



City of Wewoka

Emergency Utility Assistance Packet

Before You Apply, Please Review:

- You must provide your name, address, phone, and current work status.
- You must state your total household income and how many people live with you.
- You must explain how COVID-19 affected your job or ability to pay bills.
- You must list any help you've already received from other sources.
- You must sign to certify your information is true.
- You must provide your utility account number and reason for hardship.
- You must certify you haven't received utility help from other CARES Act funds in the past 6 months.
- You can optionally disclose race and ethnicity — this does NOT affect your eligibility.
- You must sign a form confirming you haven't received duplicate benefits from other COVID relief programs.
- If you received other aid for the same expenses, you may need to repay this assistance.

CDBG-CV SELF-DECLARATION FORM

APPLICANT INFORMATION

Name: _____

Phone Number: _____

Physical Address: _____

County: _____

1. Declaration of Employment:

-I, _____, declare that my principal income has been impacted by Covid-19 and that presently: ___I am working ___I am not working

2. Declaration of Income and Family size:

-I declare that my household income last ___month ___year was: \$_____.

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

3. Declaration of Assistance:

-I certify that I have received assistance from the following sources:

- Federal disaster-relief programs (e.g., Federal Emergency Management Agency / FEMA)
- Federal small-business or individual assistance (e.g., Small Business Administration loans/grants)
- State government assistance for the same purpose
- Local/county government assistance for the same purpose
- Public utility company assistance or waivers or grants specific to utility hardship
- Insurance proceeds (homeowner, renter, flood, etc.)
- Private/charitable organization grants or assistance (non-profits, faith-based)
- Other emergency relief funds (e.g., COVID-19 relief programs, ARPA funded programs)
- Other monetary or in-kind assistance that covers the same cost being applied for

4. How have you been impacted by Covid-19?

Give a brief statement concerning how Covid-19 has impacted your ability to pay your utility bill and other cost of living expenses. For example, lost wages, higher cost of living expenses, medical cost, etc.

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: _____



CITY OF WEWOKA

Emergency Utility Assistance Program pt. 1

PART I -APPLICANT INFORMATION

Utility Account#:

Name:

Physical Address:

Mailing Address:

Phone Number: *Home*: *Work*:

PART II - REASON FOR UTILITY HARDSHIP REQUEST

Has an unexpected COVID related expense/crisis happened? Yes: No:

If Yes, Please Explain:

CERTIFICATION OF APPLICATION (APPLICANT MUST SIGN THIS SECTION)

TOTAL HOUSEHOLD INCOME: _____

NUMBER OF PERSONS IN HOUSEHOLD: _____

I certify that the information provided is true and correct to the best of my knowledge and belief. I further certify that I have not received utility assistance from any other CARES Act or other funding source in the last six (6) months.

Applicant's Signature: _____ Date: _____



CITY OF WEEOKA

Emergency Utility Assistance Program pt. 2

RACIAL CATEGORIES

Answering these questions is *strictly voluntary* and does not in any way affect the approval or denial of assistance to the applicant. In order to monitor compliance with the civil rights act of 1964. This information is utilized by the federal government for monitoring purposes only.

APPLICANT

CO-APPLICANT

Does not wish to disclose

Does not wish to disclose

American Indian or Alaska Native

American Indian or Alaska Native

Asian

Asian

Black Or African American

Black Or African American

Native Hawaiian/Pacific- Islander

Native Hawaiian/Pacific- Islander

White

White

Other: _____

Other: _____

ETHNIC CATEGORIES

APPLICANT

CO-APPLICANT

Does not wish to disclose

Does not wish to disclose

Hispanic or Latino

Hispanic or Latino

Non-Hispanic or Latino

Non-Hispanic or Latino



CITY OF WEWOKA

Duplication of Benefits Affidavit

Duplication of benefits (DOB) are prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act). This DOB Affidavit is required per HUD Community Development Block Grant (CDBG) guidelines.

This acknowledgement must be completed by any local government applicant, and public facility owner/operator or subrecipient intended to receive grant funds at the time of application. Each grantee is hereby required to have procedures in place to prevent DOB when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

By executing this Affidavit, the Applicant acknowledges and signifies that the undersigned did not receive additional assistance from COVID 19 relief funding provided through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Any information provided that proves undersigned received said benefits will lead to forfeiture of any funds granted and cause for termination from the Economic Workforce Development Department CDBG-Childcare Support and Training Opportunity Grant.

CERTIFICATION: I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted. I agree to repay assistance that is determined to be duplicative.

Today's Date:	
Name of CDBG Applicant:	
Applicant Signature:	
Name of Agency Representative and Title:	
Agency Representative Signature:	