COVID-19 ASSISTANCE FUND

This program provides financial assistance to help individuals and families during this Pandemic.
The Covid-19 Assistance Fund requirements are as follows:

- Household Income Qualification: Must be at or below 80% of Humboldt County Area Median as Indicated in Chart Below. Priority will be given to those with income at or below 50% Area Median Income. Applicants must meet the income criteria. Please see backside for chart.
- Must rent or own in Eureka City Limits
- Household **must be financially impacted** by a reduction in income related to COVID-19 reduction can be caused by the following; Layoffs, reduction in work hours, care for dependent children, sick household member, quarantine restrictions, or increase in out of pocket medical expenses.

CHECKLIST:

- Signed Application
- Income/ Financial impact Verification: current check stub, pervious check stub (prior to 3/2020) and a letter from employer

FOR PROGRAM INFORMATION CONTACT:

Kristen Raymond, Housing Coordinator
707-441-4209
kraymond@ci.eureka.ca.gov:

Applications can be submitted by:

Email: kraymond@ci.eureka.ca.gov
Fax: (707) 329-0206
Drop off: Eureka City Hall 531 K Street, Eureka CA, 95501
Attention: Kristen Raymond
Housing Division
Covid-19 Application

CITY OF EUREKA

COVID 19 RENTAL/MORTGAGE ASSISTANCE GRANT PROGRAM

MAXIMUM INCOME LIMITS AND CALCULATION OF GROSS INCOME

2020 Income Limits

Household Size	1	2	3	4	5	6	7	8
Low Income Households (approximately 80% of AMI)	$39,150	$44,750	$50,350	$55,900	$60,400	$64,850	$69,350	$73,800
Very Low Income Households (approximately 50% of AMI)	$24,500	$28,000	$31,500	$34,950	$37,750	$40,550	$43,350	$46,150
Extremely Low Income household (Approximately 30% of AMI)	$14,700	$17,240	$21,720	$26,200	$30,680	$35,160	$39,640	$44,120

APPLICATION OVERVIEW/REVIEW

___ LIVE WITHIN CITY LIMITS_____

VERIFICATION OF INCOME:

___ INCOME VERIFICAITON _____80% _____50% _____30%

___ CHECK STUBS _____LETTER FROM EMPLOYER

___ MORTGAGE/RENTAL AGREEMENT

___ CV-19 RELATED INCOME LOSS:_____

CONTACT # _____

MORTGAGE $_____ RENT $_____
UTILITIES: _____

Development Services
Housing Division
531 K Street
Eureka, CA 95501
(707) 441-4209
(707) 329-0206

COVID-19 Assistance Fund Program (AFP)

Return the completed and signed CV19 AFP Application to 531 K Street, Eureka CA 95501 or Email them to kraymond@ci.eureka.ca.gov

PART I GENERAL ELIGIBILITY INFORMATION

Applying for: ☐ **Service Provider Grant (Must be a Non-Profit Organization)**
☐ **Individual/Household Grant**

Name (s): _____
If you are apply for the Service Provider Grant, please list a contact person

Social Security Number/Tax Exempt Number _____

Primary Phone(s): _____ _____

Address: _____

Primary email: _____

CHECK LIST:

☐ **Income Verification**
- Current check stub
- Previous check stub
- Letter from Employer
- Medical Bill

☐ **Mortgage Statement or Rental Lease Agreement**

☐ **Utility Bill/s**

SERVICE PROVIDERS SKIP PART II AND MOVE TO END OF APPLICATION

PART II INCOME ELIGIBILITY INFORMATION-

Provide the names of all persons living in the household:

	Names		Date of Birth
1.	_____	(Self)	_____
2.	_____	Other	_____
3.	_____	Other	_____
4.	_____	Other	_____
5.	_____	Other	_____
6.	_____	Other	_____

For all household members over 18 year of age, enter estimated gross annual income. Please include and identify Social Security/Child Support/or other:

Names		Estimated Gross Annual Income
1. _____	(self)	**$** _____
2. _____	Other	**$** _____
3. _____	Other	**$** _____
4. _____	Other	**$** _____
Total Annual Household Income		**$** _____

Please have anyone over the age of 18 sign below. SERVICE PROVIDERS HAVE DIRECTOR SIGN

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS income listed above includes the income (including income from assets) of all adults within the household. I understand that if I am selected the information on this form will be verified.		
Signature	**Print Name**	**Date**

Should you have any questions or for more information about the CV-19 AFP application, guidelines or to submit your application, please feel free to contact us at the contact information listed below.

Kristen Raymond, Housing Technician
531 K Street
Eureka California 95501
Phone (707) 441-4209

Drop Box located on 6th Street Entry:
Attention: Kristen Raymond
Housing Division
Covid-19 Application