



EMERGENCY FAMILY UTILITY ASSISTANCE PROGRAM APPLICATION

Program Description

The Emergency Family Utility Assistance Program will assist families who have been impacted by COVID-19 with gas, electric, telephone (landline), cell phone, and internet 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, 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. Be a family which is defined as having at least one minor dependent residing in the household
4. 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, or by visiting their office located at 304 W. 18th St. National City, CA 91950.

SUBMIT APPLICATION to South Bay Community Services by email to utilityassistance@csbcs.org, or dropping your application off to the National City Family Resource Center located at 304 W. 18th St. National City, CA 91950, Monday-Friday, 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm from August 24, 2020 to September 11, 2020. Names will be selected via lottery on September 18. Follow up letters regarding your status for utility assistance or your status on the waiting list will be sent out the week of September 28.

APPLICANT INFORMATION

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

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?		
COVID-19 Impact: My income has been substantially impacted because of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you or your family receive any public assistance? 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

List sources of income: _____



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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/cdbg-income-limits/> and search for income limits for the San Diego area.)

ETHNICITY: Please check the box below that describes your family 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 family 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):

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