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

**PROGRAM GUIDELINES**

Adopted June 2, 2021

**A. Purpose**

The Town of Mammoth Lakes CARES COVID-19 Emergency Subsistence Payment Program (ML CARES) is designed to provide short-term subsistence payment grants to income-eligible Mammoth Lakes households that are experiencing financial hardship due to the ongoing COVID-19 public health emergency. The goal of the program is to provide financial assistance to households that are at risk of losing their home to foreclosure and/or prevent the cutoff of utility services due to the inability to pay those expenses as a result of the pandemic. Allowable types of subsistence payments include payment of past-due mortgage and/or utility (e.g., electric, propane, water/sewer, trash, and internet) costs for costs that eligible households have incurred since March 18, 2020 (*the date the Town declared a local emergency*).<sup>1</sup>

ML CARES grants will be paid directly to the lender and/or service provider on behalf of income-eligible households. Eligible households will be entitled to payments over a consecutive three-month period and 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. Funding for the program will be 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 initially be funded with the approximately \$40,000 remaining from the Town's Round 1 CARES Act grant (CDBG-CV1) and an additional \$225,000 in funding will be added to the program upon approval by the State of the Town's Rounds 2 and 3 CARES Act grant (CDBG-CV2/3). 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.

The Town of Mammoth Lakes, hereinafter referred to as the Town, has entered into a contractual relationship with the California Department of Housing and Community Development ("HCD") to administer the distribution of the CARES Act funds within the town. Mammoth Lakes Housing, Inc. (MLH or Program Operator), acting as a subrecipient and under contract with the Town, will assist with the implementation and distribution of the ML CARES program and funds.

**B. Mammoth Lakes CARES COVID-19 Subsistence Payment Program Eligibility**

Eligible households must meet all of the following criteria<sup>2</sup>:

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<sup>1</sup> Rental assistance is no longer an eligible type of subsistence payment under this grant program due to the implementation of the Statewide Emergency Rental Assistance Program in March 2021 and the need to avoid duplication of benefits when utilizing Federal funding. Information on the State rental assistance program can be found at: [www.HousingIsKey.com](http://www.HousingIsKey.com).

<sup>2</sup> See Section F for additional information related to the eligibility criteria and required documentation.

1. Applicant's current home is their only residence.
2. The household is located within the Town of Mammoth Lakes.
3. Annual household income does not exceed the current U.S. Department of Housing and Urban Development (HUD) established "Moderate-Income" limits ( $\leq$  80% of County median income) for Mono County (See Income Limits table in Section E.3.c below for more information). Household income eligibility is based on the following two (2) factors:
  - a. The total number of persons residing in the household; and
  - b. The total amount of the annual household income.
4. Economically impacted during the COVID-19 pandemic period beginning March 18, 2020-to-present (loss of income due to job loss/lay-off, reduction in hours, furlough, loss of business income, or COVID-19-related medical expenses).<sup>3</sup>
5. Mortgage that is past due (homeowners only) and/or utility payments that are past due (homeowners and/or renters are eligible to apply).
6. Household is not able to access other payment assistance for same costs.
7. A completed application and all required supporting documentation must be submitted to be considered for assistance.

### **C. Application Assistance and Submission Instructions**

Applicants are strongly advised to review the Frequently Asked Questions (FAQ) available online at: <https://mammothlakeshousing.org/rental-assistance-program/>.

#### **1. ML CARES Application Release Date**

Application materials for the ML CARES program will be available online to download beginning in June 2021 at <https://mammothlakeshousing.org/rental-assistance-program/>.

For applicants that do not have access to a computer, internet, and/or printer, a paper application packet is also available by mail or for in-person pick-up. To request the application materials by mail, please call (760) 934-4740 or email at [info@MammothLakesHousing.org](mailto:info@MammothLakesHousing.org). Applications can be picked up in-person Monday-Friday from 8:00AM-5:00PM beginning Monday, May 24, 2021 at the Mammoth Lakes Housing offices at 587 Old Mammoth Road, Suite #4 or at the Town offices at 437 Old Mammoth Road, Suite 230.

#### **2. ML CARES Application Technical Assistance**

To assist with the application process, Mammoth Lakes Housing staff are available to provide technical assistance and answer questions related to what is necessary for the application. Please call (760) 934-4740 or email at [info@MammothLakesHousing.org](mailto:info@MammothLakesHousing.org) for additional support.

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<sup>3</sup> March 18, 2020 is the date that the Mammoth Lakes Town Council declared a local emergency regarding COVID-19 (Town Council Resolution No. 20-10).

