

**City of Corning CDBG-CV Subsistence Assistance Application**  
**Rent, Mortgage, and Utility Assistance (Subsistence Payment Program)**

**Assistance Requested**

<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Mortgage Assistance	<input type="checkbox"/> Utility Assistance
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The subsistence program for rent, mortgage, and utility assistance is available to eligible individuals financially affected by the COVID-19 pandemic with a household income at or below 80% of the area median income as listed in the table below. Assistance is available at a maximum of \$2,000 per month for up to 3 months and can combine rent or mortgage assistance with utility assistance. Applications will be processed as first come, first served, with priority given to individuals at-risk of homelessness.

**Applicant Summary**

Please complete the information below for the applicant seeking assistance. This individual must be on the lease or rental agreement (for rental assistance), deed or property tax bill (for mortgage assistance), or utility bill (for utility assistance) and provide a copy of the lease, rental agreement, deed, or property tax bill, and/or utility bill in the applicant's name for documentation.

Applicant Information			
First Name:		Last Name:	
Email:		Phone:	
Landlord / Property Manager Name:		Lease Start Date:	Lease End Date:
Landlord / Property Manager Email:		Landlord / Property Manager Phone:	
Housing Unit Address:			
Mailing Address <i>(complete if different from housing unit address)</i> :			
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail	Primary Language:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Background <i>(select only one)</i> : <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Racial Background <i>(select only one)</i> : <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & African American <input type="checkbox"/> Other			

## Household Information

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Each member of the household over 18 will need to provide valid identification and income verification.

Household <sup>1</sup> Information					
No.	First Name	Last Name	Relationship to Applicant	Date of Birth	Disability
1.			Self		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No

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<sup>1</sup> Within this program, the term household is generally interchangeable with family and generally includes members residing in the household as described in the definition of 24 CFR part 5.403.

## Income Verification

This program is only eligible for households earning at or below 80% of Area Median Income (AMI), as adjusted for household size. The current income limits for the City of Corning are:

Household Size	1	2	3	4	5	6	7	8
Income Limit	\$43,650	\$49,850	\$56,100	\$62,300	\$67,300	\$72,300	\$77,300	\$82,250

You must report on the income of every person in your household over 18 years old. Complete the following table for each member residing in the household separately. For example, a single person household will fill-out this table once. A three-person household will complete this table three separate times (once for each household member).

Supporting documentation should be submitted with the application.

Part 5 Annual Gross Income		
Household Member Name:	Employment Status:	
	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed
		<input type="checkbox"/> Full-time student
		<input type="checkbox"/> Other: please specify
Source(s) of Income	Monthly Income	Supporting Documentation
<input type="checkbox"/> Wages/Salary	\$	<input type="checkbox"/> Copies of 3 most recent paystubs <input type="checkbox"/> Other
<input type="checkbox"/> Benefits/Pension	\$	<input type="checkbox"/> Copy of award letters <input type="checkbox"/> Other
<input type="checkbox"/> Public Assistance	\$	<input type="checkbox"/> Copies of award letters <input type="checkbox"/> Other
<input type="checkbox"/> Other Income	\$	<input type="checkbox"/> Copies of most recent 3 months of bank statements <input type="checkbox"/> Other
<input type="checkbox"/> Assets	\$	<input type="checkbox"/> Copies of most recent 3 months of bank statements <input type="checkbox"/> Other

Part 5 Annual Gross Income		
Household Member Name:	Employment Status:	
	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed
		<input type="checkbox"/> Full-time student
		<input type="checkbox"/> Other: please specify
Source(s) of Income	Monthly Income	Supporting Documentation
<input type="checkbox"/> Wages/Salary	\$	<input type="checkbox"/> Copies of 3 most recent paystubs <input type="checkbox"/> Other
<input type="checkbox"/> Benefits/Pension	\$	<input type="checkbox"/> Copy of award letters <input type="checkbox"/> Other
<input type="checkbox"/> Public Assistance	\$	<input type="checkbox"/> Copies of award letters <input type="checkbox"/> Other
<input type="checkbox"/> Other Income	\$	<input type="checkbox"/> Copies of most recent 3 months of bank statements <input type="checkbox"/> Other
<input type="checkbox"/> Assets	\$	<input type="checkbox"/> Copies of most recent 3 months of bank statements <input type="checkbox"/> Other

