



# CITY of CLOVIS

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## AFFORDABLE HOUSING PROGRAMS

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### EMERGENCY UTILITIES PAYMENT ASSISTANCE PROGRAM

**2022-2023 PROGRAM YEAR**

**Now Accepting Applications**

Thank you for your interest in the City of Clovis' Utilities Payment Assistance Program. The Program provides financial assistance to pay for water, sewer, or refuse charges in arrears for low-income residents in Clovis, CA, who receive utilities services from the City of Clovis. The assistance is provided directly to the City of Clovis Finance Department/Department of Public Utilities, on behalf of the eligible applicant. Assistance is targeted towards bills that are in arrears (late payment). If your application is approved, you will receive additional information and requirements from City Staff.

**NOTE: this is an application ONLY, and does not constitute approval of your application.**

#### **ELIGIBILITY REQUIREMENTS (NOTE: OTHER REQUIREMENTS MAY APPLY))**

1. Applicant must receive water, sewer, refuse services from the City of Clovis.
2. Applicant must have water, sewer, refuse services fees in arrears.
3. Applicant cannot have received financial assistance to pay for these same charges from any private, local, state, or federal funding source.
4. Applicant must certify that the COVID pandemic affected their ability to make utilities payments.
5. Assistance is only provided for utilities due on an applicant's primary residence.
6. Total gross annual household income cannot exceed the following amounts (per household size):

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$43,650	\$49,850	\$56,100	\$62,300	\$67,300	\$72,300	\$77,300	\$82,250

**Applications will be accepted and processed on a first-come, first-served basis.**

**Only complete applications will be accepted. Incomplete applications will be returned to the applicant.**  
**Complete Applications will include the following:**

1. All individuals living in the home must be listed on the application; and
2. All applicable items identified on the application checklist must be submitted **at the time** of application submission.

**Submit completed applications and supporting documentation  
by mail, or in person, to the following:**

City of Clovis - Administration  
Affordable Housing Programs  
1033 Fifth Street  
Clovis, CA 93612



#### **NOTICE OF NON-DISCRIMINATION:**

It is the policy of the City of Clovis to not discriminate on the basis of race, color, national origin, religion, sex, and sexual preference. If you have a complaint or concern, please contact the City of Clovis 504 Coordinator at (559) 324-2060.

#### **Need Assistance Contacting the City of Clovis?**

California Relay Service provides specially trained Communication Assistants to relay conversations between deaf, hard of hearing, or speech-loss individuals and people who use a standard telephone. You can use this service to contact the City of Clovis by dialing 711.



## APPLICATION CHECKLIST

Please use the checklist below to ensure your application is complete. Your application will be returned to you if you do not include these items.

### **REQUIRED WITH ALL APPLICATIONS**

- ☐ Completed Application (attached)
- ☐ Signed Applicant Certifications including no duplication of benefit statement
- ☐ Copy of Applicant(s) Drivers License, **OF ALL ADULTS RESIDING IN THE HOME**
- ☐ Copy of City of Clovis past due and current utility bills due
- ☐ Verification of income documents (see chart below) **FOR ALL ADULTS, 18 YEARS AND OLDER, RESIDING IN THE HOME, INCLUDING THOSE WITH NO INCOME.**
- ☐ Proof of negative financial hardship as a result of the coronavirus (see page 6)

INCOME DOCUMENTS	REQUIRED DOCUMENTATION
If you receive wages from a Job	<i>PROVIDE 2 months of most recent pay stubs – REQUIRED WILL ALSO NEED A VERIFICATION OF INCOME FROM EMPLOYER</i>
Tax Returns - REQUIRED	<i>3 years of tax returns AND W-2, 1099 (REQUIRED)</i>
Bank Statements - REQUIRED	<i>6 months of bank statements (BOTH CHECKING AND SAVINGS)</i>
If you are Self-Employed	<i>Two years of self-employment income (Schedule C) or 1040 tax form.</i>
If you receive Social Security or Supplemental Security Income	<i>Most recent benefit statement from the Social Security Administration.</i>
If you receive Unemployment Compensation or Worker's Compensation	<i>Copy of most recent benefit statement.</i>
Retirement Accounts (401K, 403B, 457, CD or IRA)	<i>Most recent retirement account statement.</i>
Child Support or Alimony	<i>Court order showing monthly payment, or most recent statement from enforcement agency.</i>
No Income - Not Required to File Taxes – No Bank Accounts ONLY IF APPLICABLE	<i>Signed statement of no income or no bank statements (included in application packet for your use – see pages 3-5).</i>

NOTE: OTHER REQUIREMENTS AND DOCUMENTATION MAY APPLY

For questions on this application, contact:  
 Claudia Cazares, Affordable Housing Management Analyst  
 (559) 324-2094  
 claudiac@cityofclovis.com



# CITY *of* CLOVIS

## AFFORDABLE HOUSING PROGRAMS

1033 FIFTH STREET • CLOVIS, CA 93612

### UTILITIES PAYMENT ASSISTANCE PROGRAM APPLICATION 2022-2023 PROGRAM YEAR

Name of Applicant(s): \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the Utility Bill in your name?      Yes                      No

If not, then **STOP**, you cannot apply for this program.

