

**Mid-Columbia Housing Authority**  
**Klickitat-Skamania**  
**Community Development Block Grant Program (CDBG) COVID-19**  
**Utility/Rent/Mortgage Subsistence Payment - Application and Verification Form**

Up to \$6,000.00 total is available to qualifying households in Klickitat and Skamania counties impacted by COVID-19 for emergency subsistence payments. To request assistance, you must meet the program requirements, submit required documentation, and certify this form before November 30, 2021.

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

<b>Name(s)</b>					
<b>Residential Address</b>			<b>Phone</b>		
<b>Email</b>			<b>Total Amount Requested</b>	\$	
<b>Make payment on my behalf to:</b>					
<b>Name</b>			<b>Phone or Email</b>		
<b>Address/Account#</b>					
<b>Proposed Use of Funds</b>	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Other: _____				
<b>Month(s) to Cover</b>			<b>Amount</b>	\$	
<b>Name</b>			<b>Phone or Email</b>		
<b>Address/Account#</b>					
<b>Proposed Use of Funds</b>	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Other: _____				
<b>Month(s) to Cover</b>			<b>Amount</b>	\$	
			<b>Data</b>	<b>YES</b>	<b>NO</b>
<i>DUPLICATION OF BENEFIT</i> – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above, and would the total amount received exceed the total need for those costs?				<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> – Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If <b>YES</b> , provide details: _____			EST. % loss of revenue from one year previous: _____%	<input type="checkbox"/>	<input type="checkbox"/>
<i>SUBSISTENCE/EMERGENCY STATUS</i> – Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment need?			Number of months unable to pay: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>LMI Household Income Qualification Questions</b>					
Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living					

in the household. Consult the program if unsure.

**Total Household Income anticipated during the next 12 months**

Name List all household members, including yourself.	Age	Check if Applicable			Annual Gross (Pre-Tax) Income	Source of Income
		Head of Household	Co-Head of Household	Full Time Student 18 Yrs. or Older		
					\$	
					\$	
					\$	
					\$	
					\$	
<i>Add rows as applicable</i>					\$	
<b>Total Anticipated Annual Household Income:</b>					\$	

*CIRCLE* the number of household members, including yourself:

1	2	3	4	5	6	7	8+
Klickitat: \$44,200	Klickitat: \$50,500	Klickitat: \$56,800	Klickitat: \$63,100	Klickitat: \$68,150	Klickitat: \$73,200	Klickitat: \$78,250	Klickitat: \$83,300
Skamania: \$59,650	Skamania: \$68,200	Skamania: \$76,700	Skamania: \$85,200	Skamania: \$92,050	Skamania: \$98,850	Skamania: \$105,650	Skamania: \$112,500

Is your **anticipated** total household income **LOWER** or **HIGHER** than the \$ amount listed directly below the number of people circled above?  
If **LOWER**, attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements).

	<b>LOWER</b>	<b>HIGHER</b>
	<input type="checkbox"/>	<input type="checkbox"/>

**Ethnicity** (select one)  **Not Hispanic**  **Hispanic**

**Race** (select one)

White	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	Other or Multi-Racial	<input type="checkbox"/>

**Applicant Certification:** *I certify information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize verification by government representatives, and I will provide additional supporting documentation upon request.*

**Client Name** (Verbal Consent Allowed): \_\_\_\_\_ Date: \_\_\_\_\_

**Agency Staff** please print and sign here: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Program Office Use Only</b>	
Household LMI Qualification Verified: _____	Staff initials/date: _____
Duplication of Benefit Prevented: _____	Staff initials/date: _____
Funding Approval: _____	Manager initials/date: _____
Account Number: _____	Approved Amount: _____