

Self-Help Enterprises
Permanent Local Housing Allocation (PLHA)
Atwater Assistance Application

Instructions and Checklist

Completed applications should be submitted to: Covidrelief@selfhelpenterprises.org

or fax to ATTN: PLHA (559) 651-3634 FAX

Subject line should include your first and last name

Example: John Smith, Atwater PLHA Assistance

Applicants: Must be able to prove a verifiable 21-Day notice to vacate documentation. Applicants must be income eligible.

- This program is for applicants facing **Risk of Eviction or Homelessness** only.

Available Assistance for qualifying applicants includes help to cover costs of mortgage, rent, rental deposit, and/or utility expenses. This program can assist with up to six (6) consecutive months of mortgage, rent and/or utilities but is limited to \$5,000 per household.

All Applications when submitted must include:

- **Completed application signed by all adults in the household (18 years or older)**
 - Self-Certification of Income
 - Duplication of Benefits Affidavit
- Copies of photo IDs for all adults in the household (18 or older)

For Mortgage Assistance, you must include:

- **Current** mortgage statement and notice to vacate

For Rent Assistance, you must include:

- **Current** rental lease agreement
- **Current** rental statement and 21-day notice to vacate

For Utility Assistance, you must include: (electricity, gas, water, sewer, trash, and broadband)

- **Current** utility bill statement

Applications when submitted MUST be complete, this includes ALL required documentation. Incomplete applications will result in processing delays.

Payments are sent directly to landlord, property management, mortgage, or utility company.

Please e-mail covidrelief@selfhelpenterprises.org or call (559) 802-1600 if you have questions regarding supporting documents, or the application.



STATE OF CA - TTY
ENGLISH 1-800-735-2929
SPANISH 1-800-855-3000

Deposit/Rent/Mortgage and/or
Utility Assistance Application

Date: _____

Applicant Name: _____ Phone: _____

Alternate Phone: _____ Email: _____

Complete Address: _____

Mailing Address (if different): _____

Do you receive Section 8 Assistance? Yes No

HOUSEHOLD MEMBERS: (Reside in the home):

	Applicant's Name	Other Household Member #1	Other Household Member #2	Other Household Member #3	Other Household Member #4	Other Household Member #5
Name <i>(First, Last)</i>						
Date of Birth						
Age						
Gender						
Education <i>(Highest level)</i>						
Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER BENEFITS:

Type	Benefit Amount	Type	Benefit Amount
<i>Ex: CalFresh (food stamps)</i>	<i>\$250.00</i>		

A. Total Household Benefits: \$ _____

CURRENT HOUSEHOLD MONTHLY
INCOME:

Household Member's Name	Type of Income (Job, unemployment, other benefits)	Total of last payment BEFORE TAXES	Pay schedule (weekly, monthly, every other week, twice monthly)
<i>EXAMPLE</i>	<i>Employment</i>	<i>\$2,000</i>	<i>Twice a month</i>

Total Household Income (Monthly) \$ _____ x 12 months = B. Total Household Annual Income \$ _____

TYPE OF ASSISTANCE NEEDED:

Mortgage

Rent

Rent Deposit

Utilities

Rent			
Rent deposit amount	\$ _____	1. Amount requested \$ _____	
Rent monthly amount	\$ _____	2. Amount requested \$ _____	
How many months behind are you?	_____		
Property Management/Landlord Name	_____		
Account number	_____		
Mortgage			
Monthly mortgage amount	\$ _____	3. Amount requested \$ _____	
How many months behind are you?	_____		
Mortgage Company Name	_____		
Account number	_____		
Utilities			
Utility	Company & Account Number	Amount due	Amount Requested
Electricity	_____	\$ _____	4. \$ _____
Gas	_____	\$ _____	5. \$ _____
Water	_____	\$ _____	6. \$ _____
City utilities (trash, and sewer)	_____	\$ _____	7. \$ _____
Broadband	_____	\$ _____	8. \$ _____

