



**-UPDATED-**

**EMERGENCY UTILITY ASSISTANCE PROGRAM APPLICATION**

**Program Description**

The Emergency Utility Assistance Program will assist households who have been impacted by COVID-19 with gas, electric, telephone (landline), cell phone, Internet, and water payments (utility assistance payments).

SBCS will provide utility assistance payments for current and past due bills dating back to March 17, 2020, up to three times, or a total of 6 months, for a maximum cap of \$1,000, based on need. This emergency assistance will help National City residents who cannot afford their utility bills because of a financial hardship related to COVID-19.

**ELIGIBILITY:** To be considered for the program, you must meet each of the following qualifying factors listed below and complete this application.

1. Must be a resident of National City
2. Earn at or below 80% of the area median income (see chart on the next page)
3. Have a financial hardship related to COVID-19. This includes loss of income due to job loss, furlough, reduction in hours, compliance with public health to self-quarantine, provide care for a minor child residing at home.

**QUESTIONS** Please direct questions to the National City Family Resource Center by calling (619) 336-8360, by e-mailing [utilityassistance@csbcs.org](mailto:utilityassistance@csbcs.org), or by visiting their office located at 304 W. 18<sup>th</sup> St. National City, CA 91950.

**SUBMIT APPLICATION to SBCS** by email to [utilityassistance@csbcs.org](mailto:utilityassistance@csbcs.org), or dropping your application off to the National City Family Resource Center located at 304 W. 18<sup>th</sup> St. National City, CA 91950, Monday-Friday, 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm. Applications will be processed on a first come, first serve basis until funds are exhausted. Applications must include all requested documents in order to advance in the review process.

**APPLICANT INFORMATION**

National City Household Address: \_\_\_\_\_  
 (Physical Address; Not P.O. Box)

**ETHNICITY:** Please check the box below that describes your household's ethnicity.

Hispanic/Latino (a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**RACE:** Please **ALSO** check the box below that best describes your household's race.

Single Race Categories	Multiple Race Categories
<input type="checkbox"/> White	<input type="checkbox"/> American Indian / Alaskan Native & White
<input type="checkbox"/> Black	<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 & White
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Other or Multi-racial (please specify):

**Please review this application carefully and submit all requested documents. Incomplete applications will be placed at the bottom of the waiting list.**

Your cooperation in filling out this form is requested. Record keeping on income of participants in this Program is a condition of receipt of federal funds for the program. The information provided on this form will remain confidential but may be subjected to verification by responsible local and federal agencies.



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What is the total number of persons in your household?		
Female head of household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled/Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Seniors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the total combined annual income (before taxes) of all members of your household?		
<b>COVID-19 Impact:</b> My income has been substantially impacted because of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you or your household receive any public assistance?</b> Check all the boxes that apply.		
<input type="checkbox"/> Free or reduced lunch	<input type="checkbox"/> SDG&E Cares Program	<input type="checkbox"/> Section 8 Housing
<input type="checkbox"/> CalFresh	<input type="checkbox"/> TANF	<input type="checkbox"/> Medicaid

<p><b>Did you or your household receive any financial assistance for utilities from March 2020 to Present?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete the table below</p>
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What utilities were paid? (gas/electric/water/phone Etc.)	Name of program/organization providing the assistance	Months Assisted	Total Amount Assisted	Date You received assistance

Please note that you will not be eligible to receive utility assistance to address the repayment of utilities that has already been covered by another agency. You must disclose all utility assistance received since March 2020 to be sure that no duplication of benefits is received.



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List sources of income: \_\_\_\_\_

Household Size	At or Under 30% AMI*	Over 30% to 50% AMI*	Over 50% to 80% AMI*	Over 80% AMI*
1	<input type="checkbox"/> \$0 - \$24,300	<input type="checkbox"/> \$24,301 - \$40,450	<input type="checkbox"/> \$40,451 - \$64,700	<input type="checkbox"/> \$64,700 & Above
2	<input type="checkbox"/> \$0 - \$27,750	<input type="checkbox"/> \$27,751 - \$46,200	<input type="checkbox"/> \$46,201 - \$73,950	<input type="checkbox"/> \$73,951 & Above
3	<input type="checkbox"/> \$0 - \$31,200	<input type="checkbox"/> \$31,201 - \$52,000	<input type="checkbox"/> \$52,001 - \$83,200	<input type="checkbox"/> \$83,200 & Above
4	<input type="checkbox"/> \$0 - \$34,650	<input type="checkbox"/> \$34,651 - \$57,750	<input type="checkbox"/> \$57,751 - \$92,400	<input type="checkbox"/> \$92,401 & Above
5	<input type="checkbox"/> \$0 - \$37,450	<input type="checkbox"/> \$37,451 - \$62,400	<input type="checkbox"/> \$62,401 - \$99,800	<input type="checkbox"/> \$99,801 & Above
6	<input type="checkbox"/> \$0 - \$40,200	<input type="checkbox"/> \$40,201 - \$67,000	<input type="checkbox"/> \$67,001 - \$107,200	<input type="checkbox"/> \$107,200 & Above
7	<input type="checkbox"/> \$0 - \$43,000	<input type="checkbox"/> \$43,001 - \$71,650	<input type="checkbox"/> \$71,651 - \$114,600	<input type="checkbox"/> \$114,601 & Above
8	<input type="checkbox"/> \$0 - \$45,750	<input type="checkbox"/> \$45,751 - \$76,250	<input type="checkbox"/> \$76,251 - \$122,000	<input type="checkbox"/> \$122,001 & Above

(Note: \*Area Median Income listed above is for 2020, and new limits are released each year. To obtain updated information, go to <https://www.hudexchange.info/resource/5334/cdbq-income-limits/> and search for income limits for the San Diego area.)

**APPLICANT STATEMENT:** I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, to include documentation on all income sources if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What is your preferred Method of Contact?       Phone Call       Email       Text