence payments. To request assistance, you must meet the program requirements, submit required documentation, and certify this form. Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

Please print:

Name(s)				
Residential Address		Phone		
Email		Total Amount Requested	\$	
Make payment on my behalf to:				
Name		Phone or Email		
Address/Account#				
Proposed Use of Funds	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> PG&E <input type="checkbox"/> Propane <input type="checkbox"/> Other:			
Month(s) to Cover		Amount	\$	
Name		Phone or Email		
Address/Account#				
Proposed Use of Funds	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> PG&E <input type="checkbox"/> Propane <input type="checkbox"/> Other:			
Month(s) to Cover		Amount	\$	
		Data	YES	NO
<i>DUPLICATION OF BENEFIT</i> – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above? (If yes, please complete supplementary income form attached)			<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> – Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If YES , Provide details: _____			EST. % loss of revenue from one year previous: _____%	<input type="checkbox"/>

<i>SUBSISTENCE/EMERGENCY STATUS</i> – Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment need?	Number of months unable to pay: _____	<input type="checkbox"/>	<input type="checkbox"/>
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LMI Household Income Qualification Questions							
Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household. Consult the program if unsure.							
Total Household Income anticipated during the next 12 months							
Name List <u>all</u> household members, including yourself.	Age	Check if Applicable			Annual Gross (Pre-Tax) Income	Source of Income	
		Head of Household	Co-Head of Household	Full-Tm Student 18 Yrs. or Older			
					\$		
					\$		
					\$		
					\$		
					\$		
<i>Add rows as applicable</i>					\$		
Total Anticipated Annual Household Income:					\$		
CIRCLE the <u>number</u> of household members, including yourself:							
1	2	3	4	5	6	7	8+
\$40,500	\$46,300	\$52,100	\$57,850	\$62,500	\$67,150	\$71,750	\$76,400
Is your anticipated total household income LOWER or HIGHER than the \$ amount listed directly below the number of people circled above? If LOWER , attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements).						LOWER	HIGHER
						<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity (select one)			<input type="checkbox"/> Not Hispanic			<input type="checkbox"/> Hispanic	
Race (select one)							
White			<input type="checkbox"/>	Asian			<input type="checkbox"/>
Black or African American			<input type="checkbox"/>	Native Hawaiian or Pacific Islander			<input type="checkbox"/>
American Indian or Alaskan Native			<input type="checkbox"/>	Other or Multi-Racial			<input type="checkbox"/>

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 prevent, prepare for, or respond to the coronavirus by providing us with utility subsistence payments (“Need”) in the amount of _____ (“Amount of Assistance or Total Need”) from the City of Fort Bragg (“Organization”) through a program administered by the City of Fort Bragg with funding from the U.S. Department of Housing and Urban Development (the “Program”).
2. The Organization and 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) Source of Funds #1

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

(b) Source of Funds #2

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

Duplication of Benefits Affidavit (“Affidavit”)

(c) Source of Funds #3

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

(d) Source of Funds #4

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

(e) Source of Funds #5

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c) + 3(d) + 3(e))) \$ _____.
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.).

Duplication of Benefits Affidavit (“Affidavit”)

- 7. I/We understand that the amount of assistance received by I/We from the City of Fort Bragg 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 City of Fort Bragg (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 City of Fort Bragg.
- 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 City of Fort Bragg, 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 _____