

City of Maywood COVID-19 Emergency Owner Occupied Utility Assistance PROGRAM GUIDELINES

The COVID-19 Emergency Owner Occupied Utility Assistance program provides emergency utility assistance grants to income-eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay.

Emergency Owner Occupied Utility Assistance grants are payments made on behalf of an income-eligible household, up to \$1,500 for a period of 3 month to reduce and/or to prevent utility payment delinquency in arrears as a result of the economic downturn during the COVID-19 pandemic. Applicants will be selected lottery style and there will be 1 round of the Emergency Owner Occupied Utility Assistance. Application will **NOT** be processed without proper documentation, please attach all supporting documents.

The City of Maywood has partnered with Hub Cities Career Center (HCCC) to assist Maywood residents that were affected by COVID-19. Please note: HCCC will only serve as the processing entity to assist in reviewing applicant's application and required information/ documents. Applicant household's eligibility for emergency owner occupied utility assistance will be determined upon submission of a completed application with **ALL** required information and documents as requested by the City of Maywood under the guidelines of the Federal Community Development Block Grant (CDBG) and in compliance with the requirements of the Los Angeles County Development Authority (LACDA). The City of Maywood reviews and approves all Emergency Owner Occupied Utility Program applications.

COVID-19-ERA ELIGIBILITY

Eligible households must meet all the following criteria:

- 1) Owner residing in single-family and/ or multi-unit homes located in City of Maywood.
- 2) Annual household income does not exceed the U.S. Department of Housing and Urban Development (HUD) established "Moderate-Income" limits. Household income eligibility is based on the following two (2) factors:
 - a. The total number of persons residing in the household; and
 - b. The total amount of the annual household income.
- 3) Economically impacted during the COVID-19 pandemic period beginning March 27, 2020- to present.
- 4) Copy of Grant Deed as Proof of Ownership
- 5) Utility bill showing current or delinquency/past due

USE OF COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FUNDS & CARES Act Funds

CDBG funds will be used for emergency utility payments on behalf of income-eligible households economically impacted by the COVID-19 pandemic. The utility payments will be provided up to a maximum of three (3) months if using CDBG funds. CDBG funds are also used for program administration such as direct personnel and non-personnel costs and indirect costs.

OWNER OCCUPIED UTILITY ASSISTANCE

Utility bills includes:

- a. Month Utility Arrears Payment made on behalf of owner to gas, water, electric or internet company up to \$1,500 per month.

APPLICANT INTAKE AND ASSESSMENT PROCESS

- 1) Applicant intake forms will be reviewed on a lottery basis. Lottery will be held at the conclusion of the application in-take period.
- 2) Applicant household's eligibility for Emergency Owner Occupied Utility Assistance will be determined upon submission of a completed application with all required information and documents. Program staff will review application information and provide an eligibility determination. All applicant household's information and supporting documentation will be recorded accurately in an applicant file to demonstrate eligibility/ineligibility for this program.
- 3) A denied applicant file shall contain all submitted information and documentation, as well as the reason for denial (ex: over income limits, incomplete information, reside outside service area).
- 4) An approved applicant file shall contain all submitted information and documentation necessary to meet all required eligibility criteria and contain completed forms, documentation, and necessary information for all members of an applicant household such as the following:

Residency in Eligible Area

An applicant household must own and reside in a property located in the City of Maywood.

Definition of a Household and Income of Household Members

A **Household** is defined as all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related persons who share living arrangements. Therefore, household member information must include, at a minimum, the following:

- 1) Full names and ages of all family members as well as any unrelated persons living in the residence; and
- 2) Signature of the primary applicant(s), certifying that the information provided related to the annual household income and members is correct.

Annual income is defined as the total gross amount of income received from all sources by adult individuals of the household. Additional information on household income is provided in TYPES OF HOUSEHOLD INCOME section below.

