

## Emergency Utility Assistance Program Required Documentation

Baytown Resource and Assistance Center is providing utilities assistance to residents adversely impacted by the COVID-19 pandemic. The following is a general list of eligibility requirements. Applicants must provide hard copies of the following documents and meet the income eligibility requirements:

<input type="checkbox"/> Identification  <i>The applicant must prove his/her identity.</i>	<b>1.</b> Valid ID reflecting the address for which the applicant is seeking assistance
<input type="checkbox"/> Baytown Residency  <i>Only residents that reside within city limits can be served with CDBG-CV funds.</i>	<b>1.</b> Current residential lease or mortgage statement listing applicant(s) as lessee/owner.  <p style="text-align: center;"><b>AND</b></p> <b>2.</b> Past due utility bills listing applicant(s) as customer (gas, electric and water).
<input type="checkbox"/> Employment prior to COVID-19 emergency declaration	<b>1.</b> Evidence of employment on March 13, 2020 (payroll records, direct deposit records, attachment 1, etc.)
<input type="checkbox"/> Evidence of adverse financial impact by COVID-19  <i>Applicant must demonstrate that he/she has been adversely impacted as a direct result of COVID-19</i>	<ul style="list-style-type: none"> <li>- Loss of employment (layoff letter, unemployment application, etc.)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>- Reduction in income (furlough letter from employer, payroll records, bank statements, etc.)</li> </ul>
<input type="checkbox"/> Income Eligibility  <i>Federal and State income guidelines serve primarily low-income residents earning less than 80% Area Median Income (\$3,679 per month for a household of 1) and with limited assets.</i>	<b>1.</b> Bank statements (March 13, 2020 to application date)  <p style="text-align: center;"><b>AND</b></p> <b>2.</b> Payroll records (must include March 13, 2020 to application date)  <p style="text-align: center;"><b>AND</b></p> <b>3.</b> 2019 tax return  <p style="text-align: center;"><b>AND</b></p> <b>4. If applicable:</b> Verification of other income received (Social Security Administration, child support, SNAP, pension, etc.)
<p>Complete application packages include all the items Applicants are required to submit. To schedule a phone appointment prior to submittal please call the number provided below. Program staff will <u>not</u> accept incomplete application packages.</p> <p><i>*Additional documents may be needed to determine your eligibility for financial assistance</i></p> <p style="text-align: center;">For more information, call Baytown Resource and Assistance Center at</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">832-572-7011</p>	

# Emergency Utility Assistance Program

## APPLICATION

IMPORTANT: Some information in this application is strictly confidential and will not be released to persons outside of the program without written consent from the applicant. Information is requested to establish eligibility and for federal reporting requirements.

### Section I: Applicant/Head of Household Information (completed by the APPLICANT)

Name _____	_____	_____
Last	First	Middle Initial
Current Address _____	_____	
_____	_____	_____
City	State	Zip
Home Phone _____	Work Phone _____	_____
Email Address _____	_____	
Driver's License No. _____	Date of Birth _____	_____

### Section II: Co-Applicant (completed by the APPLICANT)

Name _____	_____	_____
Last	First	Middle Initial
Current Address _____	_____	
_____	_____	_____
City	State	Zip
Home Phone _____	Work Phone _____	_____
Email Address _____	_____	
Driver's License No. _____	Date of Birth _____	_____
Relationship to Applicant _____	_____	

# Emergency Utility Assistance Program

## Employment & Income History

Applicant's Employer _____	Occupation _____
Estimated Gross Monthly Income \$ _____	# of Years with Employer _____
Co-Applicant's Employer _____	Occupation _____
Estimated Gross Monthly Income \$ _____	# of years with employer _____

### Section IV: Household Members (completed by APPLICANT)

Total number of persons in the household _____	(# of Adults _____, # of children _____)
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### Section V: Property Information (completed by APPLICANT)

Property Address _____		
_____	_____	_____
City	State	Zip

### Section V: Utility Provider Information

Provider Name: _____	Address: _____
Provider Phone#: _____	_____
	CITY ST ZIP

Provider Name: _____	Address: _____
Provider Phone#: _____	_____
	CITY ST ZIP

Provider Name: _____	Address: _____
Provider Phone#: _____	_____
	CITY ST ZIP

# Emergency Utility Assistance Program

## CERTIFICATION

I (We) hereby submit the information contained in the attached Application, tax returns, and other furnished documents to be considered for the Emergency Utility Assistance Program. Under penalty of law, I certify my primary residence is located at:

\_\_\_\_\_ Baytown, TX, Zip \_\_\_\_\_.

