



APPLICANT INTAKE FORM

Applicant:	
Address:	
Telephone:	Email:

- Please submit proof of residency. Submit a copy of current residential lease, or rental agreement, or property tax bill that identifies Azusa address.

Utility Company Name 1:			
Account Number:	Monthly Utility Payment:	Monthly Due Date:	Months Past Due:
Address:	City:	Zip Code:	Telephone Number:

Utility Company Name 2:			
Account Number:	Monthly Utility Payment:	Monthly Due Date:	Months Past Due:
Address:	City:	Zip Code:	Telephone Number:

Utility Company Name 3:			
Account Number:	Monthly Utility Payment:	Monthly Due Date:	Months Past Due:
Address:	City:	Zip Code:	Telephone Number:

- Please submit up to three (3) months of utility invoices due or in arrears of which the total amount due does not exceed \$900 from: Azusa Light & Water Department; and/or Southern California Edison; and/or Southern California Gas Company.



DOCUMENTING ECONOMIC IMPACT DURING COVID-19 PANDEMIC PERIOD - MARCH 27, 2020 TO PRESENT

Please check if any or all of the following apply and submit documentation verifying impact of COVID-19:

- Workplace closure or reduced hours resulting FROM employer economic impacts of COVID-19:
 - o Household member(s) notification of job loss/termination from employer
 - o Household member(s) notification of furlough from employer
 - o Household member(s) notification confirming reduction in hours and/or pay
 - o Household member(s) application or approval for Unemployment Insurance benefits
 - o A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period

- Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19.

Please describe:

- Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the tenant or a member of the tenant's household who is ill with COVID-19.

Please describe:

- Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency.

Please describe:

- Reasonable expenditures stemming from government ordered emergency measures.

Please describe:

- Any additional factors relevant to the tenant's reduction in income as a result of the COVID-19 emergency.

Please describe:

I declare under penalty of perjury, under the laws of the State of California, that all of the information provided in this document or application made by me in connection with my application for the CDBG-CV Emergency Utility Assistance Program is true and correct to the best of my knowledge, information and belief.

Applicant Signature: _____

Date: _____



INCOME DOCUMENTATION CALCULATION WORKSHEET

Source of Income	Gross Monthly Income in Dollars	Documentation
Salary	\$	<ul style="list-style-type: none"> • Copies of last 3 paychecks (not older than 6 months); or • Federal or State income tax returns or W-2 forms (not older than one year); or • Employment and salary documentation form.
Self-Employed Profits	\$	<ul style="list-style-type: none"> • Copy of IRS Form 1040/1040A (tax return) for the last year; or • Notarized affidavit stating prior year's estimated annual income.
Social Security (SS)	\$	<i>The following must not be older than six (6) months unless noted:</i>
Supplemental Security Income (SSI)	\$	<ul style="list-style-type: none"> • Copy of applicant's monthly award check; or
Social Security Disability (SSD)	\$	<ul style="list-style-type: none"> • Copy of applicant's benefit verification letter (<i>applicant can request from local Social Security office</i>); or • Form SSA-2458 (<i>applicant can request from local Social Security office</i>); or • Form SSA-1099 (<i>yearly benefit statement that may not be older than one (1) year</i>); or • Written certification from awarding agency verifying monthly benefits; or • Copy of bank statement showing direct deposit of applicant's award check.
California Work Opportunity and Responsibility for Kids (CalWORKs)	\$	<ul style="list-style-type: none"> • Award letter stating the amount of applicant's benefit; or
Temporary Assistance for Needy Families (TANF)	\$	<ul style="list-style-type: none"> • Copy of applicant's most recent bi-monthly award check(s); or • Written statement from Caseworker stating the applicant's benefit amount; or • Written certification from awarding agency verifying monthly benefits.