## Income Verification

Part 5 Annual Gross Income		
Household Member Name:	Employment Status:	
	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed
		<input type="checkbox"/> Full-time student
		<input type="checkbox"/> Other: please specify
Source(s) of Income	Monthly Income	Supporting Documentation
<input type="checkbox"/> Wages/Salary	\$	<input type="checkbox"/> Copies of 3 most recent paystubs <input type="checkbox"/> Other
<input type="checkbox"/> Benefits/Pension	\$	<input type="checkbox"/> Copy of award letters <input type="checkbox"/> Other
<input type="checkbox"/> Public Assistance	\$	<input type="checkbox"/> Copies of award letters <input type="checkbox"/> Other
<input type="checkbox"/> Other Income	\$	<input type="checkbox"/> Copies of most recent 3 months of bank statements <input type="checkbox"/> Other
<input type="checkbox"/> Assets	\$	<input type="checkbox"/> Copies of most recent 3 months of bank statements <input type="checkbox"/> Other

Part 5 Annual Gross Income		
Household Member Name:	Employment Status:	
	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed
		<input type="checkbox"/> Full-time student
		<input type="checkbox"/> Other: please specify
Source(s) of Income	Monthly Income	Supporting Documentation
<input type="checkbox"/> Wages/Salary	\$	<input type="checkbox"/> Copies of 3 most recent paystubs <input type="checkbox"/> Other
<input type="checkbox"/> Benefits/Pension	\$	<input type="checkbox"/> Copy of award letters <input type="checkbox"/> Other
<input type="checkbox"/> Public Assistance	\$	<input type="checkbox"/> Copies of award letters <input type="checkbox"/> Other
<input type="checkbox"/> Other Income	\$	<input type="checkbox"/> Copies of most recent 3 months of bank statements <input type="checkbox"/> Other
<input type="checkbox"/> Assets	\$	<input type="checkbox"/> Copies of most recent 3 months of bank statements <input type="checkbox"/> Other

## COVID-19 Impact

A person living in your household must have been negatively economically impacted by the COVID-19 pandemic to be eligible to participate in the program. Select each type of impact that applies to any individuals living in your household. For each type of impact selected, supporting documentation should be submitted with the application.

COVID-19 Tieback	
Type of Impact	Supporting Documentation
<input type="checkbox"/> Unemployed due to COVID-19	<input type="checkbox"/> A copy of family member(s) notification of job loss/termination from employer during eligible pandemic period (April 2022 – present), OR <input type="checkbox"/> A copy of family member(s) approval for Unemployment Insurance Benefits
<input type="checkbox"/> Furloughed due to COVID-19	<input type="checkbox"/> A copy of family member(s) notification of furlough from employer during eligible pandemic period (April 2022 – present), OR <input type="checkbox"/> A copy of letter signed by family member(s) employer, confirming reduction in hours and/or pay
<input type="checkbox"/> If none of the above apply, please describe how your household family members were impacted by COVID-19 and attach any supporting documentation, if available, such as <b>higher costs as a result of the pandemic, including rising costs of fuel, natural gas, food, healthcare, childcare or additional costs for masks and disinfection..</b>	

## Relief Request

The CDBG-CV Subsistence Assistance Program may be used to pay for rent, mortgage, and /or utility expenses incurred on or after April 1, 2022. The maximum period of assistance is three (3) consecutive months which may include arrears, so long as arrears are for the month of April 2022 or any month thereafter. Please complete the table below by describing the amount you are supposed to pay each month and the amount of assistance you are requesting for each month of assistance.

