



**CITY OF PHARR  
UTILITY ASSISTANCE FUND  
CARES Act/CDBG-CV**

The City of Pharr will utilize one-hundred thousand dollars (\$100,000) from the Coronavirus Aid, Relief and Economic Stability (CARES) Act to establish a Utility Assistance Fund. The Utility Assistance Fund will be administered by the Grants Management and Community Development (GMCD) department. The funds are designed to immediately support the utility assistance financial needs of City of Pharr residents that are experiencing COVID-19 related hardships. The Program will not be amended or changed without prior written concurrence from the GMCD Community Development Block Grant (CDBG) program and City of Pharr.

1) Use of Grant Funds:

The Utility Assistance Fund will provide immediate assistance to the Pharr resident affected by the current national pandemic. The guidelines of this program will follow the CARES Act requirements and will be the basis for meeting the eligibility criteria for assistance. The CARES Act funds must be used to prevent, prepare for, and respond to the coronavirus.

2) Purpose and Limitations of the Grants made from the Utility Assistance Fund:

a. Eligibility Requirements:

i. Low-to-Moderate Income Eligibility:

Applicants must complete an Income Verification Form documenting household income eligibility.

II. COVID-19 Adverse related requirement:

Applicant must be able to demonstrate that they have experienced adverse financial hardship due to the COVID-19 pandemic and are in arrears on their utilities

III. Eligibility:

Under CDBG programs requirements, all recipients of CDBG funds must provide proof of residency status. (U.S. Resident, a Non-Citizen National, or a Legal Resident of the U.S.)

Acceptable Identification:

- U.S. Birth Certificate (long form, (copy of original)
- Naturalization Certificate
- U.S. Passport
- Current Voter's Registration Card with Unexpired Driver's License or ID Card issued by the State of Texas
- Permanent/Legal Resident Card (unexpired).

IV. Low to Moderate Income (LMI) Household requirement:

Each residential owner must submit a Household Income Eligibility Certification form documenting LMI.

80% Area Median Income – McAllen Edinburg Mission MSA								
# of People in Household	1	2	3	4	5	6	7	8
Household Income	32,900	37,600	42,300	46,950	50,570	54,500	58,250	62,000

Examples of Proof of Income:

- Award Letter(s) from Medicaid or SNAP
- Temporary Assistance for Needy Families for the previous 30 days
- Reside in Public Housing

V. Applicant must submit copies of all utility service bills when requesting payment.

b. Limitations on grant assistance from the Utility Assistance Fund:

i. What Applicants are NOT eligible to apply?

Duplication of Benefits: Applicants who have been assisted with a different source of federal or non-federal funds on their utilities are not eligible.

ii. Grant money may only be used for utility expenses. The utility expenses are defined as the water, electric, and gas service.

c. Other General Grant Criteria:

i. Grant amounts cannot exceed five hundred dollars (\$500) and are limited to a one-time assistance.

ii. Applicant must be a Pharr resident.

iii. Grant funds shall not be used to finance the purchase or repair of any new or existing utility appliance.

iv. Applicant is responsible to make payment arrangements with their utility service provider and advise them that they are in the process of receiving assistance with their utility.

v. The city is not responsible for the disconnection of service for non-payment.

d. In accordance with Federal law, applicants will not be discriminated against on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status.

3) Disbursement Process:

a) Applications will be received daily with the cut-off being every Thursday at 5:00pm.

b) Applications will be submitted to GMCD with all appropriate documentation.

c) GMCD will submit a list of applicants with names, account numbers and service providers to Finance.

d) Finance will process an electronic funds transfer (EFT) to service providers for all qualifying applicants.

