Attached you will find the application for Direct Services through United Way for Rental/Utility/Food Assistance. Please follow the checklist as all requested documents need to accompany the application in order to be considered for approval. **Incomplete Applications will not be accepted.**

**COMPLETED APPLICATIONS CAN BE SUBMITTED AS FOLLOWS:**

- **EMAIL:** As attachments with Direct Services in the subject line to Jenny@unitedwaytc.org
- **REGULAR MAIL:** Please mail to Attention: Jenny Cornett, 1601 E. Prosperity, Tulare CA 93274
- **FAX:** Please fax to Attention: Jenny Cornett (559)685-9541

Currently, we are experiencing an increased number of applications. Please be patient as applications will be processed as quickly as possible based on Emergency Need and date of submission. Please note application submission IS NOT a guarantee of assistance as there are strict guidelines that must be followed.

Please allow at least 5 days before contacting United Way to check on the status of your application. You will be contacted either by phone, email or regular mail to let you know your application status.

Thank you for reaching out to United Way, and if you are in need of any other resources or current COVID-19 (Coronavirus) information please call 211 or 1-800-283-9323 which contains an updated database of Social Services and local resources. If you have any questions regarding this application of Direct Services, please contact me via phone (559)685-1766 ext. 103 or email Jenny@unitedwaytc.org (this is the quickest way of communication)

Sincerely,

Jenny Cornett  
United Way of Tulare County  
Community Impact Specialist  
Jenny@unitedway.org  
(559)685-1766  
Fax: (559)685-9541
EFSP/CDBG Application Checklist

Client: ____________________________ Phone: (___) __________________

Complete Address: _______________________________________________________

Number of Adults in the Home: _______  Number of Children in the Home: __________

Assistance Requested (please circle all that apply):  Rent / Mortgage / Electricity / Gas / Water

Please ensure the following is complete and all documents included before submitting application.

_____ Letter briefly explaining need for emergency assistance (w/ backup documentation if necessary)
_____ Direct Service Application
_____ CDBG Affidavit of Income Self-Certification Form
_____ CDBG Client Survey Form
_____ CDBG Client Survey Form
_____ Direct Service Client Acknowledgement Form
_____ Copy of Valid ID for all adults living in the home
_____ Copy of Proof of ANY Income for the past 3 months (wages, SSI, Disability, CalWorks, UIB, etc)
_____ Copy of Proof of Application for Emergency CalWorks assistance (if applicable)
_____ Copy of Proof of Application for Unemployment Insurance Benefits (if applicable)
_____ Copy of Rental Agreement or Mortgage Statement** (if seeking assistance for payment)
_____ Completed Rent/Mortgage Documentation Form** (if seeking assistance for payment)
_____ Copy of Utility bills for the past 3 months** (if seeking assistance for payment)
_____ Copy of most recent monthly Bank Statement

*Please note that application submission is not a guarantee of assistance.

**Rental Agreement, Mortgage Statement and/or Utility bills MUST all be in the name of the applicant.

Once ALL of the above has been completed; fax, email or hand deliver documents to:

United Way of Tulare County
1601 E. Prosperity Ave.
Tulare, CA 93274
P. 559-685-1766
F. 559-685-9541
DIRECT SERVICE APPLICATION

Date: __________________________

Client: __________________________

(Last Name) (First Name) (Middle Initial)

Phone No.: __________________________

Address: __________________________

(City) (State) (Zip)

Email: __________________________

Address located within County of Tulare? Yes No
Address located within City of Tulare limits? Yes No
Race: Asian White Black/African American American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Ethnicity: Hispanic Non-Hispanic

Employed: Yes (Full-Time Part-Time Temp.) No Disabled Retired

Other Household Members:

<table>
<thead>
<tr>
<th>Name</th>
<th>D.O.B</th>
<th>Relationship to Applicant</th>
<th>Highest Grade Level Completed</th>
<th>Veteran?</th>
</tr>
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</table>

Reason for Financial Problem:

1. _____ Lost Job
   Circle Current Status: Looking for New Job New Job Lined Up Awaiting Unemployment
   Description: __________________________

2. _____ Temporarily Off Work for Health Reasons
   Circle One: Illness Work-Related Accident Maternity Other
   Description: __________________________

3. _____ Awaiting Benefits (Not Unemployment) Please specify Benefit type:
   Description: __________________________

4. _____ Unexpected Emergency Expense (Car Repair, Death or Illness in Family, etc.)
   Description: __________________________

5. _____ Other
   Description: __________________________

How will you pay your rent/utilities next month? __________________________
NOTE: Complete ONLY part 1 or part 2 of the next 2 sections

PART 1
If you are applying for help with rent for your present apartment, complete the following:

What is the cost of your rent per month? $__________
If you are now behind on rental payments, how much do you owe (not including late fees)? $__________
Do you owe late fees? ________ If Yes, please state the amount: $__________
Total amount owed: $__________
Amount your landlord will require you to pay to remain in your apartment for 30 days? $__________
How much can you pay toward this amount? $__________

PART 2
If you are applying for first month’s rent in a new apartment:

Describe your current living situation, include whether it is an apartment, shelter, vacant building, etc.
How hold can you stay there? How long you have lived there, etc.