Rent/Mortgage Assistance Requested:

Need for Assistance			
Eligible Use	Amount Due	Period of Assistance	Supporting Documentation
Rent/Mortgage	\$	April 2022	<input type="checkbox"/> A copy of current, executed residential rental or lease agreement, OR  <input type="checkbox"/> Other documentation showing property is primary residence. Example: copy of utility bill with address and applicant's name on the bill.
	\$	May 2022	
	\$	June 2022	
	\$	July 2022	
	\$	August 2022	
	\$	September 2022	
	\$	October 2022	
	\$	November 2022	
	\$	December 2022	
	\$	January 2023	
	\$	February 2023	
	\$	March 2023	
	\$	April 2023	
	\$	May 2023	
\$	June 2023		
<b>Total</b>	\$		

## Relief Request

Utility Assistance Requested:

Need for Assistance			
Eligible Use	Amount Due	Period of Assistance	Supporting Documentation
Utility	\$	April 2022	<input type="checkbox"/> A copy of the utility bills for each month assistance is requested.
	\$	May 2022	
	\$	June 2022	
	\$	July 2022	
	\$	August 2022	
	\$	September 2022	
	\$	October 2022	
	\$	November 2022	
	\$	December 2022	
	\$	January 2023	
	\$	February 2023	
	\$	March 2023	
	\$	April 2023	
	\$	May 2023	
\$	June 2023		
<b>Total</b>	\$		

## Prior Assistance and Duplication of Benefits

The emergency grant assistance provided under this program may not exceed a household's monthly unmet housing cost needs for a period of up to three consecutive months, or a total of \$2,000, whichever is greater. Individuals or families that have previously received CDBG-CV emergency grant payments for utilities, clothing, or other housing related needs are only eligible to participate in this program if such assistance was provided less than six months prior to this assistance.

Have you, or any household member previously received CDBG-CV emergency grant payments?

- No, our household has not previously received CDBG-CV emergency grant payments
- Yes, our household previously received CDBG-CV emergency grant payments.
  - If so, please indicate the first date of assistance from the previous CDBG-CV.
  - Date: \_\_\_\_\_

The information within this section of the application will provide vital information for ongoing evaluation of Duplication of Benefits (DOB) as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Failure to include prior assistance received for every household member may prevent assistance from being provided or you may be required to repay the duplicative assistance.

Have you, or any household member applied for, or received any financial assistance from any source (federal, state, local, private, etc.) to cover your rental, mortgage, or utility costs since March of 2020? ([CARES Act programs](#))

- No, I have not applied for or received any other forms of financial assistance for rental, mortgage, or utility costs.

Yes, I have received other forms of financial assistance that have been used to pay for rental, mortgage, or utility costs.

If you answered 'No' continue to the next section: Certifications. If you answered 'Yes', please identify each source of rental, mortgage, or utility assistance your household has received. You must complete this table for each source of funds separately. For example, a household that only received one other source of assistance would only complete this form once. However, a household that received three sources of funds will fill-out this information three separate times (once for each source of assistance).

Other Source of Rental or Mortgage Assistance			
Assistance Provider Name:		Award Date (MM/DD/YYYY):	
Type of Assistance:			
<input type="checkbox"/> Government Grant		<input type="checkbox"/> Government Forgivable Loan	<input type="checkbox"/> Government Loan
<input type="checkbox"/> Non-profit Grant		<input type="checkbox"/> Non-profit Forgivable Loan	<input type="checkbox"/> Other
Uses	Amount	Period of Assistance	Supporting Documentation
Rent, Mortgage, or Utility	\$	April 2022	<input type="checkbox"/> A copy of award letter  <input type="checkbox"/> Other: please specify
	\$	May 2022	
	\$	June 2022	
	\$	July 2022	
	\$	August 2022	
	\$	September 2022	
	\$	October 2022	
	\$	November 2022	
	\$	December 2022	
	\$	January 2023	
	\$	February 2023	
	\$	March 2023	
	\$	April 2023	
\$	May 2023		
\$	June 2023		
<b>Total:</b>	\$		
Other Source of Utility Assistance			
Assistance Provider Name:		Award Date (MM/DD/YYYY):	
Type of Assistance:			
<input type="checkbox"/> Government Grant		<input type="checkbox"/> Government Forgivable Loan	<input type="checkbox"/> Government Loan
<input type="checkbox"/> Non-profit Grant		<input type="checkbox"/> Non-profit Forgivable Loan	<input type="checkbox"/> Other
Uses	Amount	Period of Assistance	Supporting Documentation
Rent, Mortgage, or Utility	\$	April 2022	<input type="checkbox"/> A copy of award letter  <input type="checkbox"/> Other: please specify
	\$	May 2022	
	\$	June 2022	
	\$	July 2022	
	\$	August 2022	
	\$	September 2022	
	\$	October 2022	
	\$	November 2022	
	\$	December 2022	
	\$	January 2023	
	\$	February 2023	
	\$	March 2023	