C. TOTAL AMOUNT REQUESTED (1+2+3+4+5+6+7+8): \$ _____

Please note that maximum per household is \$5,000, please indicate which expenses are your priorities and/or how to distribute funds

APPLICATION CERTIFICATION: (if more than 3 signatures are needed, use space below)

SHE Applicability: it is necessary to obtain, retain, and provide, if requested, personal information for clients served with program funding. I certify that my household is presently experiencing an economic hardship and is need of assistance. SHE has my authorization to examine all employment, income, mortgage, and other records pertinent to my application for program funding and to make a direct payment on my behalf. My signature certifies that the information on this application is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. **All Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.**

Definition of Income

HUD 24 CFR Part 5 Current income project forward 12 months
 IRS Form Most current Tax records

Beneficiary Information

Last Name:	Beneficiary ID (if applicable):
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Member Information

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15
	1							
	2							
	3							
	4							
	5							
	6							

HH = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

Contact Information

Address Line 1:	City:
Address Line 2:	State: Zip Code:

Income Information

Annual gross income (total of all members) = \$ _____

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

Beneficiary ID: _____

HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*

OTHER BENEFICIARY ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
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Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: 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 a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Part 2: Confidential Participant / Beneficiary HUD Demographic Information

(This section is voluntary.)

Ethnicity (Select One)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race (Select One)		
<input type="checkbox"/> White	<input type="checkbox"/> Am. Indian/Alaskan Nat. & White	
<input type="checkbox"/> Black/African American	<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"/> Am. Indian/Alaskan & Black/African	
<input type="checkbox"/> Nat. Hawaiian/Other Pacific Isl.	<input type="checkbox"/> Other Multi-Racial	
Other Demographic Data (Select all that Applies)		
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Single / Non Elderly	
<input type="checkbox"/> Participant is Disabled	<input type="checkbox"/> Related/Single Parent	
<input type="checkbox"/> Veteran	<input type="checkbox"/> Related/Two Parent	
<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Other (_____)	

Duplication of Benefits Affidavit (“Affidavit”)

I/We, _____ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving in the form of payments with rent, rent deposit, mortgage, or utility payments (“**Type of Assistance**”) for the purpose of avoiding foreclosure, eviction, or disconnection of utility services (“**Need**”) in the amount of _____ (“**Amount of Assistance or Total Need**” identified as item C. on page 2) from Self-Help Enterprises (“**Organization**”) through a program administered by the City of Atwater funding from the U.S. Department of Housing and Urban Development (the “Program”).
2. I/We believe the **Amount of Assistance/Total Need** is _____ (item C from page 2)
3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below (“Duplicative Assistance”):

(a)

Source of Funds #1	
Purpose	
Amount	

(b)

Source of Funds #2	
Purpose	
Amount	

(c)

Source of Funds #3	
Purpose	
Amount	

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c))) \$ _____.
5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.
6. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–2 254; 132 Stat. 3442). prohibits federal agencies from providing assistance to any person for “any part of such loss” as to which he has received financial assistance under any other program or from insurance or any other source (such as, FEMA, SBA, the Red Cross, the City, business owner’s Insurance, etc.).
7. I/We understand that the amount of assistance received by I/We from Self-Help Enterprises must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from

Duplication of Benefits Affidavit (“Affidavit”)

other sources (such as, FEMA, SBA, the Red Cross, the City homeowner’s insurance, etc.) for the same purpose.

- 8. Therefore, I/We understand that if I/We receive assistance from a source other than Self-Help Enterprises (such as, FEMA, SBA, the Red Cross, the City, homeowner’s insurance, etc.) for the Need for the same purpose, I/We must repay the assistance received from Self-Help Enterprises.

- 9. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by Me/Us from [*Insert Subrecipient Name*], payment of fines and/or imprisonment may be required in the event that I/We provide false, incomplete or misleading information in this Affidavit or during the rest of this process. **By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.**

Participant _____

Signature of Participant _____ Date _____

Participant _____

Signature of Participant _____ Date _____

Participant _____

Signature of Participant _____ Date _____