To determine program eligibility, all sources of annual income for each household member over the age of 18 and the exact amounts earned from each income source must be accurately documented. The primary applicant(s) are also required to certify by signature that the information provided regarding household members is correct.

Eligible households must be below the “Moderate Income” limits for confirmed household size.

Emergency Owner Occupied Utility Assistance Household Income Limits

Number of Persons	Extremely Low-Income	Low-Income	Moderate-Income
1	\$23,700	\$39,450	\$63,100
2	\$27,050	\$45,050	\$72,100
3	\$30,450	\$50,700	\$81,100
4	\$33,800	\$56,300	\$90,100
5	\$36,550	\$60,850	\$97,350
6	\$39,250	\$65,350	\$104,550
7	\$41,950	\$69,850	\$111,750
8	\$44,650	\$74,350	\$118,950

Documenting Economic Impact during COVID-19 pandemic period

Applicant households must submit documentation confirming negative economic impact during the COVID-19 pandemic period. The Applicant Intake Form (Page 10) can be used to indicate acceptable documentation sources including:

1. Workplace closure or reduced hours due to COVID-19, including lay-off, termination, loss of working hours, income reduction resulting from business closure or other employer economic impacts of COVID-19:
 - A copy of household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 27, 2020 to present); or
 - A copy of household member(s) notification of furlough from employer during the eligible pandemic period (March 27, 2020 to present); or
 - A copy of household member(s) notification confirming reduction in hours and/or pay during the eligible pandemic period (March 27, 2020 to present); or
 - A copy of household member(s) application during the eligible pandemic period (March 27, 2020 to present) and/or approval for Unemployment Insurance benefits; or

- 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 March 27, 2020 to present (Exhibit A).
2. Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19;
 3. Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the applicant or a member of the applicant's household who is ill with COVID-19;
 4. Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency;
 5. Reasonable expenditures stemming from government ordered emergency measures;
 6. Any additional factors relevant to the applicant's reduction in income as a result of the COVID-19 emergency.

PROVIDING EMERGENCY OWNER OCCUPIED UTILITY ASSISTANCE

Emergency Owner Occupied Utility Assistance will be provided for monthly utility payments and/or arrearages. Program administrators shall determine the duration and amount of Emergency Owner Occupied Utility Assistance provided to eligible households based on application information, and amount in arrears. This duration and assistance amount will be designed to ensure households are provided with the maximum benefit possible under program limits.

Emergency Owner Occupied Utility Assistance will not be paid directly to households. Financial assistance is paid directly to the utility company by the City of Maywood.

Emergency Owner Occupied Utility Assistance shall be paid by the date specified on the current bill and/or at the earliest date and program staff will verify proper on-time partial or full payment has been made. The Emergency Owner Occupied Utility Assistance program will log all payments made on behalf of eligible households.

Confirming Ownership Agreement

An applicant household must submit a copy of the Grant Deed as proof of ownership.

TYPES OF HOUSEHOLD INCOME

The following is a list of the types of household income most commonly encountered, as well as the kinds of documentation required for verification. This is not intended to provide an exhaustive list of possible income sources, but only those sources most commonly encountered. However, all applicant income sources must be clearly identified and documented. The Agency ***Income Documentation Worksheet*** is provided (Pages 11-12 below) as reference and may be adopted to assist in calculating annual household income. If it is not possible for the household to provide this information, the ***COVID-19 Emergency Owner Occupied Utility Assistance Household Income Self-Certification Form and Individual Annual Income Self-Certification forms*** (Pages 13-14 below) may be used to document annual income.

- A. **Salary Income:** The documentation of salary income must be obtained from at least **one (1) source**. The documentation may not be older than six (6) months, except for Federal and State income tax returns which may not be older than one (1) year. The documentation must be properly labeled and compiled in the applicant's case file in a readable format. Acceptable sources of income documentation include the following: Federal or State income tax returns or W2 forms; or

Copies of the applicant's three (3) most recent paycheck stubs, establishing the applicant's monthly income; or

- B. **Self-Employment:** Any income from an adult household member who is self-employed must be documented and verified from at least **one (1)** of the following sources:

A copy of IRS Form 1040/1040A (tax return), if filed with the IRS for the last year; or

A notarized affidavit signed by the applicant that includes the name of the household member who is self-employed, the name of the business, and the prior year's estimated annual income.