	\$	April 2023	
	\$	May 2023	
	\$	June 2023	
<b>Total:</b>	\$		

## Affidavit

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I/WE have read and understand the forgoing application and requirements. I/WE further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in MY/OUR not conforming to the requirements of the program will subject MY/OUR application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted. I/WE further understand that the City of Corning, or its agent, will contact MY/OUR landlord to confirm payment details and indicate that I/WE will participate in Corning's CDBG-CV Subsistence Payment Program.

I/WE further certify that our application for this assistance does not result in a conflict of interest as described in the program guidelines. I/WE further certify that the information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that knowingly and willingly making a false or fraudulent statement to a department of the United States Federal Government is a felony and grounds for termination of assistance.

I/WE certify that this information is complete and accurate and have provided the following supporting documentation as required to determine MY/OUR eligibility for the program:

1. Copy of valid identification for all family members over the age of 18.
2. Copy of the rental or lease agreement showing the current rent and a statement from the landlord showing arrearage/amount due, copy of the deed or property tax bill for mortgage assistance, and/or copy of the utility bills from each month utility assistance is requested with statement from utility provider showing amount due. Each document must have the applicant's name on it.
3. Copy of income documentation for all family members over the age of 18.
  - a. Most recent three months of bank statements, proof of all asset accounts, award letters for public assistance (Passport to services)
4. Copy of the Affidavit demonstrating non-duplication of benefits and negative economic impact by COVID-19.
5. Proof that you are the current tenant or owner of the property.

I/WE certify that the household income stated is true and complete and that all household income has been disclosed with supporting documentation provided for each source of income. I/WE further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in acceptance of MY/OUR application to the program will subject MY/OUR application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted.

I/WE further certify under penalty of perjury, under the laws of the State of California, that I/WE am/are not able to receive, and have not received, other federal or non-federal benefits or other forms of rental, mortgage, or utility assistance that have not been disclosed in the Duplication of Benefits section of this application. I/WE shall further certify that I/WE will not pursue other federal or non-federal benefits for the same rental, mortgage, or utility costs during the same period that is being covered by this CDBG-CV Subsistence Payment Program. I/WE understand the I/WE must agree to repay assistance that is determined to be duplicative.



I/WE explicitly allow the City of Corning to share and request any non-public or confidential information with and from any organization with which I/WE have applied for, may have applied for, or is receiving rental assistance from, to enable the City of Corning to monitor and enforce compliance with the Duplication of Benefits requirements applicable to this CDBG-CV Subsistence Payment Program.

<b>Printed Name (First, Last)</b>	<b>Signature</b>	<b>Date</b>
Applicant:		
Co-Applicant:		

<b>Printed Name (First, Last)</b>	<b>Signature</b>	<b>Date</b>
Other Household Member over age 18:		
Other Household Member over age 18:		
Other Household Member over age 18:		
Other Household Member over age 18:		

# CITY OF CORNING

## **CDBG-CV Subsistence Payments Guidelines For Utility, Mortgage and Rental Assistance**

### **I. Introduction**

The attached program guidelines have been developed to facilitate the efficient and effective operation of the CDBG-CV Utility, Mortgage and Rental Assistance Program (CDBG-CV) for the City of Corning. Funding for this CDBG-CV is provided under Title I of the Housing and Community Development Act (1974), Public Law 93-383, as amended; CDBG-CV grants are subject to the Coronavirus Aid, Relief and Economic Security Act (CARES Act), through the Community Development Block Grant (CDBG) under regulations and policies established by the City of Corning in conjunction with the United States Department of Housing and Urban Development (HUD) and the California Department of Housing and Community Development (HCD). The City has set-aside a portion of its CDBG-CV allocation to provide Utility, Mortgage and Rental assistance to a targeted group of families and individuals to prevent homelessness, through no fault of their own, who have been financially impacted by the COVID-19 pandemic