________________________________________________________

What will be the amount of the first months rent? $__________
How much of that can you pay? $__________
How much assistance are you requesting for your first month’s rent? $__________
If there is a security deposit, please state the amount: $__________

How will you pay the security deposit?
________________________________________________________

ALL APPLICANTS COMPLETE THE FOLLOWING:

Name of Landlord/Mortgage Company

Phone Number

Address, City, St., Zip

SERVICE AGREEMENT AND RELEASE OF INFORMATION:
By signing this form, I certify the accuracy of the above information and formally request assistance. I understand that my Landlord will need to provide and affidavit substantiating the regular monthly amount of my rent payment exclusive of any other fees or charges and guarantee that I can remain in my residence for an additional 30 days if payment is made. In addition, I give permission for United Way of Tulare County to share my information with applicable funding sources for the purpose of processing my application and preventing duplication of service.

________________________________________________________

Applicant Signature

Date
CDBG AFFIDAVIT OF INCOME SELF-CERTIFICATION

HOUSEHOLD COMPOSITION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Household Code (See Below)</th>
<th>F/T Student (Y or N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Self</td>
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</tbody>
</table>

HH=Head of Household, CH=Co-head of Household, DIS=Person w/ Disabilities, 62+=Person 62 years of age or older, S18=Fulltime student age 18 or over, <18=Child under the age of 18, <15=Minor under the age of 15

INCOME AND ASSETS (to be completed by adult household members only)

<table>
<thead>
<tr>
<th>Name of Household Member</th>
<th>Monthly Total for Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wages from employment (including commissions, tips, bonuses, etc.)</td>
<td>$</td>
</tr>
<tr>
<td>2. Income from operation of a business or sales from self-employed resources (e.g. Avon, Mary Kay, etc.)</td>
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<tr>
<td>3. Rental income from real or personal property</td>
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<tr>
<td>4. Interest or dividends from assets</td>
<td></td>
</tr>
<tr>
<td>5. Social Security payments, Veteran’s benefits, annuities, insurance policies, retirement funds, pensions, or death benefits</td>
<td></td>
</tr>
<tr>
<td>6. Unemployment or disability payments</td>
<td></td>
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<tr>
<td>7. Public assistance payments</td>
<td></td>
</tr>
<tr>
<td>8. Periodic allowances such as alimony, child support or gifts received from persons not living in my household</td>
<td></td>
</tr>
<tr>
<td>9. Student Financial assistance in Excess of Tuition</td>
<td></td>
</tr>
<tr>
<td>10. Unearned income (such as SSI) for minor children</td>
<td></td>
</tr>
<tr>
<td>11. Any other source not mentioned above.</td>
<td></td>
</tr>
</tbody>
</table>

Describe

Household’s total anticipated gross annual income for the next 12 months: $ 

Under Penalty of perjury, I/We certify that the information presented in this certification is complete and accurate. I/We agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator. The undersigned further understands that providing false representations herein constitutes an act of fraud and that the information provided on this form is subject to verification by HUD at any time. I/We also understand that 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 false or fraudulent statements to a department of the United States Government or its Administrators.

Head of Household (Applicant):

Printed Name: ___________________ Signature: ___________________ Date: __________

All other beneficiary adult household members:

Printed Name: ___________________ Signature: ___________________ Date: __________

Printed Name: ___________________ Signature: ___________________ Date: __________
Community Development Block Grant Client Survey Form

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

Client Name: _______________________________________
Address of Recipient: ________________________________

RACE
☐ White
☐ Hispanic
☐ Black/African American
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaska Native AND White
☐ Asian AND White
☐ Black/African American AND White
☐ American Indian/Alaska Native AND Black/African American
☐ Other: ____________________________

FEMALE HEAD OF HOUSEHOLD    ☐ Yes ☐ No
SENIOR (62 AND OLDER)         ☐ Yes ☐ No
DISABLED                      ☐ Yes ☐ No

INCOME
☐ Below – $19,950
☐ $19,951 - $31,850
☐ $31,851 - $45,500
☐ $45,501 - $68,000

How many people are in your household? ______
Do you rent or own your home? ☐ Rent ☐ Own
Homeless ☐ Yes ☐ No

What are you requesting assistance for?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Federal Grant Recipients Survey Form is true and correct to the best of my knowledge.

