

Siskiyou County
Community Development Block Grant Program COVID-19 (CDBG-CV)
Subsistence Payment Program

An incomplete application will prevent you from receiving assistance.

- Use only **blue** or **black ink**.
- Please cross out mistakes and initial the change. Do **NOT** use white out.

Siskiyou County households who income qualify and have had a negative financial impact due to COVID-19 may be eligible for assistance with unpaid mortgage, rent or utility payments through the Community Development Block Grant COVID-19 (CDBG-CV) Subsistence Payment Program.

Qualified households can receive assistance for 3 consecutive months OR up to \$3,000 (whichever comes first) for covering due utility payments, rent payments or owner-occupied home mortgage payments. To receive assistance, you must meet the program requirements and complete and submit all required documentation.

Funds are available until December 31, 2023 or **expended**. 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.

Great Northern Services will review applications on a first come first serve basis. Great Northern Services will approve applications based on completed applications, income qualifications, unmet financial need and available funding. If the application is incomplete for any reason, you will receive one letter by mail only. An incomplete application will prevent you from receiving services. You will receive a letter by mail if the application is approved that will let you know what payments will be issued and to whom. You will also receive a letter if your application is rejected letting you know the reason for the rejection.

All payments will be made directly to the utility vendor, landlord or mortgage company on your behalf by check.

Payments to your account will be made the month AFTER your application has been approved and may take 90 days to post to your account.

You will be responsible for keeping current on your payments or make arrangements with the vendor to avoid shut off of services, eviction or foreclosure.

Contact Great Northern Services at (530) 938.4115 ext. 131 and leave a message to be sent an application, to request application assistance or to check on payment status.

Mail ALL pages of the application packet with your documentation to:
Great Northern Services – ATTN: CDBG-CV Subsistence Payments
310 Boles St.
Weed, CA 96094

or **FAX** to (530) 938-1040

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Utility & Mortgage Subsistence Payment - Application and Verification Form

| <i>Applicant Information</i> | | | |
|--|---|--------------|--|
| Applicant Name | | | |
| Address City, State, Zip | | | |
| Is the home within the City limits? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| Mailing Address if different from above | | | |
| Email | | Phone | |

| | | | | | |
|---|---|--|--|--|--------------------------------------|
| Ethnic Background | <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic | Gender | Non-binary <input type="checkbox"/> | Female <input type="checkbox"/> | Male <input type="checkbox"/> |
| Racial Background (select one) | | | | | |
| <input type="checkbox"/> White | | <input type="checkbox"/> Asian | | | |
| <input type="checkbox"/> Black/ African American | | <input type="checkbox"/> Asian & White | | | |
| <input type="checkbox"/> American Indian/Alaskan Native | | <input type="checkbox"/> Black or African American & White | | | |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | | <input type="checkbox"/> American Indian/Alaskan Native & African American | | | |
| <input type="checkbox"/> American Indian/Alaskan Native & White | | <input type="checkbox"/> Other | | | |

| COVID-19 Impact | | | |
|---|--|--------------------------|--------------------------|
| <i>Applicants must be financially impacted by COVID-19 to receive assistance</i> | | YES | NO |
| Reduced Income | | | |
| Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If Yes, please choose all that apply to your household. | | | |
| A copy of family member(s) notification of job loss/termination from employer during eligible pandemic period (March 2020 – present) | | <input type="checkbox"/> | <input type="checkbox"/> |
| A copy of family member(s) approval for Unemployment Insurance Benefits | | <input type="checkbox"/> | <input type="checkbox"/> |
| A copy of family member(s) notification of furlough from employer during eligible pandemic period (March 2020 – present) | | <input type="checkbox"/> | <input type="checkbox"/> |
| A copy of form signed by family member(s) employer, confirming reduction in hours and/or pay | | <input type="checkbox"/> | <input type="checkbox"/> |
| If none of the above apply, please describe how there has been a loss of income due to COVID-19: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased Expenses | | | |
| Have you had an increase of expense temporarily or permanently due to COVID-19? If Yes, please circle all that apply to your household. | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Broadband cost <input type="checkbox"/> Daycare costs <input type="checkbox"/> Medical costs <input type="checkbox"/> Food costs <input type="checkbox"/> Number of household members increased due to COVID | | | |
| If none of the above apply, please describe how there has been an increase of costs due to COVID-19: | | <input type="checkbox"/> | <input type="checkbox"/> |