The information contained in all required and signed program-related documents being submitted is true and correct.

I further certify that:

1. Neither I nor the Co-Applicant have received utility assistance from another entity
2. The house/apartment I (we) reside in is located within the Baytown city limits
3. The following is a list of all persons, including myself, who occupy the home:

Name	Age	Relationship	Gross Mo. Income
		SELF	\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		TOTAL	\$

## DECLARATION OF BENEFITS STATEMENT

I (we) understand that:

1. Households may earn no more than 80% of median family income for Baytown.
2. Household must disclose all sources of income and assistance provided by other organizations at the time of application.
3. Household must furnish proof of all household expenses in order to demonstrate a reduction in income.
4. My signature below certifies that all the information contained in this application is true to the best of my knowledge & I understand that if I receive utility assistance from another state, federal, or local source, I must repay part or all of the assistance provided to me by Baytown Resource and Assistance Center.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

## Community Development Block Grant Income Certification

Federally funded Community Development Block Program (CDBG) participants must disclose family income information and documentation. The information on this application is necessary for federal reporting purposes.

Sources of Income	Yes/No	Acceptable Documentation <i>If yes, please indicate the source of documentation used to verify this information.</i>
Salary, Wages, Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Most current paychecks/paystubs; <input type="checkbox"/> Written verification of employment from employer including salary/wage information and number of hours worked each week and the last filed Federal Income Tax Returns.
Self-employed Profits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Account records; or <input type="checkbox"/> Most current quarterly income tax return
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award/benefit letter; or <input type="checkbox"/> Most recent check; or <input type="checkbox"/> Three most recent bank statements showing deposits of award/benefit check
SSI/SSDI – Supplemental Security Income/Disability Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award letter stating the amount of benefit; or <input type="checkbox"/> Most recent check; or <input type="checkbox"/> Written statement from Caseworker stating the benefit amount
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award letter stating the current benefit; or <input type="checkbox"/> Printout from HHS verifying benefit
SNAP (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly or monthly check; or <input type="checkbox"/> Court decree establishing payments; or <input type="checkbox"/> Affidavit of child support
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interest & Dividend Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bank statement showing last 12 months of interest; or <input type="checkbox"/> Investment statements indicating the amount of dividends earned
No Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit of Zero Income
Other Sources of Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Describe:

**Certification:** (Please read before signing)

*This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government.*

*By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification.*

\_\_\_\_\_  
Applicant/Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant, if applicable

\_\_\_\_\_  
Date

## Demographic Information Certification Form Community Development Block Grant

Federally funded Community Development Block Program (CDBG) participants must disclose demographic information in order to participate. The information on this application is necessary for federal reporting purposes. Please print and answer all questions completely.

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Co-Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ E-mail (Optional) \_\_\_\_\_

**Gender**

- Female
- Male

**Do you live in a female-headed household?**

- Yes
- No

How many people are in your household? \_\_\_\_\_ = # of Children (0-17 years) \_\_\_\_\_ & # of Adults (18+ years) \_\_\_\_\_

**Which best describes your ethnicity: (check one)**

- Hispanic or Latino
- Not Hispanic or Latino

**Which best describes your race: (check one)**

- White
- African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- African American & White
- Asian & White
- Other multi-racial

**Family Income**

Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

**Family Income Table\* (below)**

1. FIRST circle the number of persons in your household
2. THEN go across and circle your household annual Income Category

Household Size	Income Bracket 1	Income Bracket 2	Income Bracket 3
1 Person	\$0-\$16,600	\$16,601-\$27,600	\$27,601-\$44,150
2 Person	\$0-\$18,950	\$18,951-\$31,550	\$31,551-\$50,450
3 Person	\$0-\$21,300	\$21,301-\$35,500	\$35,501-\$56,750
4 Person	\$0-\$23,650	\$23,651-\$39,400	\$39,401-\$63,050
5 Person	\$0-\$25,550	\$25,551-\$42,600	\$42,601-\$68,100
6 Person	\$0-\$27,450	\$27,451-\$45,750	\$45,751-\$73,150
7 Person	\$0-\$29,350	\$29,351-\$48,900	\$48,900-\$78,200
8 Person	\$0-\$31,250	\$31,251-\$52,050	\$52,051-\$83,250

\*Effective July 1, 2020

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*By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification.*

\_\_\_\_\_  
 Applicant/Head of Household Date

\_\_\_\_\_  
 Co-Applicant, if applicable Date