

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 or utility payments through the Community Development Block Grant COVID-19 (CDBG-CV) Subsistence Payment Program

Qualified households can receive up to \$3,000 total covering past and current utility bills and/or \$3,000 total in past and current mortgage payments. To receive assistance, you must meet the program requirements and complete and submit all required documentation before June 30, 2023. Funds are available until expended or June 30, 2023. 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. 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. You will receive a receipt of payment to the vendor by mail.

All payments will be made directly to the utility vendor or mortgage company and will be issued by The City of Mt. Shasta. Please do NOT call the City for any information.

Contact Great Northern Services at (530) 938.4115 ext. 122 and leave a message to be sent an application, to request application assistance, or to check on payment status.

This program can only help with mortgage payments for owner-occupied dwellings. If you need assistance with rent or have a renter who has not made payments, please visit housingiskey.com to complete the application online or call (833) 430-2122. If you need local assistance to complete the online application, please call GNS at (530) 938.4115 ext. 127 and leave a message.

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

or online at www.gnservices.org

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Utility & Mortgage Subsistence Payment - Application and Verification Form

<i>Applicant Information</i>			
Applicant Name			
Residential Address		Phone	
Is the home within the City limits?	_____ Yes	_____ No	_____ Unknown
Mailing Address if different			
Email			
Total Amount Requested	\$ _____		

Ethnicity (circle one)	Not Hispanic	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"/>

COVID-19 Impact		
<i>Applicants must be financially impacted by COVID-19 to receive assistance</i>	YES	NO
Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If YES, Provide details:	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an increase of expense temporarily or permanently such as increased broadband cost, increased daycare costs, increased medical costs due to COVID-19, etc.? If YES, Provide details:	<input type="checkbox"/>	<input type="checkbox"/>

Subsistence/Emergency Status		YES	NO
Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment need?	Number of months unable to pay:	<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 submitting the application and it must reflect a full consecutive month**. If no one 18 years of age or older has an income, please 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 List <u>all</u> household members, including yourself and those who are under 18 or do not receive income.	Age	Check if Applicable			Annual Gross (Pre-Tax) Income	Source of Income	
		Head of Household	Relation to Applicant	Full-Tm 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
\$ 39,050	\$ 44,600	\$ 50,200	\$ 55,750	\$ 60,250	\$ 64,700	\$ 69,150	\$ 73,600
*For all income categories, the income limits for households larger than eight persons are determined as follows: For each person in excess of eight, add eight percent of the <u>four-person</u> "50%" limit to the "50%" limit for <u>eight persons</u> and round the answer to the nearest \$50. Contact GNS if there are more than 8 family members in the household 18 and over.							
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 (see list below). If higher the household does not qualify for this program.						LOWER	HIGHER
						<input type="checkbox"/>	<input type="checkbox"/>
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

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- **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.

For current income verification for the household please submit:

- Prior year tax returns, provide returns for each member in the household who files taxes separately
- OR
- Statement of loss of income (for persons who are self-employed) including current year annual income projection if last year's taxes put the household over income.
 - Pay stubs past 30 consecutive days (tabulated for annual income)
 - Social Security award letter or a bank statement within the last 30 days showing the deposit
 - Unemployment award letter or stub within the last 30 days
 - Other proof of income or loss of income
 - Certification of Income and Expenses: The last page of the application. Complete for everyone in the household who doesn't 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 and return it with your application.

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Statement of Loss of Income

This is to be completed if last year's taxes put the household over income and current and future income will be at or under 80% of Siskiyou County's AMI because of COVID-19.

Please check all that apply:

___ I am self-employed and have lost income since I filed my taxes. Because of the loss of income, the household now qualifies for assistance. 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 amount)

___ 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.

Name/Signature of Applicant _____

Name/Signature of Household Member _____

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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 Application:	Signature of Applicant:
Address of Energy Assistance:	
Date of Award Letter:	
Members in the household consent to use their income from the approved LIHEAP Application	
Name:	Signature:

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CalFresh-Food/Nutritional Assistance Request

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 passport to services to Great Northern Services at 530-938-1040.

PRINTED NAME

SIGNATURE

DATE

CASE #/SS #

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Utility/Mortgage Payment Information

<i>Make payment on my behalf to:</i>			
Provider Name		Name on Account	
Account#			
Address of Provider			
Proposed Use of Funds Circle what you'd like help with	Propane Electricity Fuel Oil Kerosene Water/Sewer/Garbage Broadband/Internet Utilities included in rent Mortgage Please state how you be able to pay your mortgage after receiving assistance:		
Month(s) to Cover		Amount	\$

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".
- **Water/Sewer Bill:** Provide a copy of all pages of the household's most recent water and/or sewer bill. The most recent bill cannot be a "final or closing bill".
- **Utilities included in rent:** Provide a copy of your lease or rent agreement from you landlord with the utilities broken out and a statement from your landlord with the outstanding/current amount due for the past 3 months.
- **Mortgage Statement:** Provide a copy of all pages of the household's 3 most recent mortgage statements. The most recent cannot be a "final or loan pay-off" and there needs to be a minimum one month since loan inception. The household must demonstrate that they will not be evicted/foreclosed on for not paying future payments. If the household pays mortgage to a person(s), we will need a statement from the mortgage holder with the amount due, the mortgage holder's social security number and a copy of the recorded Deed of Trust.

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

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):

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Duplication of Benefits Affidavit (“Affidavit”)

<i>Duplication Of Benefit</i>				YES	NO
Have you received, or are aware of being eligible to receive from another source, any financial assistance for the utilities/mortgage payments listed above? If yes, please indicate which of the following types of assistance you have received:				<input type="checkbox"/>	<input type="checkbox"/>
Assistance Type	Assistance Date	Assistance Amount	What Utility/ Mortgage Was Paid?	Balance Remaining on Account	
LIHEAP Energy Assistance:					
Housing is Key (Utility payment only)					
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					\$

I, _____ affirm the following:

1. I am executing this Affidavit in connection with assistance that I am receiving to help my household respond to the coronavirus 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 with funding from the U.S. Department of Housing and Urban Development.
2. I believe the **Total Requested** is _____
3. In addition, I have received or will receive the following amounts and types of assistance from the sources listed above (“Duplication of Benefits”):
4. **Total Unmet Need** from “Duplication of Benefit” is\$_____.

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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".
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 homeowner's insurance, etc.) for the same purpose.
8. Therefore, I understand that if I receive assistance from a source other than the City of Mt. Shasta (such as those listed above, FEMA, SBA, the Red Cross, the City, homeowner's insurance, etc.) for the Need for the same purpose, I must repay the assistance received from 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.**

Applicant _____

Signature of Applicant _____ Date _____

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CERTIFICATION OF INCOME AND EXPENSES

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, child care, 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