### **II. Program Description**

The primary objective of the CDBG-CV programs is to respond to the financial impact this pandemic has had on families and prevent the spread of the coronavirus, by allowing families to remain housed. This program allows individuals/families to remain in the housing unit that served as their primary residence at the time that they were financially impacted by COVID-19. The CDBG National Objective being met by this program is Low/Mod Limited Clientele (LMC). As such, eligible families/individuals must have income that is at or below 80% of the Annual Median Income for the jurisdiction.

The COVID-19 Subsistence Payments program (“Program”) provides emergency utility, mortgage and rental assistance grants to income-eligible Corning households negatively economically impacted by the COVID-19 pandemic through job loss, furlough or reduction in hours or pay, or who have experienced higher costs as a result of the pandemic, including rising costs of fuel, gas, food, healthcare, childcare, etc.

An emergency grant, as well as other services provided to keep individuals and families housed are eligible public service activities under CDBG. CDBG-CV funds can be used to provide emergency payments for current and unpaid rent, mortgage, and utility assistance. All payments will be made to the utility provider, mortgage company or landlord on behalf of an individual or family. All assistance must be necessary and reasonable for the operation of the program. Subsistence funds can be used to prevent, prepare for, and respond to coronavirus and may provide assistance for up to three consecutive months. Assistance does not need to occur each month. If a household applies to the CDBG-CV program and requires assistance for the first month, but can then cover the second month, the household can still receive CDBG-CV assistance for the third month. Subsistence payment activities can provide rental relief assistance to households for utilities, and mortgage costs incurred on or after April 1, 2022. If a household or individual previously received CDBG-CV subsistence payments for any other assistance, such as utility payments, the total period of CDBG-CV subsistence assistance is limited to three consecutive months.

# CITY OF CORNING

## **CDBG-CV Subsistence Payments Guidelines For Utility, Mortgage and Rental Assistance**

### **Use of Assistance**

- Funds will be paid directly to the landlord, service provider or utility
- Funds can be used for currently, past, partial or full payments
- Funds can be used for future month payments (if eligible, an applicant must undergo a month-to-month reassessment, submit proof of the current month's balance, update application information including but not limited to, certification of inability to pay for housing cost(s) and a duplication of benefits statement
- Mortgage assistance payments may not be used for taxes but may be used for insurance expenses
- Utility assistance can be used for electric, gas, propane, water, sewer, trash, cable and broadband/internet
- Payments must address hardship resulting directly from the COVID-19 pandemic
- Payments made must be for applicant's primary residence only

The City of Corning's COVID-19 Subsistence Payment Program is funded through CDBG-CV funds allocated under the 2020 CARES Act and governed by the Federal Register Notice FR-6218-N-01-CDBG-CV, dated August 7, 2020, which is dispersed through the State California Department of Housing and Community Development (HCD) CDBG Program. Under statute of the CDBG-CV program, all activities must be used to prevent, prepare for, or respond to COVID-19.

(Note: The primary purpose of the CDBG-CV program is to benefit low- and moderate-income (LMI) persons, households, and neighborhoods. LMI is defined as 80 percent of the HUD adjusted median family income (HAMFI), adjusted by household size.)

### **III. Program Assistance**

This program is designed to provide rent/mortgage/utility assistance to Low/Mod households within the Corning City limits; subsistence payments can be used to pay for costs incurred on or after April 1, 2022 .

A Program grant is a one-time payment made on behalf of an income-eligible household, to reduce utility and housing/rental payment delinquency in arrears as a result of the economic impacts of COVID-19.