Pension	\$	<ul style="list-style-type: none"> • Copy of applicant's most recent pension check/payment stubs; or • Copy of pension award letter showing monthly benefits; or • Bank statement showing direct deposit of applicant's award check.
Alimony	\$	<ul style="list-style-type: none"> • Copy of applicant's weekly or monthly check; or • Court decree establishing payments, (divorce papers); or • Notarized affidavit of child support certifying amount received.
Child Support	\$	
Unemployment Insurance	\$	<ul style="list-style-type: none"> • Copy of award notice stating applicant's benefit; or • Payment booklet; or • Unemployment notarized affidavit signed by applicant.
Interest from Bank Accounts and Cash Funds	\$	<ul style="list-style-type: none"> • Letter from bank manager stating interest earned; or • Bank statements showing last twelve (12) months of interest; or • Most recent Federal income tax return showing interest earned; or • Investment statements indicating the amount of dividends earned.
Utility Property Income	\$	<p><i>At least two (2) from the following:</i></p> <ul style="list-style-type: none"> • Copy of property utility agreement signed by current tenant showing monthly rent; or • Copy of recent rent check; or • Copy of applicant's income tax return declaring earned utility income (not older than one year); or • Rent receipt book.
Other Income not shown above- List Sources	\$	<ul style="list-style-type: none"> • Attach documentation to support declaration.

Please provide the required documentation documenting gross monthly income.

AGENCY STAFF USE ONLY BELOW:		
Total Gross Monthly Income:	\$	Comments:
Total Gross Annual Income:	\$	Comments:
Income Qualified?:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Comments:



INDIVIDUAL ANNUAL INCOME SELF-CERTIFICATION

INSTRUCTIONS: Please Complete, Sign, and Submit An Individual Annual Income Self-Certification Form For **EACH HOUSEHOLD MEMBER AGE 18 OR OLDER**. The Household Member must then sign this statement to certify that the information is complete and accurate.

Household Member (Print Name): _____

Source of Income	Annual Income in Dollars
Salary	\$
Self-Employed Profits	\$
Social Security (SS)	\$
Supplemental Security Income (SSI)	\$
Social Security Disability (SSD)	\$
California Work Opportunity and Responsibility for Kids (CalWORKs)	\$
Temporary Assistance for Needy Families (TANF)	\$
Pension	\$
Alimony	\$
Child Support	\$
Unemployment Insurance	\$
Interest from Bank Accounts and Cash Funds	\$
Utility Property Income	\$
Other Income Not Shown Above Sources:	\$
Total Gross Annual Income:	\$

Check here if you are a **HOUSEHOLD MEMBER AGE 18 OR OLDER** with no income. Certify by signing below.

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Azusa Emergency Utility Assistance Program Administrator.

Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by LACDA and/or HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



HOUSEHOLD INCOME SELF-CERTIFICATION FORM

INSTRUCTIONS: This is a written statement documenting the Annual Income, the number of beneficiary members in the family or household and relevant characteristics of each member for the purposes of income determination.

To complete this statement, fill in the blank fields below using information from the **Individual Annual Income Self-Certification Form** completed and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER. The applicant Head of Household(s) must then sign this statement to certify that the information is complete and accurate and that source documentation will be provided upon request.

Applicant:		
Address:	City:	
Telephone:	State:	Zip Code:

Household Member Income Information

Name:	Total Annual Income:	Relationship to Applicant:	Age:

TOTAL ANNUAL GROSS INCOME (total of all members) = \$ _____

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Azusa Emergency Utility Assistance Program Administrator.

APPLICANT/HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by LACDA and/or HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



PROGRAM PARTICIPATION-PAYMENT ACCEPTANCE AGREEMENT

Applicant:
Address:

SECTION I - The APPLICANT must complete this Section.

I, _____ [NAME OF APPLICANT] Agree to participate in the City of Azusa CDBG-CV Emergency Utility Assistance Program.

Applicant's Utility Payments are due on:		
Utility Company 1:		of each month.
Utility Company 2:		of each month.
Utility Company 3:		of each month.
Property Address:		
City:	State:	Zip Code:
Mailing Address (if different from Property Address):		
City:	State:	Zip Code:

APPLICANT CERTIFICATION

I, [APPLICANT NAME] _____ UNDERSTAND AND CERTIFY THAT: In no case will a utility payment be paid for a month that I do not reside within the eligible Azusa property. If a direct utility payment is requested for a month that I did not reside at the Azusa property, located at [ADDRESS], _____, Azusa, CA, the amount shall be deemed ineligible and any payments issued must be returned to the City of Azusa, Department of Finance, 213 E. Foothill Blvd., Azusa, CA 91702.