- C. **Social Security/Supplementary Security Income/ Social Security Disability:** Income from Federal or State retirement programs and disability must be verified from at least **one (1) source** that may not be older than six (6) months, unless noted below. Acceptable documentation sources include:

A copy of the applicant's monthly award check; or

A copy of a benefit verification letter (also referred to as an "award letter" or "income letter" and can be requested from local Social Security office by applicant); or

Copy of a bank statement showing direct deposits of applicant's award check; or

Copy of Social Security Form SSA-2458 which verifies benefits (can be requested from local Social Security office by applicant); or

Copy of Social Security form SSA-1099 (tax form mailed each year stating total amount of benefits received from the previous year.) May not be older than one (1) year.

Written certification from the awarding agency verifying the applicant's eligibility and the amount of the monthly benefits.

- D. **Welfare/General Relief:** Income from social aid programs [e.g., California Work Opportunity and Responsibility for Kids (CalWORKs), Temporary Assistance for Needy Families (TANF)] must be verified from at least **one (1)** of the following sources:

Copies of the applicant's most recent bi-monthly award checks.

Copy of most recent *Notice of Action* or award letter stating the amount of applicant's benefit; or

Written statement from caseworker stating the applicant's benefit amount; or

Written certification from the awarding agency verifying the applicant's eligibility and the amount of the monthly benefits.

- E. **Pension Income:** Pension Income must be verified from at least **one (1)** of the following sources:

A copy of the pension award letter; or

Copies of the applicant's three (3) most recent payment stubs verifying benefit amount; or

A copy of the applicant's bank statement demonstrating that the award check was directly deposited into the applicant's account.

- F. **Personal Interest:** Personal interest from savings accounts or dividends from financial investments must be identified and documented as earned income. Adequate verification may include:

Federal income tax return; or

Copies of bank statements; or

All pages of investment statements indicating the amount of dividends earned.

- G. **Alimony/Child Support:** Income received from alimony and/or child support payments must be documented and verified from at least **one (1)** of the following sources:

A copy of applicant's weekly or monthly check; or

A copy of a separation or settlement agreement or a divorce decree from a court establishing payments; or

A notarized affidavit, signed by the applicant, certifying to the amount of child support received.

- H. **In-Home Supportive Services:** Income earned by a caregiver/caretaker providing in-home supportive services for a different household must be documented through copies of **the three (3)** most recent paycheck stubs, to establish the monthly income.

- I. **Rental Income**: Income received from rental property must be documented as earned income and must be verified from at least two (2) of the following sources:

A copy of the property rental agreement signed by current applicant stating monthly rent; A copy of recent rent check; and/or

A copy of the applicant's income tax return declaring earned rental income. May not be older than one (1) year.

Rent receipt book.

- J. **No Income**: Should an adult member of the household (18 years and older) have no income to report, documentation to be submitted may include:

A self-certification (Page 14) signed by the household member declaring he/she does not earn income that can be contributed to the household.

The calculation of annual income **shall not include** the following:

Income from Children, which is income from the employment of children (including foster children) under the age of 18 years.