*I hereby affirm and certify that I have not asked for and/or I have not received funding from another agency to pay for these expenses. I further certify that this statement is true and correct. I understand that falsification will render this application void and disqualify me for benefits.*

By: \_\_\_\_\_  
(Acknowledged Signature)

\_\_\_\_\_ (Date)

# PHARR UTILITY HARDSHIP PROGRAM APPLICATION

CARES Act

## PART I - APPLICANT INFORMATION

Pharr Utility Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number:

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Other # \_\_\_\_\_

## Part II - REASON FOR UTILITY HARDSHIP REQUEST

Has an unexpected expense/crisis happened?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Explain : \_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION (APPLICANT MUST SIGN THIS SECTION)

I certify that the information provided is true and correct to the best of my knowledge and belief

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

## STAFF USE ONLY

Program Year: CDBG-CV    Utilities: Electricity \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

## RECOMMENDATION

\_\_\_\_\_ Approve

\_\_\_\_\_ Denied

Reason for Denial \_\_\_\_\_

Interviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Approval

\_\_\_\_\_  
Grants Mgmt & Community Development Dir.

\_\_\_\_\_  
Date

**Pharr, Hidalgo County, Texas  
Income Eligibility Verification Form  
CARES Act**

*Qualified Documents Application*

Participants of the Federally funded Coronavirus Aid, Relief and Economic Security (CARES) Act funds must disclose household income information for program eligibility requirements. All information will remain confidential. Please print legibly and answer all questions completely.

**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.

**I. General Information: Household Demographics**

A. Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does the applicant reside within the City limits?     Yes     No

B. Characteristics **(Circle One)**

1. Hispanic:    Yes                      No

2. Race:

- |  |  |
|--|--|
| White                                  | Black/African American                 |
| Asian                                  | American Indian/Alaskan Native         |
| Native Hawaiian/Other Pacific Islander | American Indian/Alaskan Native & White |
| Asian & White                          | Black/African American & White         |
| American Indian/Alaskan Native & Black | Other Multi-Racial                     |

3. Number of Persons Benefitting from Services \_\_\_\_\_

4. Number of Persons In Household \_\_\_\_\_

## **II. Qualification Documents**

Please mark (X) your answer

A. Does your family receive TANF (Temporary Assistance for Needy Families)?

\_\_\_\_\_ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step III to sign and date this application

\_\_\_\_\_ No; please continue to next question

B. Does anyone in your household receive MEDICAID?

\_\_\_\_\_ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step III to sign and date this application

\_\_\_\_\_ No; please continue to next question

C. Does your family receive SNAP (FOOD STAMPS)?

\_\_\_\_\_ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step III to sign and date this application

\_\_\_\_\_ No; please continue to next question

D. Do you reside in Public Housing (Housing Authority or Section 8)?

\_\_\_\_\_ Yes; Name the City in which the Public Housing is located \_\_\_\_\_

Source Documentation: provide a copy of ID/license, or utility bill indicating address;  
Stop and go to Step III to sign and date this application

\_\_\_\_\_ No; please use Income and Assets Application ([Request from Pharr CDBG Office](#))

### **III. Certification of Applicant**

Circle income limit based on household size.

**INCOME TABLE (BELOW):**  
As of June 1, 2019

<b>Household Size</b>	<b>Extremely Low Income (30%)</b>	<b>Very Low Income (50%)</b>	<b>Low Income (80%)</b>
1 Person	\$12,350	\$20,550	\$32,900
2 Persons	\$14,100	\$23,500	\$37,600
3 Persons	\$15,850	\$26,450	\$42,300
4 Persons	\$17,600	\$29,350	\$46,950
5 Persons	\$19,050	\$31,700	\$50,750
6 Persons	\$20,450	\$34,050	\$54,500
7 Persons	\$21,850	\$36,400	\$58,250
8 Persons	\$23,250	\$38,750	\$62,000

Applicant is \_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible

I, \_\_\_\_\_, hereby acknowledge that  
*(Print Name)*

(1) eligibility for assistance under this CDBG-CV (CARES Act) funded program is based upon having a presumption or qualifying household income; (2) the information furnished to the Agency providing the services and/or Grantee is current as of the date signed; (3) this information may be subject to further verification by the Grantee and/or the U.S. Department of Housing and Urban Development (HUD) and HUD–Office of Inspector General (HUD-OIG); (4) I authorize such verification; and (5) falsification of the information provided may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **IV. Certification of Agency**

I, \_\_\_\_\_, hereby acknowledge that I  
*(Print Name)*

have received the necessary documentation in order to provide services under the Pharr CDBG-CV (CARES Act) Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Pharr, Hidalgo County, Texas  
Income Eligibility Verification Form  
CARES Act/COVID-CV**

*Income and Assets Application*

Participants of the Federally funded Community Development Block Program (CDBG) must disclose personal information for reporting and eligibility purposes. Please print legibly and answer all questions completely.

