



**CITY OF PHARR
EMERGENCY UTILITY ASSISTANCE FUND
CARES Act/CDBG-CV3**

The City of Pharr will utilize two-hundred fifty thousand dollars (\$250,000) from the Coronavirus Aid, Relief and Economic Stability (CARES) Act to establish an Emergency Utility Assistance Program. The Emergency Utility Assistance Program 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 financial hardships due to the ongoing COVID-19 pandemic. The Program will not be amended or changed without prior written concurrence from the GMCD and the City of Pharr.

1) Use of Grant Funds:

The Emergency Utility Assistance Program 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 a U.S. Department of Housing & Urban Development approved 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, *e.g., loss of job, reduced hours, increase in essential expenses.*

III. Under CDBG program 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:

***Photocopy of Residency ID required**

- U.S. Birth Certificate (long form, (copy of original)
- 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. Proof of Income:

Documents Required to make adverse effect from COVID-19 pandemic:

- Income Tax Returns for 2019 and 2020, if applicable
- Three (3) months payroll documentation, if applicable
- Six months (6) of bank statements

- V. Applicants who are self-employed must sign a Self-Employed Affidavit and meet program residency status requirements.
- VI. Applicants who are 62 years and older and/or are disabled must provide proof of Social Security benefits.
- VII. Duplication of Benefits: Applicants who have been assisted with a different source of federal or non-federal funds on their utilities are not eligible for assistance.

b. Other General Grant Criteria:

- I. Grant amounts cannot exceed five hundred dollars (\$500)
- II. Applicant must be a Pharr resident.
- III. Grant funds shall not be used to finance the deposit for new city utility accounts, purchase, or repair of any new or existing water appliance or plumbing.
- IV. Applicant is responsible to make payment arrangements with the City of Pharr Utility department and advise them that they are in the process of receiving financial assistance to pay their utility.
- V. Applicant is responsible for the non-utility assistance balance.
- VI. The city is not responsible for the disconnection of service for non-payment.
- VII. Utility bill address must match applicant drivers license.

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

I hereby attest 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 the above statement is true and correct. I understand that a false statement may disqualify me from receiving benefits.

By: _____
(Acknowledged Signature)

(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 15, 2022

| Household Size | Extremely Low Income (30%) | Very Low Income (50%) | Low Income (80%) |
|-----------------------|-----------------------------------|------------------------------|-------------------------|
| 1 Person | \$14,350 | \$23,850 | \$38,150 |
| 2 Persons | \$16,400 | \$27,250 | \$43,600 |
| 3 Persons | \$18,450 | \$30,650 | \$49,050 |
| 4 Persons | \$20,450 | \$34,050 | \$54,450 |
| 5 Persons | \$22,100 | \$36,800 | \$58,850 |
| 6 Persons | \$23,750 | \$39,500 | \$63,200 |
| 7 Persons | \$25,400 | \$42,250 | \$67,550 |
| 8 Persons | \$27,000 | \$44,950 | \$71,900 |
| | | | |

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 EMERGENCY UTILITY ASSISTANCE PROGRAM

APPLICATION

CARES ACT CDBG-CV 3

PART I – APPLICANT INFORMATION

Program Year 2020

Pharr Utility Account #: _____

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: Home: _____ Work: _____

PART II – REASON FOR UTILITY HARDSHIP REQUEST

Has an unexpected COVID related expense/crisis happened? Yes: _____ No: _____

Explain: _____

CERTIFICATION OF APPLICATION (APPLICANT MUST SIGN THIS SECTION)

Circle income limit based on household size: **INCOME TABLE (BELOW):**

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**Number of Persons Benefitting from Services _____

**Number of Persons in Household _____

I certify that the information provided is true and correct to the best of my knowledge and belief. I further certify that I have not received utility assistance from any other CARES Act or other funding source in the last six (6) months

APPLICANTS SIGNATURE _____

DATE _____

STAFF USE ONLY

Grant Request Date: _____ Grant Award Amount: \$ _____

Utility Account Past Due: Y / N

RECOMMENDATION:

APPROVED

DENIED:

Reason for Denial: _____

Utility Hardship Program Manager Signature: _____ Date: _____

GRANTS MANAGEMENT & COMMUNITY DEVELOPMENT REVIEW: APPROVED:

DENIED:

GMCD DIRECTOR SIGNATURE: _____

DATE: _____