Rent and mortgage assistance can be provided up to \$2,000 per month for monthly rent/mortgage costs and arrears that occur/occurred on or after April 1, 2022. Rent and mortgage assistance cannot exceed \$6,000 over a three-month period. Payments will be made directly to the landlord, property owner, management or utility company and cannot be made directly to the assisted household. Payments will be made on a month-by-month basis, unless in arrears, and approval will be based on need, available funds, residency status, and household stability. To receive assistance, a tenant does not have to be

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## CDBG-CV Subsistence Payments Guidelines For Utility, Mortgage and Rental Assistance

behind on rent. They have to demonstrate that they don't have the ability to pay rent. Households should ideally be assisted at the time they anticipate being late on their rent, not after they are already late on their payment and have already incurred late fees.

### IV. Eligible Households

Households and families must be eligible for CDBG assistance to participate in the CDBG-CV funded subsistence payment programs. All emergency payments must be used to prevent, prepare, or respond to the impact of COVID-19. Eligible households must meet **ALL** of the following:

- Family/Household with a LMI household income ( $\leq 80\%$  City median income) based on applicable 2022 CDBG Income Limits-see chart
- Family/Household must submit documentation confirming a negative economic impact experienced since April 1, 2022 (loss of employment, furlough, reduction in hours and/or pay; increase in childcare, healthcare and other household expenses related to a period of quarantine, recovery or at-home instruction for school-aged children, or other COVID-19 related impact:
  - Secondary impacts of the pandemic include:
    - Increased food fuel, gas, medicine costs
    - Being on a fixed income and costs of good are increasing
    - Having risk factors that keep you from visiting the store or doctor's office
    - Having to purchase masks, gloves, disinfectants
- Family/Household resides in the City of Corning (service area)
- Prove residency at the current utility/rent/mortgage bill address (physical address)
- Family/Household is not able to access other payment assistance for same costs (no duplication of benefit)
- Housing unit is an established house, duplex, apartment, condominium, accessory dwelling unit, or mobile home

The Target Population Groups include:

- a. Renters-will be any individual/family who experienced a negative economic impact OR an increase in household expenses as a direct result of COVID-19, and who live or work in the City of Corning Eligible individuals/families must have income that is at or below 80% of the Annual Median Income for the County of Tehama.
- b. Homeowners-will be any individual/family who experienced a negative economic impact OR an increase in household expenses, as a direct result of COVID-19, and who live or work in the City of Corning Eligible

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## **CDBG-CV Subsistence Payments Guidelines For Utility, Mortgage and Rental Assistance**

individuals/families must have income that is at or below 80% of the Annual Median Income for the County of Tehama.

### **V. Ineligible Households**

An ineligible Program applicant is anyone whose primary residence is outside of the service area. Persons residing in a household that exceeds current Income Limits are not eligible. Businesses or non-profit organizations are not eligible for the program. CDBG-CV subsistence assistance may be provided for a period not exceeding three consecutive months. If a household previously received CDBG-CV subsistence payments for any other assistance, such as utility payments, the total period of CDBG-CV subsistence assistance is limited to three consecutive months.

### **VI. Eligible Units**

- a. Tenants who receive assistance from the CDBG-CV program must remain in the housing unit that served as their primary residence at the time that they were negatively economically impacted by COVID-19.
- b. Meets HUD Housing Quality Standards (HQS), as noted in the Housing Choice Voucher Program Administrative Plan.
- c. Is privately or publicly owned but does not receive project-based rental/mortgage subsidies. CDBG-CV cannot be used in public housing or Section 8 new Construction or substantial rehabilitation projects with Section 8 Project-based Rental Assistance, in any unit with project-based rental assistance attached to the rental unit funded by and government or private sources.

### **VII. Application Processing and Procedures**

Upon the receipt of a HCD letter releasing the Program, the City will conduct outreach and marketing to individuals in the Program service area. City staff will work to develop a marketing plan for the Program to outreach to persons in the community regarding the availability and accessibility of the Program. This plan shall be kept on file and updated as needed to ensure that all residents in the service area are informed about and have access to Program applications.

