

CITY OF FORKS

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

Up to \$125 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 before August 10, 2020.

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.

Awards will be prioritized based upon lowest income levels and/or negative financial impact from COVID-19. Payments to the applicant’s City of Forks Utility account will be made in the amount of \$125 **or** the account balance **or** the most delinquent three months of bills, whichever is the least.

Please print:

Applicant Name(s)			
Mailing Address			
Phone		Total Amount Requested	\$
Payment requested for the following account:			
Name			
Account #			
Physical Address			
	Data	YES	NO
<i>DUPLICATION OF BENEFIT</i> – Have you received, or are you aware of being eligible to receive from another source, any financial assistance for the costs listed above, and would the total amount received exceed the total need for those costs?		<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> – Have you had work hours reduced, been temporarily or permanently laid off, or experienced other loss of income due to COVID-19?	Estimated % loss of revenue from one year previous: _____ %	<input type="checkbox"/>	<input type="checkbox"/>
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.			

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 House- hold	Co-Head of House- hold	FullTm 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+
\$37,700	\$43,100	\$48,500	\$53,850	\$58,200	\$62,500	\$66,800	\$71,100
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"/>

Applicant Certification: *I certify information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize verification by government representatives, and I will provide additional supporting documentation upon request.*

Signature: _____ **Date:** _____

Return the form and income verification to: City of Forks Water Department

If you have questions or need additional information please call: 360 374-5412 ext. 5
or email info@forkswashington.org

For Program Office Use Only	
Household LMI Qualification Verified: _____	Staff initials/date _____
Duplication of Benefit Prevented: _____	Staff initials/date _____
Funding Approval: _____	Manager initials/date _____
Account Number: _____	Approved Amount: _____