

# City of Lompoc

## COVID-19 Utility Grant Assistance Program

---

### ***Program Description***

The COVID-19 Utility Grant Assistance Program (Program) provides eligible City of Lompoc residents and small business owners that are experiencing financial hardships due to COVID-19 with utility assistance. The program is funded with Community Development Block Grant Coronavirus (CDBG-CV) funding authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) through the Community Development Block Grant Program (CDBG). Utility grant payments are made directly to the Program participant's utility account and will not exceed the balanced owed.

The Program is a grant program. The participant will not be required to repay the utility grant payment made to their account.

Program participants can qualify for a maximum of three (3) monthly billings for time-periods effected by the COVID-19 Pandemic and based on availability of funding.

### ***Program Qualification***

In order to receive assistance, the participant must:

Be the account holder of a City of Lompoc Utility Account;

Be directly impacted by COVID-19 and experiencing financial hardship;

Be income-qualified, having income that is 80% or less of the area median income by household size as determined by HUD below;

Household Size	1 Per	2 Per	3 Per	4 Per	5 Per	6 Per	7 Per	8 Per
Low Income (80%)	66,750	76,250	85,800	95,300	102,950	110,550	118,200	125,800

Be a legal resident as a requirement of the federal funding;

Be a business of 5 employees or less (including the owner) for assistance for business.

### ***Process***

Step 1 Obtain an application by:

- Internet online at [cityoflompoc.org](http://cityoflompoc.org)
- Email to [TBD@ci.lompoc.ca.us](mailto:TBD@ci.lompoc.ca.us)
- Telephone at 805-875-TBD

- Fax at 805-875-TBD
- Mail: City of Lompoc,

Attn: COVID-19 Utility Grant Assistance Program  
100 Civic Center Plaza  
Lompoc, CA 93436

- In person from the information stand outside the doors of Lompoc City Hall

Step 2 Complete and sign application with all required documentation as follows:

- Most Current City of Lompoc Utility Bill in applicants name
- Evidence of household being directly impacted by COVID-19
- Copy of 1-Month Proof of Income (i.e. Paystubs, Bank Statement, Award Letter, Etc.) for all members of household who have income,
- Copy of Government Issued Photo Identification for utility account holder,
- Copy of Government Issued document of legal residency for utility account holder.
- For Small business owners the following additional documentation is required:
  - Copy of Page 1 & 2 of most recently filed Tax Return “signed”
  - Copy of most recent employee roster “signed and dated”

Step 3 Submit completed application with required attachments to COVID-19 Utility Grant Assistance Program by:

- Email to [TBD@ci.lompoc.ca.us](mailto:TBD@ci.lompoc.ca.us)
- Fax at 805-875-TBD
- Drop off in “Utility Drop Box” outside of City Hall
- Mail: City of Lompoc,  
Attn: COVID-19 Utility Grant Assistance Program  
100 Civic Center Plaza  
Lompoc, CA 93436

Step 4 Once a completed application with the required attachments is received, it will be processed and applicant will receive notice within 15 days of eligibility determination and/or a credit to utility account.

# APPLICATION FOR COVID-19 UTILITY GRANT ASSISTANCE

## APPLICATION & CERTIFICATION

(City of Lompoc Federal Community Development Block Grant Coronavirus (CDBG-CV) for COVID-19 Pandemic Purposes Only)

### HOUSEHOLD INFORMATION

Name of Utility Account Holder: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

RACE (must choose one race **AND** one ethnicity)

ETHNICITY

<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black/African American	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
---	--	--	--

Household Member Name	Relation to Head of Household	Date of Birth
	Head of Household	

### REQUIRED Attachments:

- Current City Utility Bill (Bill must be in household member name, reflect balance & account number.)
- Evidence of COVID-19 Impact:
  - Loss of hours of work
  - Loss of Employment
  - Family Leave
  - Loss of Income
  - Illness
  - Other \_\_\_\_\_
- Copies of 1-month of total household income. Include all sources of income for all household members. Some examples of income is:
  - 1 month of current paystubs for all persons working in household
  - Cal-Works/Cash Aid
  - Award Letters of Income such as for Social Security or Disability
  - Bank Statements
  - Unemployment check stubs
  - Child support
  - Pensions/Retirement
- Copy of Government Issued Identification
- One form of Government Issued Documentation of Legal Status in United States for Account Holder:
  - Social Security Card
  - Birth Certificate
  - Green Card
  - Legal Resident Card
- For Business Owners:
  - Copy of Page 1 & 2 of Most Recent Filed Tax Return "signed"
  - Copy of Employee Roster signed and dated

### SELF-CERTIFICATION:

I am aware this program is ONLY for persons affected by the Coronavirus (COVID-19). The information I have provided herein is true and correct. I am aware the information being provided, is subject to verification by the Local and Federal Governments. I have not applied for nor plan to obtain other sources of assistance for my utilities for the same period of time requested of this grant.

Adult Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION FOR CITY OF LOMPOC STAFF:**

Female Head of Household? \_\_\_\_\_ Household Size: \_\_\_\_\_ Current Monthly Income: \_\_\_\_\_

Extremely Low  
  Very Low  
  Low/Medium  
  Moderate  
  Outside of Guidelines

Date Application Received: \_\_\_\_\_ Date Applicant Noticed of Incomplete Application & Method: \_\_\_\_\_ Date Application Complete: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Documents for eligibility were reviewed and approved by: \_\_\_\_\_

GRANT AMOUNT: \_\_\_\_\_ Date Logged onto Ledger: \_\_\_\_\_ Date Submitted for Grant: \_\_\_\_\_