The City will prioritize program funding for individuals and families with past-due rental, mortgage, and/or utility balances based on the assessed need at the time of applying. Applicants must provide proof of past-due and/or current month payment need at the time of applying. Only households with a total income at or below 80% of AMI will qualify for rent, mortgage, and utility assistance. The City will maintain a participant waitlist in order to track the inflow of applications, record key household information, and conduct outreach to households that may not meet the initial program qualifications. Given the aforementioned program targets, limited program budget, and likely high demand for assistance among Corning households, the award of 'future' payments is

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## **CDBG-CV Subsistence Payments Guidelines For Utility, Mortgage and Rental Assistance**

not guaranteed for applicants that receive aid for past-due or current month rent, mortgage, and/or utility costs. Households that seek a housing assistance payment after an initial award will have to update their original application on a month-to-month basis. Items to update include, but are not limited to, proof of current month rent, mortgage, and/or utility outstanding balance, information on household income change(s), and a duplication of benefits statement.

See **Attachment A** for a sample Program Application form. The City's Program staff will accept applications and review for HUD income eligibility per Department standards and for other program eligibility requirements.

Once an applicant has returned all of their eligibility documentation and they are deemed to be eligible, the participant will be mailed/emailed a briefing package and directed to return requested landlord documentation to the City, should it be necessary.

All Program Applications received, both denied and approved, will be logged, and kept on file in accordance with HCD records retention act. Applicants who do not meet eligibility requirements of the program will be notified in writing with an explanation of ineligibility. The City of Corning will maintain records and documentation as required in the Standard agreement, all CDBG regulations, HCD policy, and adopted Program Guidelines, and to document all services provided.

**Appeals:** A determination on an applicant's status as 'ineligible' or 'denied' are provisional and subject to an appeal if an applicant so chooses. Appeals may be submitted to the City via email to: [suzi@silkconsultinggroup.com](mailto:suzi@silkconsultinggroup.com) or by mail to 794 Third Street, Corning, CA 96021. Written appeals must be submitted at least seven (7) calendar days from the date of an application is notified of their conditional ineligibility or denial. A written appeal must state the reason(s) why the applicant believes the decision was in error and provide any additional documentation necessary to support the applicant's claim. A decision on an applicant's eligibility and appeal will be issued in writing by the City's Administrator within 14 calendar days and will be final.

All activities must comply with all applicable cross-cutting requirements such as ADA compliance, conflict of interest, environmental reviews, equal access, fair housing, limited English proficiency, Uniform Relocation Act, and other such requirements required by HUD and HCD.

### **VIII. Definition of Household and Income**

A Household is defined as all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related persons who share living arrangements. Therefore, household member information must include, at a minimum, the following:

- a. Full names and ages of all family members as well as any unrelated

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## CDBG-CV Subsistence Payments Guidelines For Utility, Mortgage and Rental Assistance

persons living in the residence; and

- b. Signature of the primary applicant(s), certifying that the information provided related to the annual household income and members is correct.

### IX. Annual Income

The City of Corning will use the HUD Technical Guide for Determining Income for the CDBG-CV Program and HUD 24 CFR Part 5, Subpart F for determining annual household income for all program participants.

For the purposes of income qualification, income must be based on projected income at the time assistance is provided rather than the past 12 months. Records documenting the impact of the coronavirus on an individual or household requesting assistance can include, for example:

- Verification that an applicant was unable to work due to illness or required dependent care
- Termination
- Furlough notice
- Pay stubs reflecting reduced hours
- Bank statements reflecting reduced income
- A late rent, mortgage or utility notice
- Eviction notice

To determine program eligibility, all sources of annual income for each household member over the age of 18 and the exact amounts earned from each income source must be accurately documented. The primary applicant(s) are also required to certify by signature that the information provided regarding household members is correct.

Eligible households must be below the Low/Mod Income limits for household size.

Income Category:	1	2	3	4	5	6	7	8
60%	\$32,760	\$37,440	\$42,120	\$46,740	\$50,520	\$54,240	\$57,960	\$61,740
80%	\$43,650	\$49,850	\$56,100	\$62,300	\$67,300	\$72,300	\$77,300	\$82,250

### X. Documentation of Economic Impact During COVID-19

Applicant households must submit documentation confirming negative impact during the COVID-19 pandemic.

