

# Asheboro Covid-19 Community Assistance Program

Rev. 8/18/21

The United Way of Randolph County (UWRC) is offering a temporary Housing and Utility Assistance Program to eligible City of Asheboro residents. This program is funded by the Community Development Block Grant-Coronavirus Program administered by the NC Department of Commerce, Rural Economic Development Division, and in partnership with the City of Asheboro. It must serve exclusively "Low to Moderate Income" individuals within the City.

**Beneficiaries must document income eligibility and housing/utilities related hardship during COVID-19.** The hardship and supporting documentation must be no older than March 10, 2020, which is when a national emergency for COVID-19 was declared.

## Randolph County Household Income Thresholds

Under CDBG-CV Program requirements, applicants may only receive assistance if their income meets certain thresholds. These thresholds are set by the US Department of Housing and Urban Development. Additionally, applicants must provide documentation supporting their reported income, and documentation demonstrating a COVID-19-related hardship.

To qualify for the program your household size and income level must be less than or equal to the numbers below. Example: A household that has four people in it and its income is \$30,000 qualifies for the program.

<b>Number in Household</b>	<b>1 PERSON</b>	<b>2 PERSON</b>	<b>3 PERSON</b>	<b>4 PERSON</b>	<b>5 PERSON</b>	<b>6 PERSON</b>	<b>7 PERSON</b>	<b>8 PERSON</b>
<b>Income</b>	\$37,350	\$42,700	\$48,050	\$53,350	\$57,650	\$61,900	\$66,200	\$70,450

If your total household income is above these thresholds, you are unfortunately not eligible for this program.

Please fill out this form as completely and accurately as possible. If you are unsure how to answer a question or what supporting documentation to provide, please ask.

**SECTION I: Contact and Background Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Race/Ethnicity (Please note if Hispanic): \_\_\_\_\_

Disability (Yes or No): \_\_\_\_\_

Head of Household (Yes or No): \_\_\_\_\_

Please list names and date of birth for all persons living in Household (include children under 18 years old):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_



This information is for eligibility/award determination and state reporting requirements. It is not a public record and will be kept confidential.

Your application will still be considered if you cannot provide documentation of hardship, but well-documented requests are more likely to receive assistance.

**SECTION 3: Requested Assistance**

1. Are you seeking help with your utility bills, your housing costs (mortgage/rent), or both? \_\_\_\_\_

2. If you are seeking utility assistance, how much were your last two utility bills? Provide copies. (Write "N/A" if no utility assistance sought.)

\_\_\_\_\_

3. If you are seeking housing assistance, how much is your monthly mortgage or rent? (Write "N/A" if no housing assistance sought.)

\_\_\_\_\_

4. If you are seeking housing assistance, please also provide your landlord's name and phone number. A copy of your lease will be needed. (Write "N/A" if no housing assistance sought.)

\_\_\_\_\_

5. To the nearest dollar, how much do you request in utility assistance? (Write "N/A" if no utility assistance sought.)

\_\_\_\_\_

6. To the nearest dollar, how much do you request in rent/mortgage assistance? (Write "N/A" if no housing assistance sought.)

\_\_\_\_\_

7. For how many months do you request utility and/or rent/mortgage assistance? You may receive no more than six months of assistance under this program. (NOTE: Assistance will be paid directly to your utility or housing provider, subject to you maintaining program eligibility.)

\_\_\_\_\_

**SECTION 4: Terms, Conditions, and Attestation**

**Please read the following information carefully.**

Consideration for and participation in the UWRC Housing/Utility Assistance Program comes with conditions and responsibilities. To benefit from this program:

- You must meet program income requirements at the time of application, and throughout the lifespan of your assistance. You must notify us immediately if your household income significantly changes, such as if you or your partner get a new job.
- You must maintain residency within the City of Asheboro for the lifespan of your assistance. You must notify us immediately if you move outside of the City of Asheboro.
- You must not receive assistance for the requested utility or housing payments from another agency – no “duplication of benefits.” You must notify us immediately if another entity helps you pay the same utility or housing costs requested here. The UWRC and the City of Asheboro will periodically check with other agencies to verify no duplication of benefits has occurred.
- You must agree to provide the UWRC or the City any additional, reasonable documentation we may request for program oversight and reporting purposes. Such information will remain confidential.

Any failure to meet these terms may result in the revocation of assistance and/or termination of payments. Applicants who deliberately misrepresent or withhold information – fraud, in other words – may be held liable to repay any assistance they received.

I, the undersigned, have provided the UWRC with accurate and complete information, to the best of my ability, and fully understand the terms and requirements of this program.

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Printed Name

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Signature

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Date