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Provide copies of all income verification for everyone in the household who is 18 years or older. All verification must be dated within 30 days of signing the application and it must reflect a full consecutive month**. **Anyone 18 years of age or older who has no income must complete and sign the CERTIFICATION OF INCOME AND EXPENSES.**

| 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 18 years or older living in the household. | | | | | | | |
| Total Household Income anticipated during the next 12 months | | | | | | | |
| Name <small>List <u>all</u> household members, including yourself and those who are under 18 or do not receive income.</small> | | Check if Applicable | | | Annual Gross (Pre-Tax) Income | Source of Income | |
| | Age | Head of Household | Relation to Applicant | Full-Tm Student 18 Yrs. or Older | | | |
| | | | Self | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| <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 |
| \$ 46,200 | \$ 52,800 | \$ 59,400 | \$ 65,950 | \$ 71,250 | \$ 76,550 | \$ 81,800 | \$ 87,100 |
| <small>*Contact GNS if there are more than 8 family members in the household 18 and over.</small> | | | | | | | |
| Are you friends, relatives or business associate with an employee, board member, City Council Member, Board of Supervisors of Great Northern Services, Siskiyou Economic Development, City of Dorris, Dunsmuir, Etna, Fort Jones, Montague, Mt. Shasta, Weed, Tulelake, Yreka, County of Siskiyou | | | | | | Yes | No |

- ****If you have applied for and received Energy Assistance through GNS in the last six (6) months, please complete the Consent to Use LIHEAP Application form so that we may use your income documentation for this program. The income limits are slightly different for each program.**
- The program uses current income to determine the household's future income to qualify for the program.

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For current income verification for the household please submit

- Pay stubs dated within 30 days of signing the application and it must reflect a full consecutive month (tabulated for annual income).
- Social Security award letter for the current year.
- Retirement Statement or bank account statement showing retirement amounts deposited.
- Unemployment stubs for 30 consecutive days within the last 30 days from date of signature.
- Self-Employed: bank statement within the last 30 days showing deposits.
- Other proof of income or loss of income.
- Certification of Income and Expenses: Complete for everyone in the household 18 years and older who do not receive an income.
- CalFresh /TANF: If you receive CalFresh or TANF/CalWorks benefits you need to provide a copy of your Passport to Services. If you do not have a current copy, complete the included request form on Page 8 and return it with your application.

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Self-Employed

Please check all that apply:

_____ No one in the household is self-employed. Please go to next page.

Please complete if the applicant is self-employed

_____ I am self-employed. I do not have current W-2 or other verifiable income documentation. I currently make \$_____ per month and estimate that I will make \$_____ in the next 12 months. (Please provide the most recent bank statement with the earning deposit amounts)

I certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate.

Applicant Name & Signature _____ Date: _____

Please complete if another member of the household is self-employed (attach extra copies for each member of the household who is self-employed)

_____ Household member _____ is self-employed and has lost income since the member filed taxes. Because of the loss of income, the household now qualifies for assistance. The household member does not have current W-2 or other verifiable income documentation. The household member currently makes \$_____ per month and estimate that s/he will make \$_____ in the next 12 months. (Please provide the most recent bank statement with the earning deposit amount)

I certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate.

Household Member Name & Signature _____ Date: _____

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CERTIFICATION OF INCOME AND EXPENSES

_____ All members of the household who are 18 and over have an income that can be verified. Please go to next page.

Only complete for those household members 18 and over who don't have income.

Each household member who is 18 and over and does not have a source of income needs to complete this form. This helps us understand how your household is meeting expenses.

| Name and Address | |
|------------------|--|
| Name | |
| Address | |

| Section 1: Do you have sources of income you forgot to report? | | | | |
|--|----|---|---------------|-------------------------------|
| Yes | No | During the previous month have you been employed part-time? | | |
| Yes | No | During the previous month have you been self-employed? | | |
| Yes | No | During the previous month have you received money for any work that you performed only once in a while like yard work, childcare, donating blood, etc.? | | |
| Yes | No | During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift and the amount: | | |
| Yes | No | During the previous month have you received any of the following: (circle all that apply) | | |
| | | Worker's Comp | Unemployment | Government Sponsored Benefits |
| | | | | Child Support |
| Yes | No | During the previous month have you received any of the following: (circle all that apply) | | |
| | | Annuity Payment | Pension | Tribal Casino Payments |
| | | | Rental Income | Insurance Benefits |

| Section 2: Are you spending your savings or borrowing money to cover your monthly expenses? | | |
|---|----|--|
| Yes | No | Are you using savings or a home equity loan? How much? |
| Yes | No | Are you using some other asset? How much? |
| Yes | No | Are you borrowing from credit cards? How much? |
| Yes | No | Are you borrowing from other sources? How much? |

| Section 3: Please tell us how you paid these monthly expenses during the previous months: | | | |
|---|--------------|---------------------------------|--|
| Expense | Monthly Cost | How has this expense been paid? | If someone else pays for you, please complete: |
| Rent or Mortgage | | | Name: _____ |
| | | | Phone: _____ |
| | | | Address: _____ |
| Utility Bills | | | Name: _____ |
| | | | Phone: _____ |
| | | | Address: _____ |
| Food | | | Name: _____ |
| | | | Phone: _____ |
| | | | Address: _____ |

| Section 4: If none of this applies to you, please explain how your monthly expenses are paid: |
|---|
| |
| |
| |
| |

Signature:

By signing this form, I affirm that I believe these facts are accurate and true. I give the Great Northern Services my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature

Date

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Consent to Use LIHEAP Application

I have applied for and received Energy Assistance from Great Northern Services in the last six (6) months and the household's income has not changed since I submitted that application.