Utility assistance is limited and the duration of assistance is stated in Section 1 of this agreement. The City of Azusa will make every effort to make utility assistance payments as evidenced by the utility bills submitted by the Applicant. Assistance may be terminated if the Applicant is determined to be no longer eligible, was never eligible, has not been fully engaged in the program, and/or has not been fully compliant with program requirements as determined by the City of Azusa. Examples of non-compliance include failure to report vacating the Azusa residence, non-responsiveness to City inquiries, and/or failure to disclose all income to qualify applicant for the Emergency Utility Assistance Program.

The Applicant certifies under penalty of perjury, under the laws of the State of California, that he/she did not receive, and will not receive, other federal or non-federal benefits or assistance for the same uses allowed



under the Azusa Emergency Utility Assistance Program for the period of time between March 27, 2020 and the date of signature on this application form.

The Applicant declares under penalty of perjury, under the laws of the State of California, that all of the information provided in any statement, document or application made in connection with this application for the Azusa Emergency Utility Assistance Program is true and correct to the best of his/her knowledge, information and belief.

APPLICANT MUST SIGN AND DATE

Applicant Name (please print):	
Applicant Signature:	
Telephone:	Email:
Date:	



NON-DUPLICATION CERTIFICATION

IMPORTANT—READ BEFORE SIGNING

Duplication of Benefits Certification: I/We certify under penalty of perjury, under the laws of the State of California, that I/we are not able to receive, and have not received, other federal or non-federal benefits or assistance for utility assistance for the period of time between March 16, 2020 and the date of last signature on this application form. Applicant further certifies that they will not pursue other federal or non-federal benefits for the same uses of this grant program for utility costs for the period of March 16, 2020 until the final assistance payment made by City under the CDBG-CV Emergency Utility Assistance Program.

I/We declare under penalty of perjury, under the laws of the State of California, that all of the information provided in any statement, document or application made by me/us in connection with my/our application for the CDBG-CV Emergency Utility Assistance Program is true and correct to the best of my/our knowledge, information and belief.

I/We acknowledge that a material misstatement or omission made by me/us in any statement, document or application by me/us in connection with my/our application for the CDBG-CV Emergency Utility Assistance Program will be grounds (at the discretion of the City) for immediate revocation by the City of the assistance made to me/us in conjunction with the CDBG-CV Emergency Utility Assistance Program and will result in the immediate demand for repayment of all amounts disbursed by City for utilities on my/our behalf.

In addition, I/we hereby acknowledge and understand that any false pretense, including any false statement or representation; or the fraudulent use of any instrument, facility, article, or other valuable item or service pursuant to my/our participation in any program administered by the City, may be subject to both civil and criminal prosecution and immediate disqualification from the City's CDBG-CV Emergency Utility Assistance Program.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

I/We certify that I/we have read and understood the provisions in this document and that I/we wish to proceed with the application for the City's CDBG-CV Emergency Utility Assistance Program.

Applicant/Head of Household Signature:	Date:
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**INFORMATION FOR GOVERNMENT REPORTING
 (STATISTICAL INFORMATION)**

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form is **OPTIONAL** and **WILL NOT** be used to evaluate your application for participation in the AZUSA CDBG-CV EMERGENCY UTILITY ASSISTANCE PROGRAM.

APPLICANT	CO-APPLICANT
PLEASE MARK ONE :	PLEASE MARK ONE :
<input type="checkbox"/> WHITE	<input type="checkbox"/> WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN	<input type="checkbox"/> BLACK / AFRICAN AMERICAN
<input type="checkbox"/> ASIAN	<input type="checkbox"/> ASIAN
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE
<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER	<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE
<input type="checkbox"/> ASIAN & WHITE	<input type="checkbox"/> ASIAN & WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE	<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____
HEAD OF HOUSEHOLD:	HEAD OF HOUSEHOLD:
<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO
<input type="checkbox"/> MALE	<input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE	<input type="checkbox"/> FEMALE