- A. **Payments Received for the Care of Foster Children**, including foster adults (usually persons with disabilities, unrelated to the family, who are unable to live alone).
- B. **Lump-Sum Payments**, including additions to family assets, such as inheritances, insurance payments (e.g., health and accident insurance, and worker's compensation), capital gains and settlement for personal or property losses [except as provided].
- C. **Reimbursement for Medical Costs**, including all payments received by the family that are specifically for, or in reimbursement of, medical expenses for any family member.
- D. **Live-in Aide**, including the income of a live-in aide employed because of a medical condition or disability of a family member. A live-in aide is determined to be essential to the care and well-being of the person, not obligated for the support of the person, and would not be living in the unit except to provide the necessary supportive services.
- E. **Education Assistance**, including the full amount of educational scholarships paid directly to the student or to the educational institution, and Government funds paid to a veteran for tuition fees, books, equipment, materials, supplies, transportation and miscellaneous personal expenses of the student. Any amount of such scholarship or payment to a veteran not used for the above purposes that is available for subsistence is to be included in income.
- F. **Armed Forces (Special Pay)**, specifically special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
- G. **Government Programs**, including the following:

Amounts received under training programs funded by HUD and earnings and benefits

from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government.)

Amounts received by a disabled person that are disregarded for a limited time for purposes of Supplemental Security Income (SSI) eligibility and benefits, because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).

Amounts received by a participant in other publicly-assisted programs, which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and made solely to allow participation in a specific program.

Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the U.S. Housing Act of 1937.

Amounts paid by a State agency to a family with a member who has developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member living at home.

- H. **Temporary Income**, considered temporary, nonrecurring or sporadic in nature (including gifts).
- I. **Income of Full-Time Students**, earnings in excess of \$480 for each full-time student 18 years old or older attending school or vocational training (excluding the head of household and spouse).
- J. **Property Tax Refunds**, including amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling of the unit.
- K. **Adoption Assistance Payments**, in excess of \$480 per adopted child.

RECORD RETENTION, PROGRAM REPORTING, AND MONITORING

The City, as the operating agency for the Emergency Owner Occupied Utility Assistance program shall maintain applicant files, and all program administration (programmatic and financial) records, written and digital, for no less than a period of 5 years from the end of the program in accordance with Los Angeles County Auditor-Controller Handbook 3.1.

The City's intake consultant, HUB Cities Career Center shall report, approved and assisted households, and their corresponding assistance information to the City at the conclusion of their application review.

Financial and programmatic monitoring of the operating agency will be conducted by Maywood staff. Application files will be kept at City Hall for future auditing.

CONFLICT OF INTEREST

No COVID-19 ERA funding will be provided to any member of the governing body of the City of Maywood, or the City's consultant who is in a decision making capacity in connection with the administration of this program; no member of the above organizations shall have any interest, direct or indirect, in the proceeds from a grant from this program.

CITY OF MAYWOOD COVID-19 EMERGENCY OWNER OCCUPED UTILITY PROGRAM

Applicant Intake Form

Applicant Name:		
Address:		
Phone:		Email:
Monthly Utility Cost (Light):	Due Date:	Past Due:
Monthly Utility Cost (Gas):	Due Date:	Past Due:
Monthly Utility Cost (Water):	Due Date:	Past Due:
Have you provided proof of ownership? _____ YES ___ NO		
.		

**Documenting Economic Impact during COVID-19 pandemic period - March 27, 2020 to present
(Must check at least 1 box and provide supporting documentation)**

- Workplace closure or reduced hours resulting FROM employer economic impacts of COVID-19:
 - Household member(s) notification of job loss/termination from employer
 - Household member(s) notification of furlough from employer
 - Household member(s) notification confirming reduction in hours and/or pay
 - Household member(s) application or approval for Unemployment Insurance benefits
 - 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:
- Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the applicant or a member of the applicant's household who is ill with COVID-19:
- Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency:
- Reasonable expenditures stemming from government ordered emergency measures:
- Any additional factors relevant to the applicant's reduction in income as a result of the COVID-19 emergency.