Signature of Applicant ______________________ Date __________

Name of person filing out this form if different from applicant ______________________ Date __________
RENT/MORTGAGE DOCUMENTATION  
(United Way of Tulare County, 1601 E. Prosperity Ave., Tulare, CA 93274)

This form must be completed in its entirety by the Local Recipient Organization (LRO) providing service, as all information is required, for each rent/mortgage payment made with Emergency Food and Shelter Program funds. Failure to provide complete, required information will result in a compliance exception.

Client Information: Date (month/day/year): ____________________________
Client Name: ____________________________
Client Address: ____________________________
(complete street address)
(city/state/zip)

Type of Assistance: Rent (check one) Mortgage (check one)
☐ Past due rent ☐ Past due mortgage
☐ Current month's rent ☐ Current month's mortgage
☐ First month's rent (effective/move in date__________) (month/day/year)

The monthly rent/mortgage payment is $__________________________
The total owed (including the amount above) is $__________________________
The one month amount being paid by this agency is $__________________________
The amount being paid is for the month of (month/year)__________________________
The one month amount being paid is/was due on (month/day/year)__________________________
The one month amount being paid is past due in its entirety at time of payment (check one): ☐ Yes ☐ No

EFSP guidelines allow for the payment of mortgage principal and interest only. Current rent/mortgage payments may be made up to 10 calendar days before the due date. First month's rent may be paid up to 30 days prior to move-in date. No deposits, escrow fees, late fees, etc. are eligible when providing assistance to individuals/households. First month's mortgages are not allowed.

LRO Verification (To be completed by the LRO staff):
LRO Staff Name: ____________________________
LRO Staff Signature: ____________________________
Date (month/day/year): ____________________________

Landlord/Mortgage Holder Verification (To be completed by the landlord/mortgage holder):

This is to confirm that rent/mortgage for ____________________________ (name of individual or family)  
at ____________________________ (complete address, street number and name, city, state, zip code)  
with ____________________________ with (rent only: includes no deposits, late fees, or other charges) or with a mortgage
with a monthly payment of $__________________________ (principal and interest only; no escrow payments or other fees) is/was
due on (month/day/year) ____________________________ The total amount currently owed is $__________________________ The individual/
family now has rent/mortgage due/past due for the month(s) of ____________________________ (month/year)

Landlord/Mortgage Holder Name: ____________________________ Phone: ____________________________
Address: ____________________________ (street/city/state)
Landlord/Mortgage Holder Signature: ____________________________ Date (mo/day/yr): ____________________________

Important: Payment will guarantee residency for an additional 30 days!
DIRECT SERVICES
CLIENT ACKNOWLEDGEMENT FORM

Thank you for applying for the CDBG/EFSP (Community Development Block Grant/Emergency Food & Shelter) program, proctored by Tulare County and The United Way of Tulare County. This is an application for a Direct Services Program in which housing and/or utility assistance may be administered to qualified households.

The Process:
All applications are reviewed by United Way, who has the right to approve or deny applications at any time and at their discretion.

- Once an application has been approved, payment will be made directly to the selected utility company and/or Landlord/Mortgage Company in the form of Check.

Clients Responsibility:

- You, the client, are ultimately responsible for making payments and/or arrangements with your utility company and/or landlord or mortgage company until payment is received by said agency. This is to avoid disruption of utility services and/or eviction from your residence which is ultimately your responsibility.
- If you (the participant), do not receive notification within 10 business days of receipt of your COMPLETED application please contact the United Way of Tulare County at (559)685-1766 for the status of your application.

Additional Information:

- Please note, application submission IS NOT a guarantee of assistance. This program has a limited amount of funding, program requirements and United Way has the right to approve or deny applications at any time and for any reason.
- We strive to uphold its Conflict of Interest Policy. Applicants who are relatives of employees of UWTC may be subject to additional review and require additional approval. Authorization if provided on a case by case basis.

Acknowledgement:
My Signature below acknowledges that I fully understand and agree with “The Process”, “Client Responsibilities”, and the “Additional Information” provided. In addition, my signature confirms that I have received an unsigned copy of the Direct Service Client Acknowledgement Form for my records.

Client Signature: ________________________________ Date: ___________________