I consent to LIHEAP sharing my income documentation with the CDBG-CV Subsistence Program to reduce the documentation I have to provide. I understand that my household may still be asked to provide further information.

All household members 18 and over must agree to share their income information.

| | |
|-------------------------------|--------------------------------|
| Name on LIHEAP Application: | Signature of LIHEAP Applicant: |
| Address of Energy Assistance: | |
| Date of Award Letter: | |

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CalFresh-Food/Nutritional Assistance Request

_____ No one in the household is receives CalFresh, CalWorks or TANF. Please go to next page.

**Please only complete if any member of the household receives CalFresh or CalWorks or provide the
most current benefit statement**

County Of Siskiyou
CalFresh-Food/Nutritional Assistance
818 South Main Street
Yreka, CA 96097
FAX# (530) 841-2723

To Whom It May Concern,

Please fax my Verification of Benefits to services to Great Northern Services at 530-938-1040.

PRINTED NAME

SIGNATURE

DATE

CASE #/SS #

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Utility/Mortgage/Rent Payment Information
Please complete one for each requested service.

| <i>Make payment on my behalf to:</i> | | | |
|---|--|---|--|
| Provider Name | | Name on Account | |
| Account# | | | |
| Proposed Use of Funds Circle what you'd like help with | Propane Electricity Fuel Oil Kerosene | Water/Sewer/Garbage Broadband/Internet Mortgage Rent | |
| Can you make future payments __Yes __No If you cannot make future payments after 3 consecutive months of assistance, please describe how you will keep the service or remain in your home: | | | |

Only provide the bills or statements for the type of assistance you are requesting.

- **Pacific Power Bill:** Provide a copy of **all pages** of the household's most recent electric bills. The current bill cannot be a "final or closing bill" and there needs to be a minimum of 22 elapsed days of service.
- **Broadband/Internet Bill:** Provide a copy of **all pages** of the household's most recent broadband/internet bill. The current bill cannot be a "final or closing bill" and there needs to be a minimum of 22 elapsed days in the billing cycle. The program cannot pay for cable connection, landline or cellular phone bill.
- **Fuel/Propane Bill:** Provide copies of the current energy bills (dated within the last 30 days) for propane, heating oil and/or kerosene delivery. If your bill is older than 30 days, you will need to obtain an estimate from your provider, dated within the last 30 days. If you are providing a bill, it must show date, address, amount and total cost of delivery. If you do not have a fuel/propane provider, please complete the "Self-Attestation of Insufficient Funds to Acquire Fuel/Kerosene/Propane".
- **Utility Bill that includes water/sewer service:** Provide a copy of **all pages** of the household's most recent utility bill that includes water and/or sewer service. The most recent bill cannot be a "final or closing bill".
- **Mortgage Statement:** The household must demonstrate that they will not be evicted/foreclosed if the program assists with arrearages. The most recent statement cannot be in collections or a "final or loan pay-off" and there needs to be a minimum one month since loan inception.
 - Traditional Mortgage: Provide a copy of **all pages** of the household's most recent mortgage statements.
 - Private or Non-traditional Mortgage (If the household pays mortgage to a person(s)) provide:
 - Copy of the recorded Deed of Trust,
 - Statement from the mortgage holder with the current amount due,
 - Mortgage holder's social security number, EIN or W9.
- **Rent Statement:** The household must demonstrate that they will not be evicted if the program assists with arrearages. Please provide:
 - Statement from landlord/owner that they will not evict if program assists with arrearages.
 - Copy of current lease or rental agreement
 - Proof of property ownership
 - Owner's completed W9.
 - Provide ledger from landlord of outstanding balance and months **owed after April 1, 2022**. The program cannot provide payments for rental assistance before April 1, 2022.
 - Statement from the landlord of where payments should be sent if it is different than what is on the W9.

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Self-Attestation of Insufficient Funds to Acquire Fuel/Kerosene/Propane

Complete if you are requesting Fuel/Kerosene/Propane from this program and you do not have funds to purchase the minimum amount of fuel and do not have an invoice.

_____ I do not need assistance with fuel heating costs. Please go to next page.

_____ I do not have a Fuel/Kerosene/Propane vendor and I am now low on fuel and cannot afford to have the minimum amount of fuel delivered to my home.

We will need a current estimate from a fuel provider. This will allow us to determine the total cost of the fuel that will be delivered and that the fuel company will deliver to your address.

