

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

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

Household ¹ 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

¹ 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"/> Unemployed <input type="checkbox"/> Self-Employed <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"/> Unemployed <input type="checkbox"/> Self-Employed <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 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.	

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		
Total	\$		

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	
Total	\$		

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	
Total:	\$		

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	
Total:	\$		

Certifications

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 documentation demonstrating your household was negatively impacted 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.

Printed Name (First, Last)	Signature	Date
Applicant:		
Co-Applicant:		

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