

UTILITY ASSISTANCE APPLICATION

HOUSEHOLD INCOME INFORMATION

Please list **all** sources of income and who in your household received that income.

Household Member	Income Source	\$ Amount	Weekly or Monthly

Total **monthly** household income \$ _____
 Total **annual** household income \$ _____

HOUSEHOLD COMPOSITION

List the head of the household and all other members who live in the home. Give the relationship of each family member to the head of household. Please list the full name, ages, gross annual income and the source of income of all members of your household (related or not), including the applicant(s).

Household Members' Full Name	Relationship	Age	Gross Annual Income	Source of Income

Total number of persons in Household _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

My signature will allow agents or representatives from either the City of Mobile and/or U. S. Department of Treasury the authority to request and review my household financial records (IRS statements, Social Security Statements, Financial Income Documentation, etc.) to ensure that to which I have certified above to be true and correct upon their request. By signing below, I release the City and Subrecipients to share information as needed to ensure no duplication of benefits and to coordinate services.

WARNING: As provided in 18 U.S.C. 1001, whoever knowingly and willfully (1) falsifies, conceals, or covers up by any trick, schemes or device a material fact, (2) makes any material false, fictitious or fraudulent statement or representation or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry in an application for federal assistance is subject to a fine and imprisonment for not more than five (5) years.

Signature: _____ Date: _____

UTILITY ASSISTANCE APPLICATION



City of Mobile Income Certification Form – 2021 ARP Utility Assistance Program

Please complete this form to determine eligibility for assistance.

Applicant's Name _____ Address _____

Number of Disabled Persons in the Household: _____
 Is the Ethnicity of this household Hispanic or Latino? _____ Yes _____ No
 _____ White
 _____ Black/African-American
 _____ Asian
 _____ American Indian/Alaskan Native
 _____ Native Hawaiian/Other Pacific Islander

Please mark an "X" within the correct box below that most clearly corresponds to your total household income for all sources for the past 12 months based on the number of persons in your household. (Example: a three (3) person household with a total income of \$26,000 would be group 3-B)

2021-2022 Income Limits

Family Size	1	2	3	4	5	6	7	8
30% AMI A	\$ 12,880	\$ 17,420	\$ 21,960	\$ 26,500	\$ 31,040	\$ 33,900	\$ 36,250	\$ 38,550
50% AMI B	\$ 20,450	\$ 23,400	\$ 26,300	\$ 29,200	\$ 31,550	\$ 33,900	\$ 36,250	\$ 38,550
80% AMI C	\$ 32,700	\$ 37,400	\$ 42,050	\$ 46,700	\$ 50,450	\$ 54,200	\$ 57,950	\$ 61,650

Signature of Applicant _____ Date _____

My signature on this income certification form will allow agents or representatives from either the City of Mobile and/or U.S. Department of Treasury the authority to request and review my household financial records (IRS Statements, Social Security Statements, Financial Income Documentation, etc.) to ensure that to which I have certified above to be true and correct upon their request.

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UTILITY ASSISTANCE APPLICATION

Please return this application to **one** of the following agencies:

<p>Housing First, Inc.</p>  <p>279 N. Washington Ave. Bldg. 3 Mobile, AL 36603 (251)450-3345 https://hfal.org/</p>	<p>Mobile Community Action, Inc.</p>  <p>461 Donald St. B, Mobile, AL 36617 (251) 457-5700 www.mcamobile.org</p>
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ARP PROGRAM

Application Checklist

Client's Name: _____

Agency: _____

	Household Documentation (Check to verify that you have included these documents)
	Current Picture Identification
	Social Security Card(s) All household members
	Income Verification for previous month
	Rental Assistance (Check to verify that you have included these documents)
	City of Mobile ARP Rental Assistance Application
	Lease Agreement (Valid, Current, Full agreement)
	Landlord/Property Manager Name _____
	Landlord/Property Manager Phone Number _____
	Landlord/Property Manager Email _____
	Eviction Notice* (If applicable)
	Utility Assistance (Check to verify that you have included these documents)
	City of Mobile ARP Utility Assistance Application
	Rent Share Agreement* (If applicable) (Utility check/rent voucher)
	Current Alabama Power Bill*(If applicable)
	Current Spire Bill*(If applicable)
	Current MAWSS Bill* (If applicable)
	Disconnect Notice* (If applicable)



Release of Information

I, _____, understand that by signing this form, I am giving the staff of _____ and the City of Mobile to release information to and/or obtain information from the agency specified regarding my need for assistance through the American Rescue Plan grant(s). I understand that all, some or specific information will be released upon completion. I understand that any information released and/or obtained will only be used to assist in the development and implementation of my case plan. The information obtained will also be used to verify that I have not received duplicative services. If I choose to not have my information released, I understand that I will then become ineligible for assistance.

X

Client Signature and Date

X

Case Manager Signature and Date

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