



## Community & Economic Development

P.O. Box 1609, Mammoth Lakes, CA, 93546  
(760) 965-3630 [planning@townofmammothlakes.ca.gov](mailto:planning@townofmammothlakes.ca.gov)  
[www.townofmammothlakes.ca.gov](http://www.townofmammothlakes.ca.gov)

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### TOWN OF MAMMOTH LAKES CARES COVID-19 EMERGENCY SUBSISTENCE PAYMENT PROGRAM

#### PROGRAM INSTRUCTIONS AND CHECKLIST

**Completed applications can be submitted via any of the following methods:**

- **Online:** <https://mammothlakeshousing.org/rental-assistance-program/>
- **In-Person:** Mammoth Lakes Housing at 587 Old Mammoth Road, Suite #4 in the **secure drop-box**
- **Mailed Applications:** Mammoth Lakes Housing, PO Box 260, Mammoth Lakes, CA 93546

**Applicants must be able to prove a verifiable COVID-19 related hardship – see Part 5 of the application. Non COVID-19 related hardships are ineligible to receive funding from this program.**

Eligible households are able to receive financial assistance to assist with past-due mortgage and/or utility costs that a household has incurred since March 18, 2020 to present and will be entitled to payments over a consecutive three-month period. The maximum amount of assistance for the three-month period is to not exceed \$6,000 total, or the outstanding amount of mortgage and/or utility costs past-due or due for that three-month period, whichever is less. **An initial payment in month 1, up to the maximum amount of \$6,000, may be made for mortgage and/or utility costs in arrears that have been incurred since March 18, 2020, but no additional assistance beyond the \$6,000 limit will be provided for subsequent months.**

#### **All applications when submitted must include:**

1. Completed applications form signed by all adults in the household (18 or older)
2. Duplication of Benefits Affidavit
3. Proof that loss of housing and/or essential utility services are at risk due to non-payment of mortgage and/or utility costs as a result of a COVID-19 hardship (e.g., late payment notice, foreclosure notice, etc.)
4. Documentation of household annual income

**Applications when submitted MUST be complete, this includes all required documentation. Incomplete applications will result in processing delays.**

**Payments are sent directly to the lender and/or service provider.**

Funding for the program is being provided through the Town of Mammoth Lakes' allocation of Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funds that are being administered through California's Community Development Block Grant (CDBG) program. The program will end upon either the expenditure of all available funds or upon reaching the expenditure deadline specified in the Standard Agreement with the State, whichever occurs first.

For technical assistance on the application, please reach out to Mammoth Lakes Housing via one the following methods:

- **Email:** [info@MammothLakesHousing.org](mailto:info@MammothLakesHousing.org)
- **Phone:** (760) 934-4740





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TOWN OF MAMMOTH LAKES
CARES COVID-19 EMERGENCY SUBSISTENCE PAYMENT PROGRAM
PROGRAM APPLICATION AND VERIFICATION FORM

PART 1 – Applicant Information

Applicant(s):
Email: Phone:
Residential Address:
Applicant Mailing Address:
Proposed Use of Funds: Mortgage Assistance Utility Assistance
Total Amount Requested: \$ (Not to exceed \$6,000)

PART 2 – Determine Your Eligibility for the Program

- YES NO
Location: This is my primary residence, I do not own a residence elsewhere, and the residence is located in Mammoth Lakes.
Household Income: My total household income is within the U.S. Department of Housing and Urban Development HUD established "Moderate-Income" limits.
COVID-19 Impact: Has your household been economically impacted during the COVID-19 pandemic period beginning March 18, 2020 to present thereby causing loss of income and inability to pay all or a portion of my mortgage and/or utilities?
Estimated percent loss of revenue from previous one year: %
Subsistence/Emergency Status: Have you received a late payment notice, foreclosure notice, or other proof that loss of housing or essential utility services are at risk?
Number of Months Unable to Pay: months
Duplication of Benefit: Have you received, or are you aware of being eligible to receive from another source, any federal or state financial assistance for the costs requested in this application?

If 'NO' is selected for any of the eligibility items above, your household unfortunately does not meet the eligibility requirements of this program.

