



Department Use Only
Date Stamp

Application for COVID 19 Pandemic Utility Relief Program

How to apply for Relief

1. Fill out the application below. For each section, read the instructions carefully and answer every question. If your application is not complete, it could be delayed or turned down.
2. Return your completed application to the City of Claremore Utility Billing Office at 104 S. Muskogee Ave.

When to apply for Relief

- Relief will be available starting August 1, 2021 and run until December 31, 2021 or until funds are exhausted.
- Outstanding balances dating back to March 31, 2020, for six consecutive months only, may be eligible for relief.
 - **Example- March 2020 applicant's account became delinquent and is still delinquent to the present day. This program will only be able to reimburse March 2020 to August 2020 or any other six consecutive month period dating from March 31, 2020.**

After you send your application

The Utility/Billing Manager will review the application you provided:

- If your application is not complete, it will not be considered.
- After application is received payment will be processed and applied to your account directly as funds become available.
- If funds are exhausted after application is submitted or application is denied for any reason you will be notified by mail.

Important:

- This program is only available to citizens of Claremore that live within the corporate limits of the city.
- Need must arrive or be related to the Covid-19 pandemic.
- Relief is only available for active residential accounts.
- Delinquent utility accounts are the only accounts eligible for relief.
- Late fees, cutoff fees or any other administrative costs are not eligible for relief.

Part 1 – Contact Information/Address Corrections

Fill in your current home address or make any necessary corrections if the home address on the application is not current. Also, if possible, please list a phone or message number so we can contact you if we have questions. This will help avoid delays as we review your application.

Name/Names on Account			
Home Address	City	State	Zip Code
Mailing Address (If different from home address)	City	State	Zip Code
County of Residence	Email	Phone Number	Utility Account Number

Part 2 –Self Declaration Form

Declaration of LMI and Family size:

I also certify that a total of _____ people (including spouse, children, parents, grandparents, etc.) are living in my household.

Using the low-to-moderate income sheet on following page:

I certify that I (check one):

Do meet HUD LMI guidelines

Do Not meet HUD LMI guidelines

Declaration of Assistance:

I declare that I have received the following assistance from other sources (if inapplicable put "N/A"):

I certify that the information that I provided is correct and true. I understand that this information will be used to determine my eligibility for assistance and if there is information found to be duplicative, I may be required to repay funds.

Applicant Signature: _____ **Date:** _____

Income Limits

Source: HUD Exchange Website - <https://www.huduser.gov/portal/datasets/il.html>

STATE: OKLAHOMA

-----SECTION 8 INCOME LIMITS----- (INCOME AMOUNTS LISTED ARE ANNUAL)

Tulsa, OK HMFA	PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
FY 2020 MFI: 68600	EXTRA LOW INCOME	14450	17240	21720	26200	30680	35160	39640	44120
	VERY LOW INCOME	24050	27450	30900	34300	37050	39800	42550	45300
	LOW-INCOME	38450	43950	49450	54900	59300	63700	68100	72500

Part 3 – Duplication of Benefits Declaration

The Declarant must be the head of household applying for financial assistance under the CDBG-CV Pandemic Utility Relief Program.

By signing this Affidavit, the applicant certifies to the accuracy of the information provided.

Financial assistance available under this program comes from the U.S. Department of Housing and Urban Development (HUD). If fraud is committed to obtain housing or utility assistance from HUD, the applicant could be 1) required to repay all overpaid assistance received, 2) fined, and/or 3) imprisoned.

Declaration

This declaration shall be considered part of the application for grant assistance through the CDBG-CV Pandemic Utility Relief Program and is incorporated therein.

Read this carefully to be sure the information in it is true and complete before signing. The information affirmed by this declaration and included in the application is subject to verification by HUD, The Oklahoma Department of Commerce Community Development Division, the City of Claremore, and their respective agents.

The undersigned, hereinafter referred to as “Declarant,” affirms as follows:

1. The information provided herein and in the accompanying application is true and accurate.
2. Declarant has experienced a job loss, reduction of hours, or significant reduction in income related to the COVID-19 health crisis.
3. Declarant has not fully replaced lost income with other sources, including supplemental employment, income payments, or any other grant, subsidy, or gift.
4. Declarant owns or rents the home/apt. (check one): Own
 Rent
5. Declarant is unable to afford housing or utility payments as a result of the health crisis.

By executing this Declaration, Declarant acknowledges and understands that Title 18 of United States Code Section 1001 makes it a violation of federal law for a person to knowingly and willfully:

- (a) falsify, conceal, or cover up a material fact;**
- (b) make any materially false, fictitious, or fraudulent statement or representation; or**
- (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government**

[Signatures on Subsequent Page]

Declarant's Signature

(Print Applicant Name)

Co-Applicant's (if any) Signature

(Print Co-Applicant (if any) Name)

Part 4 – Your Consent for the City of Claremore to Process (Review) This Application

Read the Consent for Processing in the box below and sign. **If you do not sign and date the application, your application will not be processed.**

I hereby apply for assistance under CDBG-CV Pandemic Utility Relief Program. I declare that the information I have given is true, correct, and complete to the best of my knowledge.

I understand that I may be fined, imprisoned, or both under state or federal law if I make false statements on this application in order to get benefits I am not entitled to receive.

Signature

Date

Department Use Only

Date Received/Reviewed:

Invoice Date:

Amount Delinquent \$ _____

Employee Signature

Date