CITY OF FORT BRAGG

Community Development Block Grant Program (CDBG)

Utility Bill Assistance Program - Application and Verification Form

Up to $*800.00* total is available to qualifying families for emergency subsistence payments. To request assistance, you must meet the program requirements, submit required documentation, and certify this form. 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. If approved, payments will be made directly to the service provider on your behalf.

You can request a copy of the Program Guidelines at City Hall or at the City's Utility Bill Assistance webpage. You should review these guidelines before applying.

Please print legibly:

Applicant Information	
Name	
Residential Address	
Email	
Phone	

Emergency Status		
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 is needed?	Yes ☐	No ☐
If yes, list emergency:		
Eligibility period is limited to up to three consecutive months *and* total assistance is limited to $800.		
Please attach proof of emergency with your application. This is required for approval of assistance.		

Utility Information
Instructions: Please enter information in the applicable Utility information boxes below and on the next page. Fill out all requested information for each utility you are requesting assistance with AND provide a copy of your most recent bill for that utility, including the payment coupon for mail-in payment. Leave blank any utilities you are not requesting assistance with.

Water / Sewer Utility Payment Requested	
Utility Service Provider	
Account Holder Name	
Account Number	
Account Address	
Month(s) to Cover	
Amount	$

Electric Utility Payment Requested	
Utility Service Provider	
Account Holder Name	
Account Number	
Account Address	
Month(s) to Cover	
Amount	$

Propane / Natural Gas / Heating Oil Utility Payment Requested	
Utility Service Provider	
Account Holder Name	
Account Number	
Account Address	
Month(s) to Cover	
Amount	$

Waste Collection Utility Payment Requested	
Utility Service Provider	
Account Holder Name	
Account Number	
Account Address	
Month(s) to Cover	
Amount	$

Total Utility Payments Requested	
Instructions: Add the amounts requested for all utilities together to find the total amount requested. Enter the total amount in the box below:	
Total Utility Request Amount	$

Duplication of Benefit	Yes	No
DUPLICATION OF BENEFIT – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above?	☐	☐
If yes, please list on pages 6 and 7 of this application, and attach documentation of assistance.		

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 in the family living in the household. Consult the program if unsure.							
Total Household Income anticipated during the next 12 months							
Name List all household members, including yourself. Attach a page listing additional members if needed.	**Age**	***Check if Applicable***					
		Head of House - hold	**Co-Head of House - hold**	**Full-Time Student 18 Yrs. or Older**	**Annual Gross (Pre-Tax) Income**	**Source of Income**	
		☐	☐	☐	$		
		☐	☐	☐	$		
		☐	☐	☐	$		
		☐	☐	☐	$		
		☐	☐	☐	$		
		☐	☐	☐	$		
Total Anticipated Annual Household Income:					$		
CIRCLE the number of household members, including yourself:							
◯ **1**	◯ **2**	◯ **3**	◯ **4**	◯ **5**	◯ **6**	◯ **7**	◯ **8+**
$55,900	$63,900	$71,900	$79,850	$86,250	$92,650	$99,050	$105,450
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** ☐
Ethnicity (select one)				☐ **Not Hispanic**		☐ **Hispanic**	
Race (select the box the most closely represents your racial identity)							
White	☐			Asian	☐		
Black or African American	☐			Native Hawaiian or Pacific Islander	☐		

American Indian or Alaskan Native	☐	American Indian/Alaskan Native and White	☐
Asian and White	☐	Black/African American and White	☐
American Indian/Alaska Native and Black/African American	☐	Other or Multi-Racial	☐

	YES	NO		YES	NO
Are you a Veteran?	☐	☐	Are you Disabled?	☐	☐

Duplication of Benefits Affidavit ("Affidavit")

I/We, _____ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving to help us with emergency financial assistance in the form of utility subsistence payments **("Need")** in the amount of _____ (**"Amount of Assistance or Total Need")** from the City of Fort Bragg **("Organization")** through a program administered by the City of Fort Bragg with funding from the U.S. Department of Housing and Urban Development (the "Program").

2. The Organization and I/We believe the **Amount of Assistance/Total Need** is _____

3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below ("Duplicative Assistance"):

(a) Source of Funds #1

Lender/Grant Provider Name		
Purpose		
Amount		
☐Government Loan	☐ Government Grant	☐Government Forgivable Loan
☐ Nonprofit Grant	☐Nonprofit Loan	☐Nonprofit Forgivable Loan
☐Private Loan	☐Other:_____	

(b) Source of Funds #2

Lender/Grant Provider Name		
Purpose		
Amount		
☐Government Loan	☐ Government Grant	☐Government Forgivable Loan
☐ Nonprofit Grant	☐Nonprofit Loan	☐Nonprofit Forgivable Loan
☐Private Loan	☐Other:_____	

(c) Source of Funds #3

Lender/Grant Provider Name		
Purpose		
Amount		
☐Government Loan	☐ Government Grant	☐Government Forgivable Loan
☐ Nonprofit Grant	☐Nonprofit Loan	☐Nonprofit Forgivable Loan
☐Private Loan	☐Other:_____	

(d) Source of Funds #4

Lender/Grant Provider Name		
Purpose		
Amount		
☐Government Loan	☐ Government Grant	☐Government Forgivable Loan
☐ Nonprofit Grant	☐Nonprofit Loan	☐Nonprofit Forgivable Loan
☐Private Loan	☐Other:_____	

(e) Source of Funds #5

Lender/Grant Provider Name		
Purpose		
Amount		
☐Government Loan	☐ Government Grant	☐Government Forgivable Loan
☐ Nonprofit Grant	☐Nonprofit Loan	☐Nonprofit Forgivable Loan
☐Private Loan	☐Other:_____	

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c) + 3(d) + 3(e))) $_____.

5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.

6. I/We understand that the amount of assistance received by I/We from the City of Fort Bragg must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from other sources (such as, FEMA, SBA, the Red Cross, the City homeowner's insurance, etc.) for the same purpose.

7. Therefore, I/We understand that if I/We receive assistance from a source other than City of Fort Bragg (such as, FEMA, SBA, the Red Cross, the City, homeowner's insurance, etc.) for the Need for the same purpose, I/We must repay the assistance received from City of Fort Bragg.

8. I/We 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/Us from City of Fort Bragg, payment of fines and/or imprisonment may be required in the event that I/We 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.**

9. **I have reviewed and understand the Program Guidelines and confirm that my household meets program eligibility requirements.**

Participant _____

Signature of Participant_____Date _____