AGENCY 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)		<p><i>The following must not be older than six (6) months unless noted:</i></p> <ul style="list-style-type: none"> • Copy of applicant's monthly award check; or • 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.
Supplemental Security Income (SSI)		
Social Security Disability (SSD)		
California Work Opportunity and Responsibility for Kids (CalWORKs)		<ul style="list-style-type: none"> • Award letter stating the amount of applicant's benefit; or • Copy of applicant's most recent bi-monthly award check(s); or
Temporary Assistance for Needy Families (TANF)		<ul style="list-style-type: none"> • Written statement from Caseworker stating the applicant's benefit amount; or • Written certification from awarding agency verifying monthly benefits; or
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

		<ul style="list-style-type: none"> • 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.
Rental Property Income		<p><i>At least two (2) from the following:</i></p> <ul style="list-style-type: none"> • Copy of property rental agreement signed by current applicant showing monthly rent; or • Copy of recent rent check; or • Copy of applicant's income tax return declaring earned rental 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.
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:

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.

CITY OF MAYWOOD

COVID-19 Emergency Owner Occupied Utility Assistance 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 attached Individual Annual Income Self-Certification Form complete and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except fulltime students. 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:	HH	CH	DIS	S≥18	<18	<15

HH = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

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 Maywood Utility Assistance Program Administrator.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
CO-HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

INDIVIDUAL ANNUAL INCOME SELF-CERTIFICATION

Household Member (Print Name): _____

INSTRUCTIONS: To complete this statement, fill in the blank fields below using information from the attached Individual Annual Income Self-Certification Form complete and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except fulltime students. The Household Member must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

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	
Rental 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 and 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 Maywood Emergency Owner Occupied Utility Assistance Program Administrator.

Signature	Printed Name	Date
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APPLICANT(S) HOUSEHOLD INFORMATION DEMOGRAPHICS

The following information is requested by the Federal Government for certain types of programs related to a dwelling in order to monitor compliance with equal credit opportunity, and fair housing. You are not required to furnish this information, but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation.

APPLICANT(S) HOUSEHOLD INFORMATION - To complete this section, fill in the blank fields below for EACH APPLICANT AND HOUSEHOLD MEMBER who lives in your home.

Household Member And 18 and over	Name (Last, First, MI)	Relationship to Head of Household	Birthday (mm/dd/yyyy)	Full Time Student Age 18+ (y/n)	Disabled (Y/N)
1					

ETHNICITY: RACE:

- Hispanic/Latino
 White
 Native Hawaiian/Other Pacific Islander
 Not Hispanic/Latino
 Black/ African American
 American Indian/ Alaskan Native
 Unknown
 Multi-Racial/Other
 Unknown

Household Member And 18 and over	Name (Last, First, MI)	Relationship to Head of Household	Birthday (mm/dd/yyyy)	Full Time Student Age 18+ (y/n)	Disabled (Y/N)
2					

ETHNICITY: RACE:

- Hispanic/Latino
 White
 Native Hawaiian/Other Pacific Islander
 Not Hispanic/Latino
 Black/ African American
 American Indian/ Alaskan Native
 Unknown
 Multi-Racial/Other
 Unknown

Household Member And 18 and over	Name (Last, First, MI)	Relationship to Head of Household	Birthday (mm/dd/yyyy)	Full Time Student Age 18+ (y/n)	Disabled (Y/N)
3					

ETHNICITY: RACE:

- Hispanic/Latino
 White
 Native Hawaiian/Other Pacific Islander
 Not Hispanic/Latino
 Black/ African American
 American Indian/ Alaskan Native
 Unknown
 Multi-Racial/Other
 Unknown

Household Member And 18 and over	Name (Last, First, MI)	Relationship to Head of Household	Birthday (mm/dd/yyyy)	Full Time Student Age 18+ (y/n)	Disabled (Y/N)
4					

ETHNICITY: RACE:

- Hispanic/Latino
 White
 Native Hawaiian/Other Pacific Islander
 Not Hispanic/Latino
 Black/ African American
 American Indian/ Alaskan Native
 Unknown
 Multi-Racial/Other
 Unknown

Household Member And 18 and over	Name (Last, First, MI)	Relationship to Head of Household	Birthday (mm/dd/yyyy)	Full Time Student Age 18+ (y/n)	Disabled (Y/N)
5					

