To be eligible for this program, participants' income must not exceed median income and must be residents of the County of Imperial. Median income individuals/households may qualify for utility payment assistance by providing adequate documentation of termination of employment or reduced working hours due to the recent Coronavirus Pandemic (COVID-19). Participants must also certify that the household income does not exceed the income limits established for Imperial County as noted below.

**Maximum Income by Number of Persons in Households:**
- Families of 1-3 persons – up to $63,650
- Families of 4 or more persons – up to $77,750

**Maximum Assistance per family size:**
- Families of 1-3 persons – up to $750
- Families of 4 or more persons – up to $1,000

### How to Apply

1. Complete and sign application.
2. Acceptable Identification (ID)
3. Past due bill and or notice of termination of services from the utility company.
4. Proof of lost job or reduction of hours due to Coronavirus Pandemic (COVID-19).
5. Signed Release of Information Form.

Return completed application to:

City of El Centro  
Community Services Department  
Economic Development Division  
1249 Main Street  
El Centro, CA. 92243

*Monday–Friday 8:00am-5:00 p.m.*

For more information, please visit our website at [www.imperialcounty.org](http://www.imperialcounty.org).
# County of Imperial

## Coronavirus Relief Fund Assistance Program

### Application

#### CUSTOMER INFORMATION

(Entire application must be completed and signed. Please print clearly.)

<table>
<thead>
<tr>
<th>Account Number (or name of mobile home park):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (as shown on your bill)</td>
</tr>
<tr>
<td>Service Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state or federal personnel as part of compliance monitoring.

Signature_________________________________________ Date_________________

For more information, please visit our website at [www.imperialcounty.org](http://www.imperialcounty.org).
Imperial County Coronavirus Relief Fund Program

SELF-CERTIFICATION of Income for

☐ City of / ☐ Town of / ☐ County of ___________________________ DOF Funded Activity

Name of Public Service: ____________________________

Page 1 to be filled out by Participant

Part I: Confidential Participant / Beneficiary Demographic Information

(This section is voluntary.)

<table>
<thead>
<tr>
<th>Ethnicity (Select One)</th>
<th>☐ Not Hispanic</th>
<th>☐ Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>☐ Am. Indian/Alaskan Nat. &amp; White</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>☐ Asian &amp; White</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>☐ Black/African American &amp; White</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>☐ Am. Indian/Alaskan &amp; Black/African</td>
<td></td>
</tr>
<tr>
<td>Nat. Hawaiian/Other Pacific Isl.</td>
<td>☐ Other Multi-Racial</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race (Select One)</th>
<th>☐ Not Hispanic</th>
<th>☐ Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>☐ Am. Indian/Alaskan Nat. &amp; White</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>☐ Asian &amp; White</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>☐ Black/African American &amp; White</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>☐ Am. Indian/Alaskan &amp; Black/African</td>
<td></td>
</tr>
<tr>
<td>Nat. Hawaiian/Other Pacific Isl.</td>
<td>☐ Other Multi-Racial</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Demographic Data (Select all that Applies)</th>
<th>☐ Not Hispanic</th>
<th>☐ Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Head of Household</td>
<td>☐ Single / Non Elderly</td>
<td></td>
</tr>
<tr>
<td>Participant Disable</td>
<td>☐ Related/Single Parent</td>
<td></td>
</tr>
<tr>
<td>Veteran</td>
<td>☐ Related/Two Parent</td>
<td></td>
</tr>
<tr>
<td>Elderly</td>
<td>☐ Other (______________________)</td>
<td></td>
</tr>
</tbody>
</table>

Part II: Confidential Participant / Beneficiary Income Certification

(Must be completed and signed prior to providing public service.)

My total family size consists of ___________ members, and the total gross annual income* for all adult members is $ ___________.

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state or federal personnel as part of compliance monitoring.

Participant / Beneficiary Information:

Signature: __________________________________________ Date: ____________

Name (print): __________________________________________

Physical Home Address: ____________________________________, (City) ____________
Page 2 to be filled out by Program Operator

Public Service Information:

Name Public Service(s):  Coronavirus Relief Program - Utility Services

Name of Agency Providing the Public Service:  City of El Centro  Address where Public Service is being provided:

Program Service Area:  City  - Or -  County  - Or -

Participant / Beneficiary Family Income and Location Verification:

Family is:
1-3 persons with an income of ______________________ (eligible: Yes ________ No ________
4-more persons with an income of ___________________ (eligible: Yes ________ No ________

Program Operator must:

1) Determine if applicant meets program income limits
2) Include the copy of applicant ID, release of information form, electrical bill due, and proof of program eligibility.

Name of Participant / Beneficiary:  

Program Operator Certification:  I certify that the Participant / Beneficiary demographic data and public service information is true and correct, to the best of my knowledge. I certify that the income shown above is true and correct. I certify that Participant / Beneficiary residency status is true and correct, per the requirements of 24 CFR 570.486(b) and/or (c) as applicable.

Note:  This completed certification, whether Beneficiary was assisted or not, must be maintained in the Program file for review at time of monitoring.

Printed Program Operator Name (printed)  Job Title 
Signature:  Date:

Eligibility is valid until (three years after signed certification) Date:  

Imperial County - Revised: November 18, 2020