



CITY OF EL MONTE UTILITY ASSISTANCE PROGRAM Application

Community & Economic
Development Department
Housing Division
11333 Valley Blvd.
El Monte, CA. 91731
(626)580-2070

The El Monte Utility Assistance Program offers utility assistance up to 3 consecutive months. If you are renter who resides within the City of El Monte, has experienced financial hardship, and meets the income guidelines, you may be eligible for utility assistance. Assistance is limited to \$1,200.00 and available on a first-come-first-serve basis.

The grant program is made possible with federal Community Development Block Grant (CDBG) funds from the Department of Housing and Urban Development (HUD), therefore residents must meet all federal requirements to be eligible for the program. **Payments will be made directly to service providers.**

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written.

1. APPLICANT INFORMATION

DATE: _____

Applicant Name: _____

Applicant's Address: _____

E-mail: _____ Phone: _____

2. BACKGROUND INFORMATION

a. Are you a legal resident of the United States?

No Yes

b. What is your **current** household pre-tax monthly income? \$ _____

c. Are you currently or have previously received utility assistance from another program?

No Yes If yes, please list the program, dates, and funding received

Utility Assistance Program:	Dates Received:	Monthly Utility Payment:
		\$
		\$
		\$

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of El Monte or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of El Monte's verification of various eligibility requirements. 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 which states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making false or fraudulent statement to the Department of the United States Government.

d. Are your utility bills included in your monthly rent?

- No Yes If yes, please list the utilities included in your monthly rent.

Utility:	Monthly Utility Payment:
	\$
	\$
	\$
	\$

e. Are you currently behind on your monthly utility payments?

- No Yes If yes, how many months are you behind? _____

f. Has your household been impacted due to the coronavirus pandemic period – *March 27, 2020 to present*?

- No Yes

g. Please check if any or all of the following apply.

- Workplace closure or reduced hours resulting FROM employer economic impacts of COVID-19.
- Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19.
- 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.
- Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency.
- Any additional factors relevant to the tenant’s reduction in income as a result of the COVID-19 emergency.

Please describe:

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h. Please provide requested utility information below. *(eligible utilities include: electric, gas, water, trash and internet)*

Utility Company Name 1:			
Account Number:	Monthly Utility Payment:	Monthly Due Date:	Months Past Due:
Address:	City:	Zip Code:	Telephone Number:

Utility Company Name 2:			
Account Number:	Monthly Utility Payment:	Monthly Due Date:	Months Past Due:
Address:	City:	Zip Code:	Telephone Number:

Utility Company Name 3:			
Account Number:	Monthly Utility Payment:	Monthly Due Date:	Months Past Due:
Address:	City:	Zip Code:	Telephone Number:

Utility Company Name 4:			
Account Number:	Monthly Utility Payment:	Monthly Due Date:	Months Past Due:
Address:	City:	Zip Code:	Telephone Number:

Please submit utility bill statements (all pages) due for all requested utilities and months in which the total amount due does not exceed \$1,200.

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i. Please provide requested information for all household members, **including yourself** .

Name	Age	Relationship to Applicant	Employment Status
Applicant:			

3. ASSURANCES AND SIGNATURES

I understand and by signing agree that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify you promptly in writing upon any material change in the information provided herein. You are authorized to make such inquiries, as you deem necessary and appropriate to verify the accuracy of this application.

The information supplied is used strictly for establishing eligibility for the El Monte Utility Assistance Program under CBDG funds. Applicant(s) acknowledge that personal and financial information may be subject to public disclosure under the California Public Records Act. If chosen for funding, applicant will be required to provide utility documentation, including but not limited to invoices, receipts, and utility bill.

Applicant Name: _____ Date: _____

Applicant Signature: _____ Date: _____

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