1 Eligible types of utilities include electric, propane, water/ sewer, trash, and/or internet.

**PART 3 – Mortgage Lender / Service Provider Information**

1. Make payment on my behalf to (name of mortgage lender): \_\_\_\_\_

Name on the Account: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Address/Account #: \_\_\_\_\_

Month(s) to Cover: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

2. Make payment on my behalf to (name of utility company): \_\_\_\_\_

Name on the Account: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Address/Account #: \_\_\_\_\_

Proposed use of Funds:  Electric  Propane  Water/Sewer  Trash  Internet

Month(s) to Cover: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

3. Make payment on my behalf to (name of utility company): \_\_\_\_\_

Name on the Account: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Address/Account #: \_\_\_\_\_

Proposed use of Funds:  Electric  Propane  Water/Sewer  Trash  Internet

Month(s) to Cover: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

4. Make payment on my behalf to (name of utility company): \_\_\_\_\_

Name on the Account: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Address/Account #: \_\_\_\_\_

Proposed use of Funds:  Electric  Propane  Water/Sewer  Trash  Internet

Month(s) to Cover: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

5. Make payment on my behalf to (name of utility company): \_\_\_\_\_

Name on the Account: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Address/Account #: \_\_\_\_\_

Proposed use of Funds:  Electric  Propane  Water/Sewer  Trash  Internet

Month(s) to Cover: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. Make payment on my behalf to (name of utility company): \_\_\_\_\_

Name on the Account: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Address/Account #: \_\_\_\_\_

Proposed use of Funds:  Electric  Propane  Water/Sewer  Trash  Internet

Month(s) to Cover: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**PART 4 – Income Eligibility**

Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members living in the household.<sup>1</sup> Consult the Program Guidelines for additional information about what is considered to be income.

Total Household Income is based off of:

- Annual Income from **Prior Year(s)** (see attached tax return information)
- Annual Income **projection over the next 12 months** (see attached paystubs or other evidence of income)<sup>2</sup>

Name List <u>all</u> household members, including yourself	Age	Check if Applicable			Annual Gross Income (Pre-Tax)	Source of Income
		Head of House- hold	Co- Head of House- hold	Full-Tm Student ≥ 18 Yrs		
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
<b>Total Annual Household Income:</b>					\$	

*CIRCLE* the number of household members, including yourself:

1	2	3	4	5	6	7	8+
\$45,300	\$51,800	\$58,250	\$64,700	\$69,900	\$75,100	\$80,250	\$85,450

Is your Total Annual Household Income <b>LOWER</b> or <b>HIGHER</b> than the dollar amount listed directly below the number of people circled above?  If <b>LOWER</b> , attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, unemployment letter, etc.) If <b>HIGHER</b> , your household unfortunately does not meet the eligibility requirements of this program.	<b>LOWER</b>	<b>HIGHER</b>
	<input type="checkbox"/>	<input type="checkbox"/>

**NOTES:**

- The following can be excluded from the Annual Gross Income: (1) IRS Economic Impact Payments (stimulus checks); (2) Federal Pandemic Unemployment Compensation (the additional \$600 per week); (3) Lost Wages Supplemental Payment Assistance (up to \$400 per week); (4) income of a live-in-aide; (5) children of live-in-aides; (6) foster children; (7) foster adults; or (8) the income of minors.
- Annual income can be projected out for the next 12 months by converting current income to annual figures. Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-Monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income.

**PART 5 – COVID-19 Impact / Hardship**

Please briefly explain the hardship your household is experiencing, or has experienced, as it relates to COVID-19 (e.g., you were laid off because of COVID-19, your hours were reduced, etc.).

- Please specify WHEN the hardship began, HOW it has impacted your household, and WHY you cannot pay the expenses requested in this application.

**PART 6 – Application Certification**

"I/We certify under the penalty of perjury that the above information is complete and accurate to the best of my/our knowledge. I/we understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the Program Operator to document my/our household income.