- a. Workplace closure or reduced hours due to COVID-19, including lay-off,

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termination, loss of working hours, income reduction resulting from business closure or other employer economic impacts of COVID-19. Self-certification of household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 27, 2020 to present); or, self-certification of furlough from employer during the eligible pandemic period (March 27, 2020 to present); or, self-certification of household member(s) notification confirming reduction in hours and/or pay during the eligible pandemic period (March 27, 2020 to present); or, self-certification of household member(s) application during the eligible pandemic period (March 27, 2020 to present) and/or approval for Unemployment Insurance benefits; or A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during an eligible pandemic period (March 27, 2020 to present);

- b. Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19.
- c. Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the tenant or a member of the tenant's household who is ill with COVID-19.
- d. Higher prices for food, gas, utilities, and other necessities as a result of the impacts of the pandemic (higher costs of living are qualifiable impacts of the pandemic)
- e. Being on a fixed income with the costs of basic necessities increasing while your income is not
- f. Having risk factors that keep you away from in person appointments
- g. Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency.
- h. Reasonable expenditures stemming from government ordered emergency measures.
- i. Any additional factors relevant to the household's reduction in income as a result of the COVID-19 pandemic.

### **XI. Program Administration**

- Market the Program
- Accept and process participant applications
- Document participant CDBG Program eligibility; and
- Ensure set up of participant files to document all provided services and associated costs.



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### **XII. Record Retention, Program Reporting and Monitoring**

The operating agency for the COVID-19 Subsistence Payment program shall maintain application files, company information, and all program administration records, written and digital, for no less than a period of 5 years from the end of the program in accordance with the HCD Standard Agreement.

The operating agency for the Program shall report, approved and assisted households, and their corresponding assistance information as directed by the funder.

### **XIII. Duplication of Benefits**

All CDBG-CV applicants are required to complete a duplication of benefits affidavit for assisted activities to demonstrate that no financial assistance has been received or is available to pay costs charged to a CDBG-CV grant. To comply with this requirement, the City will certify that no other funds are available for an activity by maintaining records of compliance with mandatory duplication of benefits requirements described in the Federal Register Notice.

A CDBG-CV grantee is required to develop and maintain adequate procedures to prevent a duplication of benefits that address (individually or collectively) each activity or program. A grantee's policies and procedures are not adequate unless they include, at a minimum: (1) a requirement that any person or entity receiving CDBG-CV assistance must agree to repay assistance that is determined to be duplicative; and (2) a method of assessing whether the use of CDBG-CV funds will duplicate financial assistance that is already received or is likely to be received by acting reasonably by evaluating need and the resources available to meet that need. It is the intent of this document to present the City of Corning's policy to uphold, enforce and document conformance with the duplication of benefit requirements which cover use of its CDBG-CV funds.

### **XIV. Housing and Community Development Act of 1974, Equal Opportunity Policy, Age Discrimination, and Section 504 of the Rehabilitation Act of 1973**

Section 109, title I of the Housing and Community development Act of 1974, provides that no person shall, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied, the benefits of, or be subjected to discrimination under any program or activity funded in whole or part with funds made available under this Title.

The City shall not discriminate based upon sex, age, race, creed, color, religion, national origin, marital status, ancestry or physical handicap in either the awarding of a contract for a Subsistence Payment Program Grant, or in accepting applications and processing program grants.

The City of Corning complies with the provisions of the Age Discrimination Act of 1975,

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prohibiting against discrimination on the basis of age, or with respect to an otherwise qualified handicapped individual, as provided in Section 504 of the Rehabilitation Act of 1973.

### **XV. Civil Rights Act of 1964**

The City complies with the Title VI of the Civil Rights Act of 1964, which provides that no person shall, on the grounds of race, color, national origin, may be excluded from participation in, be denied the benefits of, or be subjected to discrimination under an program or activity receiving Federal financial assistance.

### **XVI. Conflict of Interest**

No COVID-19 Program funding will be provided to any member of the governing body (city council) of the City of Corning, nor any designee of the City; no member of the above organizations shall have any interest, direct or indirect, in the proceeds from a grant from this Program.