**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.**

**I. General Information: Household Demographics**

A. Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does the applicant reside within the City limits?     Yes     No

B. Characteristics **(Circle One)**

1. Hispanic:    Yes                      No

2. Race:

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

American Indian/Alaskan Native & Black

Other Multi-Racial

3. Number of Persons Benefitting from Services \_\_\_\_\_

4. Number of Persons In Household \_\_\_\_\_

## **II. Income Calculation:**

A. List names of persons in the household and indicate if household members are full-time students or children

#	Last Name	First Initial	Full-time student 18 years or older		Child under the age of 18 years	
			Yes	No	Yes	No
1			Yes	No	Yes	No
2			Yes	No	Yes	No
3			Yes	No	Yes	No
4			Yes	No	Yes	No
5			Yes	No	Yes	No
6			Yes	No	Yes	No
7			Yes	No	Yes	No
8			Yes	No	Yes	No
			Notes: If yes, income is capped at \$480 except for head of household		If yes, income is excluded from calculation (\$0)	

***Verify number of household members listed above equals number provided on Page 1, Question 4.***






B. For each member of the household, list the **annual/yearly** INCOME amount

Name	1) Wages and Salaries	2) Benefits and Pension Distributions	3) Public Assistance	4) Other Income (including Net Business)	Source	5) Annual Gross Income <i>(Add each row and enter for each person)</i>
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
<b>TOTAL</b> <i>(Add the amounts in Column 5)</i>						\$
<b>Examples:</b>						
Wages, salaries, tips, overtime, bonuses, armed forces income, self-employment or business income		Retirement and insurance income	Unemployment and disability income	Interest and dividends, alimony, child support, and gift income		
<b>Documentation Needed:</b>						
3 months' worth of paystubs or electronic deposit documents		3 months' worth of checks stubs or electronic deposit or distribution documents	3 months' worth of checks stubs or electronic deposit or distribution documents	3 months' worth of checks stubs or electronic deposit or distribution documents		

### **III. Assets Calculation:**

A. If you or your household members have any of the following items, provide value:

<b>1) Asset</b>	<b>2) If yes, provide</b>	<b>3) To determine Current Value</b>	<b>4) Current Value</b>	<b>5) To determine Actual Income</b>	<b>6) Actual Income from Assets</b>
A checking account?	6 months of statements	Average of 6 statements	\$	Average interest earned	\$
A savings account?	6 months of statements	Average of 6 statements	\$	Average interest earned	\$
Cash in a safety deposit box?	Signed Statement of Amount	Current Value	\$	N/A	\$0
Cash at home?	Signed Statement of Amount	Current Value	\$	N/A	\$0
Cash anywhere else?	Signed Statement of Amount	Current Value	\$	If invested, interest earned	\$
Trust funds available to you?	6 months of statements	Average of 6 statements	\$	Amount of Interest Earned	\$
Equity in any rental property?	Property Tax Statement	Value minus outstanding mortgage and upkeep	\$	Reported under Income Calculation	\$0
Stocks, bonds or Treasury Bills, Certificates of Deposits, Mutual Funds or Money Market Accounts?	Current statement	Current Value minus cost to sell	\$	Amount of Interest Earned	\$
Retirement Accounts or 401(k) or Pensions that you can access or are available for distribution?	Current Statement	Current Value minus penalty	\$	Amount of Interest Earned	\$