### 3. ML CARES Application Submittal

Applications can be submitted via any of the following methods:

- a. **Mailed Applications.** Mailed applications can be submitted directly to Mammoth Lakes Housing at:

Mammoth Lakes Housing, Inc.  
PO Box 260  
Mammoth Lakes, CA 93546

- b. **In-Person Applications.** Applications can be dropped off Monday-Friday from 8:00AM-5:00PM at the Mammoth Lakes Housing offices at 587 Old Mammoth Road, Suite #4.
- c. **Online Submittal.** Applications can be submitted via the online portal. Please see the link for the Online Application on the ML CARES subsistence payment program webpage at <https://mammothlakeshousing.org/rental-assistance-program/>.

Funding will be provided on a first-come, first-served basis for applications that have been approved and applications will be processed in the order they are received. Applications will continue to be accepted until all funds have been expended or upon reaching the expenditure deadline specified in the Standard Agreement with the State, whichever occurs first.

### 4. Approval of the ML CARES Grant

Upon the determination that the application is complete and the applicant meets all of the eligibility requirements, the Program Operator will approve the application for funding. Payment of ML CARES grant funds will be made on an ongoing monthly basis to the lenders and/or service providers specified on the application. At the discretion of the program operator, a single lump sum payment of \$6,000 may be made to the lender and/or service provider for the specified period of assistance.

### D. ML CARES Subsistence Payment Grant

ML CARES grants will be provided to eligible households for payment of past due mortgage and/or utility costs that a household has incurred since March 18, 2020 to present. Eligible utility costs include electric, propane, water/sewer, trash, and internet. Eligible mortgage costs include the monthly mortgage amount and property tax and homeowners insurance costs if those costs are paid on a monthly basis into an escrow account. Program administrators shall determine the duration and amount of assistance provided to eligible households based on application information, monthly mortgage amount and/or utility costs, and amount in arrears.

1. ML CARES grants will not be paid directly to households. Mortgage and/or utility payments will be paid directly to the lender and/or service provider.
2. The maximum amount of assistance shall not exceed \$6,000 for the 3-month period. **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.**
3. Assistance will be provided for a consecutive three (3) month period for the time period ranging from March 18, 2020 to present. Payment may be provided as a single lump sum at the discretion of the Program Operator.
4. A late payment notice, foreclosure notice, or other proof that loss of housing or essential utility services are at risk of being terminated is required to be submitted with the application.

5. ML CARES grants are being funded by the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act which is intended to prevent, prepare, and respond to the COVID-19 emergency and there is no requirement for repayment.
6. ML CARES payments are per household. **Submittal of more than one application per household will result in the rejection of the duplicate application.**

#### **E. Eligibility Criteria Definitions and Additional Information**

1. **Primary Residence.** The applicant's home shall be their only residence.
2. **Residency in Eligible Area.** The home shall be located within the incorporated area of Mammoth Lakes.
3. **Household and Income Definitions.**
  - a. A **Household** is defined as all the persons who occupy a housing unit. The occupants may be a single-family, one person living alone, two or more families living together, or any other group of persons who share living arrangements. Therefore, household member information must include, at a minimum, the following:
    - i. Full names and ages of all family members as well as any unrelated persons living in the residence. All names must be included on the application form.
    - ii. Signature of the primary applicant(s), certifying that the information provided related to the annual household income and members is correct.
  - b. **Annual Income** is defined as the total gross amount of income received from all sources by adult individuals of the household during a 12-month period.

To determine ML CARES program eligibility, all sources of annual income for each household member over the age of 18 and the exact amounts earned from each income source must be accurately documented. Documentation must be sufficient to support current year income projections and may be either annual income (e.g., prior year tax returns) or current monthly income projected out 12 months. Acceptable forms of income documentation include any of the following:

- Prior year tax returns
- Pay stubs for a minimum period of two months
- Social Security letter or stub
- Unemployment letter or stub
- Statement of loss of income (for persons who are self-employed) including current year annual income projection
- Other proof of income or loss of income
- Signed statements of no-income

Additional information on household income is provided in Exhibit A, Types of Household Income.

- c. **Income Limits.** Eligible households annual income must be at or below the Mono County “Moderate-Income” limits based on household size.