**HEAD OF HOUSEHOLD**

_____ Signature	_____ Printed Name	_____ Date
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_____ Signature	_____ Printed Name	_____ Date
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**OTHER ADULT HOUSEHOLD MEMBERS**

_____ Signature	_____ Printed Name	_____ Date
--------------------	-----------------------	---------------

_____ Signature	_____ Printed Name	_____ Date
--------------------	-----------------------	---------------

_____ Signature	_____ Printed Name	_____ Date
--------------------	-----------------------	---------------

_____ Signature	_____ Printed Name	_____ Date
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**PART 7 – Confidential Participant / Beneficiary HUD Demographic Information**

1) **Ethnicity** (Select One)     Not Hispanic     Hispanic

2) **Race** (Select One)

- |   |  |
|---|--|
| <input type="checkbox"/> White                                | <input type="checkbox"/> American Indian/Alaskan Nat. & White                  |
| <input type="checkbox"/> Black/African American               | <input type="checkbox"/> Asian & White   |
| <input type="checkbox"/> Asian                                | <input type="checkbox"/> Black/African American & White                        |
| <input type="checkbox"/> American Indian/Alaskan Native       | <input type="checkbox"/> American Indian/Alaskan Nat. & Black/African American |
| <input type="checkbox"/> Nat. Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial                                    |

3) **Other Demographic Data** (Select all that Applies)

- |   |  |
|---|--|
| <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Single / Non-Elderly    |
| <input type="checkbox"/> Participant Disable      | <input type="checkbox"/> Related / Single-Parent |
| <input type="checkbox"/> Veteran                  | <input type="checkbox"/> Related / Two-Parent    |
| <input type="checkbox"/> Elderly                  | <input type="checkbox"/> Other _____             |

**TOWN (OR DESIGNEE) USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

**ACTION TAKEN**

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

Residence is within Mammoth Lakes:  Yes     No    COVID-19 Related Hardship:  Yes     No

Signed Application and all Required Documentation Provided    Duplication of Benefits Verified:  Yes     No

Household Size: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Income Qualified?  Yes     No

Effective Date of the Income Limit Chart Being Used to Verify Income: \_\_\_\_\_

(Attach current HCD CDBG Income Limit chart for Mono County w/ the applicable household size and annual income limit circled)

Household Annual Income is considered to be:

<input type="checkbox"/> 30% or less (Extremely Low Income) of Mono County AMI
<input type="checkbox"/> 31% - 50% (Low Income) of Mono County AMI
<input type="checkbox"/> 51% - 80% (Moderate Income) of Mono County AMI
<input type="checkbox"/> Over 80% of Mono County AMI ( <b>Not Eligible for CDBG Assistance</b> )

Approved    # of Mths of Assistance: \_\_\_\_\_ Total Amt Funded: \$ \_\_\_\_\_

Funding Provided by Grant Number: \_\_\_\_\_

Assistance Type (check all that apply):  Mortgage     Utilities

Denied    Reason: \_\_\_\_\_

**PROGRAM OPERATOR CERTIFICATION:** I certify that the Participant / Beneficiary information is true and correct, to the best of my knowledge. I certify that, using the current HCD annual income publication compared to the stated family size and income, the income level shown above is true and correct, to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Job Title, Agency

\_\_\_\_\_  
Date

Assistance Pymt. Date: \_\_\_\_\_ Amt. Paid \$ \_\_\_\_\_  Proof of Payment Provided to Applicant

Receipt of Payment Provided by Applicant    Date Provided: \_\_\_\_\_







**TOWN OF MAMMOTH LAKES**  
**CARES COVID-19 EMERGENCY SUBSISTENCE PAYMENT PROGRAM**  
**DUPLICATION OF BENEFITS AFFIDAVIT**

I/We, \_\_\_\_\_ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving to help us prevent, prepare for, or respond to the coronavirus by providing us with assistance with mortgage and/or utility payments (**"Type of Assistance"**) for the purpose of avoiding foreclosure or disconnection of utility services (**"Need"**) in the amount of \$\_\_\_\_\_ (**"Amount of Assistance or Total Need"**) from the Mammoth Lakes Housing, Inc. (**"Organization"**) through a program administered by the Town of Mammoth Lakes with funding from the U.S. Department of Housing and Urban Development (the **"Program"**).
2. The Organization and I/We believe the **Amount of Assistance/Total Need** is \$\_\_\_\_\_.
3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below (**"Duplicative Assistance"**):

(a) Source of Funds #1

<b>Lender/Grant Provider Name</b>	
<b>Purpose</b>	
<b>Amount</b>	
<input type="checkbox"/> <b>Government Loan</b> <input type="checkbox"/> <b>Government Grant</b> <input type="checkbox"/> <b>Government Forgivable Loan</b> <input type="checkbox"/> <b>Nonprofit Grant</b> <input type="checkbox"/> <b>Nonprofit Loan</b> <input type="checkbox"/> <b>Nonprofit Forgivable Loan</b> <input type="checkbox"/> <b>Private Loan</b> <input type="checkbox"/> <b>Other:</b> _____	

(b) Source of Funds #1

<b>Lender/Grant Provider Name</b>	
<b>Purpose</b>	
<b>Amount</b>	
<input type="checkbox"/> <b>Government Loan</b> <input type="checkbox"/> <b>Government Grant</b> <input type="checkbox"/> <b>Government Forgivable Loan</b> <input type="checkbox"/> <b>Nonprofit Grant</b> <input type="checkbox"/> <b>Nonprofit Loan</b> <input type="checkbox"/> <b>Nonprofit Forgivable Loan</b> <input type="checkbox"/> <b>Private Loan</b> <input type="checkbox"/> <b>Other:</b> _____	

(c) Source of Funds #1

<b>Lender/Grant Provider Name</b>	
<b>Purpose</b>	
<b>Amount</b>	
<input type="checkbox"/> <b>Government Loan</b> <input type="checkbox"/> <b>Government Grant</b> <input type="checkbox"/> <b>Government Forgivable Loan</b> <input type="checkbox"/> <b>Nonprofit Grant</b> <input type="checkbox"/> <b>Nonprofit Loan</b> <input type="checkbox"/> <b>Nonprofit Forgivable Loan</b> <input type="checkbox"/> <b>Private Loan</b> <input type="checkbox"/> <b>Other:</b> _____	

(d) Source of Funds #1

<b>Lender/Grant Provider Name</b>	
<b>Purpose</b>	
<b>Amount</b>	
<input type="checkbox"/> <b>Government Loan</b> <input type="checkbox"/> <b>Government Grant</b> <input type="checkbox"/> <b>Government Forgivable Loan</b> <input type="checkbox"/> <b>Nonprofit Grant</b> <input type="checkbox"/> <b>Nonprofit Loan</b> <input type="checkbox"/> <b>Nonprofit Forgivable Loan</b> <input type="checkbox"/> <b>Private Loan</b> <input type="checkbox"/> <b>Other:</b> _____	

(e) Source of Funds #1

<b>Lender/Grant Provider Name</b>		
<b>Purpose</b>		
<b>Amount</b>		
<input type="checkbox"/> <b>Government Loan</b>	<input type="checkbox"/> <b>Government Grant</b>	<input type="checkbox"/> <b>Government Forgivable Loan</b>
<input type="checkbox"/> <b>Nonprofit Grant</b>	<input type="checkbox"/> <b>Nonprofit Loan</b>	<input type="checkbox"/> <b>Nonprofit Forgivable Loan</b>
<input type="checkbox"/> <b>Private Loan</b>	<input type="checkbox"/> <b>Other:</b> _____	

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c) + 3(d) + 3(e)) ) \$\_\_\_\_\_.
5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.
6. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–2 254; 132 Stat. 3442). prohibits federal agencies from providing assistance to any person for “any part of such loss” as to which he has received financial assistance under any other program or from insurance or any other source (such as, FEMA, SBA, the Red Cross, the City, business owner’s Insurance, etc.).
7. I/We understand that the amount of assistance received by I/We from [Insert Subrecipient Name] must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from other sources (such as, FEMA, SBA, the Red Cross, the City homeowner’s insurance, etc.) for the same purpose.
8. Therefore, I/We understand that if I/We receive assistance from a source other than Mammoth Lakes Housing, Inc. (such as, FEMA, SBA, the Red Cross, the City, homeowner’s insurance, etc.) for the Need for the same purpose, I/We must repay the assistance received from Mammoth Lakes Housing, Inc.
9. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by Me/Us from Mammoth Lakes Housing, Inc., payment of fines and/or imprisonment may be required in the event that I/We provide false, incomplete or misleading information in this Affidavit or during the rest of this process. **By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.**

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

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_