1) Asset	2) If yes, provide	3) To determine Current Value	4) Current Value	5) To determine Actual Income	6) Actual Income from Asset
Cash value of life insurance policies available before death (Whole Life or Universal Life)	Current Statement	Current Value minus penalty	\$	Amount of Interest Earned	\$
Personal Property held as an investment (as examples: gems, jewelry, coin collections, antique cars)	Signed Statement of Value	Current Value	\$	N/A	\$0
Lump-sum or one-time receipts of inheritances, capital gains, lottery winnings, victims restitution, insurance settlements	Current Statement or Receipt	Current Value	\$	If invested, amount of interest earned	\$
Mortgages or Deeds of Trust	Property Tax Statement	Value minus outstanding mortgage and upkeep	\$	Reported under Income Calculation	\$0
<b>TOTAL</b> <i>(Add the amounts in Column 4)</i>			\$	<b>TOTAL</b> <i>(Add Column 6)</i>	\$
			 <b>Net Cash Value of Assets</b>		 <b>Total Actual Income from Assets</b>
B. If Net Cash Value of Assets is <u>greater than \$5,000</u> , multiply by 0.0006 (0.06% Passbook Rate); otherwise, enter zero					
			 <b>Passbook Amount</b>		
C. Enter the greater of Total Actual Income from Assets (Column 6) or Passbook Amount (Letter B)					

**IV. Household Income Calculation:**

- 1. Enter Total Annual Gross Income (Page 7) \$ \_\_\_\_\_
- 2. Enter Greater of Actual Income or Passbook Amount (Page 9) \_\_\_\_\_
- 3. Add lines 1 and 2 \$ \_\_\_\_\_

**V. Certification of Applicant**

Circle income limit based on household size.

**INCOME TABLE (BELOW):**

As of June 1, 2019

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Applicant is \_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible

I, \_\_\_\_\_, hereby acknowledge that  
*(Print Name)*

(1) eligibility for assistance under this CDBG-funded program is based upon having a presumption or qualifying household income; (2) the information furnished to the Agency providing the services and Grantee is current as of the date signed; (3) this information may be subject to further verification by the Grantee and/or the U.S. Department of Housing and Urban Development (HUD) and HUD–Office of Inspector General (HUD-OIG); (4) I authorize such verification; and (5) falsification of the information provided may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**VI. Certification of Agency**

I, \_\_\_\_\_, hereby acknowledge that I have  
*(Print Name)*

received the necessary documentation in order to provide services under the CARES Act Program.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date



City of Pharr, Hidalgo County, Texas
Utility Assistance Fund Agreement

1. Parties. This Grant Agreement ("Agreement") is between the City of Pharr, Hidalgo County, Texas ("City") acting by and through the U.S. Department of Housing & Urban Development's, CDBG-CV federal award guidelines, and "" ("Grantee"), a resident of the City of Pharr whose name is: \_\_\_\_\_, and physical address is: \_\_\_\_\_, Pharr, Texas 78577.

This Agreement sets forth the:

2. Grant Scope of Work. "Grantee" has submitted a Utility Assistance Fund ("Grant") application with the "City" requesting up to {\$500.00}, which has been approved for funding by the "City". Grantee hereby agrees to diligently meet the grant requirements and carry out the grant conditions as set forth in the City of Pharr Utility Assistance Fund CARES Act/CDBG-CV program guidelines and for the following utility expense:

Table with 3 columns: Utility Service Provider, Account #, and Approved Amt. Rows for E, W, and G.

3. Term. This Agreement shall be effective from the date it is executed on behalf of both parties. This "Grant" is made with the understanding that the "Grantee" has not received prior funding for the same expense the "Grant" is intended and will be used for. The "Grantee" certifies through this "Agreement" to the Duplication of Benefits compliance, as per the CARES Act.

4. Grant Award and Payment. Subject to the limitations set forth in the "Agreement", "Grantee" agrees to provide "City" proof of the overdue utility payment.

"Grantee" agrees to accept a grant in the total amount not to exceed [\$500.00].

"Grantee" shall use the Grant funds solely for the purpose of paying the Grantee's past due utility accounts described in section number 2 of this agreement.

I hereby affirm and certify that I have not asked for and/or I have not received funding from another agency to pay for these expenses. I further certify that this statement is true and correct. I understand that falsification will render this application void and disqualify me for benefits.

(Acknowledged Signature)

(Date)

Grantor: City of Pharr CDBG

(Date)