Name: _____

Signature: _____

Date: _____

Home Address: _____

City: _____

Zip: _____

Which fuel do you use? ☐ Propane ☐ Kerosene ☐ Fuel Oil ☐ Other: _____

Please indicate which appliances use this fuel:

☐ Furnace or central heating system

☐ Hot Water Heater

☐ Monitor / Toyotomi heater

☐ Cook Stove

☐ Other (please explain): _____

It is your responsibility to provide fuel estimates to GNS
Have fuel estimate faxed to **GNS Attn: CDBG-CV Subsistence 530.938.1040**

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Duplication of Benefits

| Previous/Current Assistance | | | | YES | NO |
|--|-----------------|-------------------|----------------------------------|------------------------------|--------------------------|
| Have you received, or are aware of being eligible to receive from another source, any financial assistance for the utilities/mortgage/rent payments listed above that you are requesting you need assistance with? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please indicate which of the following types of assistance you have received: | | | | | |
| Assistance Type | Assistance Date | Assistance Amount | What Utility/ Mortgage Was Paid? | Balance Remaining on Account | |
| LIHEAP Energy Assistance: | | | | | |
| LIWAP Assistance | | | | | |
| Housing is Key (Utility payment or Rental Payments) | | | | | |
| Other rental assistance | | | | | |
| Utility Provider (through your utility provider the amount of your passed due has been paid through funding they have received) | | | | | |
| Private grants or donations | | | | | |
| Other (please describe) | | | | | |
| Total | | \$ | | \$ | |
| Total Requested | | | | \$ | |
| Total Unmet Need | | | | \$ | |

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Applicant Certification & Duplication of Benefits Affidavit

I affirm the following:

1. I am executing this Affidavit in connection with assistance that I am receiving to help my household respond to COVID by providing the household with a Subsistence Payment for the purpose of assisting the Household with a documented financial need due to COVID-19 (loss of employment, or additional household members sheltering in place, or other COVID-19 related impact) implemented by Great Northern Services through a program administered and paid for by the City of Mt. Shasta for all of Siskiyou County households with funding from the U.S. Department of Housing and Urban Development administered by California Department of Housing and Community Development.
2. I believe the **Total Requested** in the above “Duplication of Benefits” table will assist my household to stay in our home and has not been paid for by another entity.
3. In addition, I have received or will receive the amounts and types of assistance from the sources listed above in the “Duplication of Benefits” table.
4. **Total Unmet Need** from “Duplication of Benefit” table above will not be paid by another entity.
5. I have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in “**Duplication of Benefits**” table.
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 those listed above, FEMA, SBA, the Red Cross, the City, business owner’s Insurance, etc.).
7. I understand that the amount of assistance received by me from the City of Mt. Shasta must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from other sources (such as those listed above, FEMA, SBA, the Red Cross, the City, state or federal governments, etc.) for the same purpose.
8. Therefore, I understand that if I receive assistance from a source other than the CDBG-CV Subsistence Payment Program from the City of Mt. Shasta (such as those listed above, FEMA, SBA, the Red Cross, the City, state or federal governments, etc.) for the Need for the same purpose, I must repay the assistance received from the City of Mt. Shasta to the City of Mt. Shasta.
9. I 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 from the City of Mt. Shasta, payment of fines and/or imprisonment may be required in the event that I 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.**
10. I have read and understand the forgoing application and requirements. I further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in my not conforming to the requirements of the program will subject my application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted. I further understand that the City of Mt. Shasta or Great Northern Services may contact my landlord, mortgage holder, utility provider to confirm payment details and indicate that I will participate in CDBG-CV Subsistence Payment Program.

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11. I further certify that our application for this assistance does not result in a conflict of interest as described in the program guidelines. I further certify that 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 knowingly and willingly making a false or fraudulent statement to a department of the United States Federal Government is a felony and grounds for termination of assistance.
12. I certify that this information is complete and accurate and have provided all requested supporting documentation as required to determine my eligibility for the program.
13. I further certify under penalty of perjury, under the laws of the State of California, that I am not able to receive, and have not received, other federal or non-federal benefits or other forms of rental, mortgage or utility assistance that have not been disclosed in the **"Duplication of Benefits"** section of this application. I shall further certify that I will not pursue other federal or non-federal benefits for the same costs during the same period that is being covered by this CDBG-CV Subsistence Payment Program.
14. I explicitly allow the City of Mt. Shasta and/or Great Northern Services to share and request any non-public or confidential information with and from any organization with which I have applied for, may have applied for, or is receiving rental assistance from, to enable the City of Mt. Shasta and/or Great Northern Services to monitor and enforce compliance with the Duplication of Benefits requirements applicable to this CDBG-CV Subsistence Payment Program.

Print Applicant Name _____

Signature of Applicant _____ Date _____