ETHNICITY: RACE:

- Hispanic/Latino
 White
 Native Hawaiian/Other Pacific Islander
 Not Hispanic/Latino
 Black/ African American
 American Indian/ Alaskan Native
 Unknown
 Multi-Racial/Other
 Unknown

Household Member And 18 and over	Name (Last, First, MI)	Relationship to Head of Household	Birthday (mm/dd/yyyy)	Full Time Student Age 18+ (y/n)	Disabled (Y/N)
6					

ETHNICITY: RACE:

- Hispanic/Latino
 White
 Native Hawaiian/Other Pacific Islander
 Not Hispanic/Latino
 Black/ African American
 American Indian/ Alaskan Native
 Unknown
 Multi-Racial/Other
 Unknown

Household Member And 18 and over	Name (Last, First, MI)	Relationship to Head of Household	Birthday (mm/dd/yyyy)	Full Time Student Age 18+ (y/n)	Disabled (Y/N)
7					

ETHNICITY: RACE:

- Hispanic/Latino
 White
 Native Hawaiian/Other Pacific Islander
 Not Hispanic/Latino
 Black/ African American
 American Indian/ Alaskan Native
 Unknown
 Multi-Racial/Other
 Unknown

CITY OF MAYWOOD
COVID-19 EMERGENCY OWNER OCCUPIED UTILITY
ASSISTANCE PROGRAM
Program Participation Agreement

Applicant:
Applicant Address:

SECTION I - COMPLETED BY THE PROPERTY OWNER

The legal owner of the residence must complete this Section.

I would like to participate in the City of Maywood COVID-19 Emergency Utility Assistance Program.

I own and occupy the residence listed at the above address.

PROPERTY OWNER CERTIFICATION

I UNDERSTAND AND CERTIFY THAT:

I understand that if I falsely represent the amount of monthly utility, amount of utility due, or the number on months past due in order to receive this assistance, I may be committing fraud. I may be prosecuted if I commit fraud. I understand that making a false statement or providing false information is subject to civil and criminal penalties, including confinement and fines under the laws of the State of California (including but not limited to California Penal Code § 115, 118, 487, & 532 and Welfare and Institution Code § 11054) and the laws of the United States of America (including but not limited to 18 U.S. Code 1001). Criminal charges may include but are not limited to: perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses. If I am found guilty of committing fraud, I will no longer be entitled to receive utility assistance payments and may be subject to other penalties imposed by Federal, State and/or local law.

Utility assistance is limited and the duration of assistance as stated in Section 2 of this agreement. City of Maywood will make every effort to make utility assistance payments but will only be responsible for late fees due to administrative errors by City of Maywood staff. I understand that assistance may be terminated if I am 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 Maywood. Examples non-compliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

THE PROPERTY OWNER MUST SIGN AND DATE:

LEGAL PROPERTY OWNER NAME (PLEASE PRINT)	LEGAL PROPERTY OWNER SIGNATURE:	DATE:	TELEPHONE NUMBER:

SECTION II - COMPLETED BY AGENCY STAFF

LEGAL PROPERTY OWNER

TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

Hub Cities staff has verified the Grant Deed as proof of ownership and other eligibility documentation by the Applicant identified above and determined that this household is eligible to receive Emergency Utility Assistance. This program is funded by the City of Maywood and provides utility assistance payments and/or utilities arrears payments directly to the utility company on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay. City of Maywood will issue these payments on behalf of the applicant. This agreement must be returned to the City of Maywood staff in order to process the payment(s). Payment(s) will be issued to the utility company/companies as defined below:

Utility Company	Month(s)	Amount

TOTAL UTILITY ASSISTANCE PROVIDED
Amount \$ _____

ANTICIPATED TERMS OF ASSISTANCE
For _____ consecutive month beginning _____

AGENCY STAFF NAME (PLEASE PRINT)	AGENCY STAFF SIGNATURE	DATE	TELEPHONE NUMBER

