




APPLICATION & CERTIFICATION

(County of Fresno Community Development Block Grant Coronavirus (CDBG-CV) for COVID-19 Pandemic Purposes Only)

**Program is open to residents in the unincorporated communities in Fresno County or in the cities of Fowler, Kerman, Kingsburg, Mendota, Reedley, or Selma
Applicant must be age 62 or older**

Name of Applicant:			
Date of Birth:			
Name of Utility Account Holder, if different:			
Property / Service Address:			
City:	Zip:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Mailing Address (if different):			
Telephone:	Email:		
Social Security Number:			
Government Issued Photo ID Number:			
Copies of the following document(s) from either A <u>or</u> B must be included for Applicant			
A. Copy of U.S. Passport / Passport Card <u>or</u> Copy of California REAL ID 		B. Copy of Other Government Issued Photo ID <u>AND ONE</u> of these: Copy of Birth Certificate, <u>or</u> Copy of Social Security Card, <u>or</u> Copy of Legal Residency Paperwork / Green Card	
INFORMATION FOR GOVERNMENT REPORTING (STATISTICAL INFORMATION) The following information will be kept confidential and used only to provide aggregate data for program analysis. This information is optional and <u>WILL NOT</u> be used to evaluate your application for participation in the County of Fresno CDBG-CV Emergency Utility Assistance Program for Seniors.			
Choose one Race:			
<input type="checkbox"/> WHITE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE		
<input type="checkbox"/> BLACK / AFRICAN AMERICAN	<input type="checkbox"/> ASIAN & WHITE		
<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE		
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK		
<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER	<input type="checkbox"/> OTHER:		
Choose one Ethnicity:			
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Latino		

Submit completed applications and required documents by:

Mail to: County of Fresno
Community Development
2220 Tulare Street, 6th Floor
Fresno, CA 93721

FAX to: (559) 600-4573

Email to: fceua@fresnocountyca.gov



Utility Company Information

Submit the most recent due or past due utility bill(s) for the accounts listed. Utility Bills must show name, service address and current amount due (including any past due amounts accrued after March 27, 2020). If awarded, Emergency Utility Assistance can pay up to \$600 of due and past due charges for City utilities, District utilities, PG&E, Southern California Edison, Propane and/or Garbage Service providers – no phone, internet, or TV service. Maximum assistance is a total of \$600 per household.

Utility Company Name 1:			
Account Number:		Payment Amount Requested:	
Utility Company Address:	City:	Zip Code:	Telephone Number:

Utility Company Name 2:			
Account Number:		Payment Amount Requested:	
Utility Company Address:	City:	Zip Code:	Telephone Number:

Utility Company Name 3:			
Account Number:		Payment Amount Requested:	
Utility Company Address:	City:	Zip Code:	Telephone Number:

I have submitted the most recent due or past due utility bill(s) for the accounts listed above.



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

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

- Income loss due to impacts of COVID-19:
 - Household member(s) job loss / termination from employer
 - Household member(s) furlough from employer
 - Household member(s) reduction in hours and/or pay
- Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19.
- Increased expenses due to COVID-19. Examples include increased childcare expenses due to school closures, medical expenses, or health care expenditures stemming from 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 household member(s) reduction in income or increase in out-of-pocket expenses as a result of the COVID-19 emergency. Explanation:

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 County of Fresno CDBG-CV Senior Emergency Utility Assistance Program is true and correct to the best of my knowledge, information and belief.

Applicant Signature:
Date:



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 property. If a direct utility payment is requested for a month that I did not reside at the property, located at the address stated above, the amount shall be deemed ineligible and any payments issued must be returned to the County of Fresno, Department of Public Works and Planning, 2220 Tulare St, 6th Floor, Fresno, CA 93721.

Emergency Utility assistance is limited and the maximum amount of assistance is \$600 per household. The County of Fresno or its designee will make every effort to make utility assistance payments as evidenced by the utility bills submitted by the Applicant. Assistance may be terminated and repayment required 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 County of Fresno. Examples of non-compliance include failure to report vacating the residence, non-responsiveness to county inquiries, and/or failure to provide required documents for the Emergency Utility Assistance Program.

The Applicant declares, 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 utility charges submitted with this application. Applicant further certifies that if awarded Emergency Utility Assistance, they will not pursue future duplicate benefits for the same use.

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 County of Fresno Emergency Utility Assistance Program is true and correct to the best of his/her knowledge, information and belief.

The Applicant declares, under penalty of perjury, under the laws of the State of California, that they are a citizen or legal resident of the United States of America.

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. By signing below, I give my consent to Fresno County, its contractors, consultants, other federal or state agencies and utility companies and their contractors, to share information about my household that could review eligibility for other services or benefits available. Consent will be effective for the period beginning 12 months prior to, and continuing for 12 months after, the date signed.

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 County's CDBG-CV Emergency Utility Assistance Program for Seniors.

APPLICANT MUST SIGN AND DATE

Applicant Signature:
Date: