



# CITY OF BURLINGTON

## COVID-19 Utility Assistance Program

### Utility Assistance Program

The City of Burlington recognizes that the COVID-19 Pandemic and the restrictions on public gatherings and closure of non-essential places of employment have created a financial hardship on our citizens. In response and with the support of HUD (US Dept. of Housing & Urban Development), the City has established a COVID-19 Utility Assistance Program. It has been determined that there is a current need for our citizens to have access to assistance with City utility bills during this time. Each household will be able to receive up to \$100 per month, for three consecutive months. City residents meeting the qualifications listed below are encouraged to apply for assistance. All applications will be reviewed by the City's Department of Community Development and relief provided based on their recommendation until the funds are exhausted. This is a needs-based financial assistance program for citizens who have been drastically impacted by COVID-19, because of reduced employment opportunities or COVID-19 illness. Awards are granted upon evaluation on a first-come, first-served basis. Assistance will be awarded until available funds are exhausted. Application does not guarantee that anyone will receive a payment or benefit. The City of Burlington is not responsible if receiving these funds precludes an individual from receiving funds from another source.

### Qualifications

Please ensure that the following qualifications are met before completing an application. If you have any questions regarding the application or qualifications please contact the Community Development Department at 336-222-5070.

1. Must reside within the City of Burlington's corporate limits.
2. Original due date on bill that assistance is requested for is on or after March 10, 2020.
3. Household meets low-moderate income qualification limits as defined by HUD (see below).
4. Applicant has experienced either a reduction in income or an illness directly related to COVID19.

<b>2020 Income Limits Table</b>								
Burlington, NC MSA Area Median Income: \$64,200 LMI = 80% of AMI based on Family/Household Size								
<b>Persons in Family/Household</b>	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<b>Income Limits</b>	\$39,950	\$41,100	\$46,250	\$51,350	\$55,500	\$59,600	\$63,700	\$67,800

**\*\*Do not proceed with application if all four qualifications do not apply. \*\***

**HUD requires that income, residency, COVID-relatedness, and non-duplication of benefits be documented. Please provide the following:**

1. **Household Income Documentation:** Please provide income documentation for all persons in your household. Examples include, but are not limited to the following: Two pay stubs or related documents for pay periods before/after March 10, 2020, Zero-income documentation, Disability/SSI payments, Child support, etc.
2. **COVID-19 Relatedness Documentation:** Documentation verifying a COVID Related Hardship. Examples include, but are not limited to the following: Unemployment confirmation, Change in Employment Letter; Letter from a Medical Doctor, etc.
3. **Past Due Invoice:** Utility bill indicating a past due amount after March 10, 2020.

**Please submit this application with a copy of ALL required documentation.**

**\*\*\*\*THIS FUNDING IS FOR CITY OF BURLINGTON RESIDENTS ONLY!!\*\*\*\***



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### UTILITY ASSISTANCE APPLICATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Race: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

**ALL HOUSEHOLD MEMBERS** (Number of household members \_\_\_\_\_)

Name: _____	Relationship: _____	DOB: _____	Last 4 of SS#: _____
Name: _____	Relationship: _____	DOB: _____	Last 4 of SS#: _____
Name: _____	Relationship: _____	DOB: _____	Last 4 of SS#: _____
Name: _____	Relationship: _____	DOB: _____	Last 4 of SS#: _____

Have you received any other benefits from funding for the COVID19 crisis other than the recent stimulus funds from IRS such as FEMA, churches, non-profits, etc.? \* YES: \_\_\_\_\_ NO: \_\_\_\_\_

If you answered yes above, please list funds that you have received and the purpose.


I certify that the information I have provided to determine my eligibility for assistance through the City of Burlington's Community Development Program is true and complete to the best of my knowledge. I understand that if the City discovers new information that indicates that I am not eligible for the program; my participation in the program could be canceled prior to program assistance approval. For the purpose of verification of information required by this application, I give my consent to the City of Burlington's Community Development Department its agents and contractors to examine my confidential information given herein. I further grant permission, and authorize any bank, employer, credit bureau, or other public or private agency to disclose information deemed necessary to complete this application.

I certify and attest that the information is complete and accurate to the best of my knowledge. I certify that I have not received funding for utility assistance from another source. I understand that failure to provide complete and accurate information may be the basis for rejection of my application. My signature below attests that all information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
 (Applicant Printed Name) (Applicant Signature) (Date)