Is the LATE Utility Bill(s) from the mailing address listed above?      Yes                      No

If not, please list address here: \_\_\_\_\_

**Race of Applicant (please check all that apply):**

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ Other: \_\_\_\_\_

**Ethnicity of Applicant:**

Hispanic:    Yes                      No

**ALL Household Members and their Income (list the applicant(s) first, then all other people living in the home, including relation to applicant, age and income):**

NAME AND RELATION TO APPLICANT	AGE	GROSS ANNUAL INCOME

*Attach additional page for additional household members*



**WHICH MONTHS/YEARS DO YOU NEED ASSISTANCE FOR?  
ATTACH COPIES OF UTILITY PAYMENTS THAT YOU ARE LATE IN PAYING.**

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## **APPLICANT CERTIFICATIONS**

I certify, under penalty of perjury under the laws of the State of California, that I have been unable to pay utility bills, including water, sewer, and refuse, due to the adverse financial impact as a result of the coronavirus.

I certify, under penalty of perjury under the laws of the State of California that I have not received duplicative financial assistance to pay for these same late charges from any private, local, state, or federal funding source. If it is found that a duplicative benefit was received, I agree to repay CDBG-CV funds.

I understand this is an application ONLY, used by City Staff to determine qualification for the program. I acknowledge and agree there are state and federal eligibility requirements I will need to meet to qualify for this program. I certify, under penalty of perjury under the laws of the State of California, that all information provided herein is true and correct.

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Applicant Signature	Date
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Co-Applicant Signature	Date
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***To be completed by City of Clovis staff:***

*Approved*                      *Denied*

*City Approver Name and Title:* \_\_\_\_\_

*City Approver Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_



## EMERGENCY UTILITIES PAYMENT ASSISTANCE PROGRAM APPLICATION 2022-2023 PROGRAM YEAR

### STATEMENT OF NO INCOME

*Fill out only if applicable*

I, [insert applicant name] \_\_\_\_\_

residing at [insert property address] \_\_\_\_\_

affirm to the City of Clovis, that I currently have no income, and have not had income within the previous two-month period.

#### Zero Income Status

*Adult household members without income are required to sign a statement, under penalty of perjury, that they have no income or had no income during the submittal and processing of state and federally funded program applications with the City of Clovis. If income is received by a household member, please be advised that reportable income must be submitted to the City of Clovis within 10 days of receipt.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## EMERGENCY UTILITIES PAYMENT ASSISTANCE PROGRAM APPLICATION 2022-2023 PROGRAM YEAR

### TAX AFFIDAVIT AND/OR STATEMENT OF NO BANK ACCOUNT(S)

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

Property Address: \_\_\_\_\_

Complete Affidavit only if:

- 1) you were not required by law to file Federal Income Tax returns for any of the preceding three (3) years; or
- 2) you are an applicant or a household member, 18 years and older, who does not own a checking and savings account.

1. The undersigned, hereinafter referred to as "APPLICANT", certify and state the following **(check all that apply)**:

- a. ☐ APPLICANT is not required by law to file a Federal Income Tax return for the following year(s) 20\_\_\_\_\_, 20\_\_\_\_\_, 20\_\_\_\_\_ for the reason(s) stated below:

\_\_\_\_\_  
\_\_\_\_\_

- b. ☐ APPLICANT hereby certifies that he/she has no checking or savings accounts.

\_\_\_\_\_  
\_\_\_\_\_

2. APPLICANT acknowledges and understands that this Affidavit will be relied upon for purposes of determining eligibility for a City of Clovis housing assistance application. APPLICANT acknowledges that a material misstatement negligently made in any statement by APPLICANT in connection with an application for assistance will constitute a federal violation punishable by a fine; and a material misstatement fraudulently made in any statement made by

APPLICANT in connection with the application for assistance will constitute a federal violation punishable by a fine and revocation of the assistance, which will be in addition to any criminal penalty imposed by law. In addition, any false statement which affects APPLICANT'S eligibility under Title 26 of the Internal Revenue Code of 1986, as amended, and the regulations thereunder will result in the denial of APPLICANT'S application for assistance, or, if assistance has been issued prior to discovery of the false statement, immediate cancellation of the assistance issued.

3. APPLICANT further acknowledges that if any information or certification APPLICANT provides contains a material misstatement which is due to fraud, then any assistance issued will automatically become null and void without any need for further action on the part of Riverside County.
4. In addition, APPLICANT hereby acknowledges and understands that any false pretense, including false statement or representation, or the fraudulent use of any instrument, facility, article or other valuable thing or service pursuant to participation in any City of Clovis program is punishable by imprisonment or by a fine.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: Three years of federal income tax returns are required. The three-year period is calculated retroactively from the date of application to participate in the Program. Tax returns are required for all household members over the age of 18 years who filed tax returns.*



## **EMERGENCY UTILITIES PAYMENT ASSISTANCE PROGRAM APPLICATION 2022-2023 PROGRAM YEAR**

### **FINANCIAL HARDSHIP AFFIDAVIT AND DOCUMENTS**

Applicant households must submit documentation confirming negative economic impact during the COVID-19 pandemic period (March 15, 2020 to present). Acceptable documentation of a negative effect on income or wages shall include, but is not limited to, the following:

- A copy of household member(s) notification of job loss/termination from employer during the eligible pandemic period; or
- A copy of household member(s) notification of furlough from employer during the eligible pandemic period; or
- A copy of household member(s) notification or employer signed form confirming reduction in hours and/or pay during the eligible pandemic period; or
- A copy of household member(s) application during the eligible pandemic period and/or approval for Unemployment Insurance benefits; or
- A notarized affidavit signed that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period; or
- Other documentation deemed acceptable by the City on a case-by-case basis.