Mono County Income Limits <sup>4</sup>

Number of Persons	Moderate-Income (80% AMI)	Number of Persons	Moderate-Income (80% AMI)
1	\$45,300	5	\$69,900
2	\$51,800	6	\$75,100
3	\$58,250	7	\$80,250
4	\$64,700	8	\$85,450

4. **Documentation to Demonstrate Economic Impact from the COVID-19 Pandemic.** Applicant households must provide details in the application confirming negative economic impact during the COVID-19 pandemic period. Examples of impact include work hours reduced, temporarily or permanently laid-off, or other demonstrable loss of income due to COVID-19.
5. **Evidence of Past-Due Amounts.** An applicant household must provide documentation showing the past-due mortgage and/or utility amounts. Examples include a late payment notice, foreclosure notice, or other proof that loss of housing or essential utility services are at risk of being terminated or a mortgage statement showing the mortgage amount that is unpaid.
6. **No other Federal or State forms of Financial Assistance.** Applicant households are prohibited from receiving federal or state financial assistance for the same costs that have been previously paid by other federal or state financial assistance programs, or sources, or are eligible to be paid by other federal or state financial assistance sources. All applications are required to include the supplemental ‘Duplication of Benefits Affidavit.’
7. **Payment Documentation.** After the payment has been sent to the lender and/or service provider, the Program Operator will provide evidence to the applicant household that the payment has been submitted on their behalf. Evidence of payment will be in the form of the executed check.

Subsequently, when the applicant household has been notified by the lender and/or service provide that payment has been received, the applicant household is required to submit documentation to the Program Operator showing receipt of payment by the lender and/or service provider. Examples of acceptable documentation may include receipt of payment, acknowledgement of payment, or statement of balances.

**F. Program Outreach and Marketing**

All outreach efforts will be done in accordance with state and federal regulations to assure nondiscriminatory treatment, outreach, and access to the ML CARES program. No person shall, on the grounds of age, ancestry, color, creed, physical or mental disability or handicap, marital or familial status, medical condition, national origin, race, religion, gender or sexual orientation be excluded, denied

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<sup>4</sup> Income limits are based on the 2020 CDBG Income Limits for Mono County effective 7/1/2020. These income limits are updated on an annual basis by HCD. <https://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits/docs/2020-cdbg-income-limits.pdf>

benefits or subjected to discrimination under this program. The Town and MLH will ensure that all persons, including those qualified individuals with handicaps have access to the program.

1. Race, ethnicity, and other related demographic data will be collected through the application process and this information will be used to show that protected classes (age, gender, ethnicity, race, and disability) are not being excluded from the ML CARES program. Outreach and application materials, in English and any other language that is the primary language of a significant portion of the area residents, will be widely distributed in the service area and will be provide to any local social service agencies.
2. Section 504 of the Rehabilitation Act of 1973 prohibits the exclusion of an otherwise qualified individual, solely by reason, of disability, from participation under any program receiving Federal funds. The Town will take appropriate steps to ensure effective communication with disable applicants, residents, and members of the public.

The Town of Mammoth Lakes is an equal opportunity provider of services and programs and will not discriminate against any applicant on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, disability, age, medical condition, ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran.

#### **G. Non-Discrimination Requirements**

The ML CARES program will be implemented in ways consistent with MLH's and the Town's commitment to non-discrimination. No person shall be excluded from participation in, denied the benefit of, or be subject to discrimination under any program or activity funded in whole or in part with State funds on the basis of his or her religion or religious affiliation, age, race, color, creed, gender, sexual orientation, marital status, familial status (children), physical or mental disability, national origin, or ancestry, or other arbitrary cause.

#### **H. Fair Housing Protections**

The ML CARES program will meet all fair housing requirements and encourage anyone that is encountering a potential fair housing violation (e.g., harassment, discrimination, retaliation, hate violence, etc.) to submit a complaint through the State and/or Federal fair housing complaint lines. The State Department of Fair Employment and Housing (DFEH) can be reached online at [www.dfeh.ca.gov](http://www.dfeh.ca.gov) or via phone at (800) 884-1684. The Federal office of Fair Housing and Equal Opportunity (FHEO) can be reached online at [www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp](http://www.hud.gov/program_offices/fair_housing_equal_opp) or via phone at (800) 669-9777.

#### **I. Conflict of Interest Requirements**

When the Grantee's program contains Federal funds, the applicable Conflict of Interest requirements of 24 CFR Section 570.611 shall be followed for CDBG assistance.

No member of the governing body and no official, employee or agent of the local government, nor any other person who exercises policy or decision-making responsibilities (including the administrative agent, contractors and similar agencies) in connection with the planning and implementation of the grant program shall directly or indirectly be eligible for ML CARES program assistance. Exceptions to this policy can be made only after public disclosure and formal approval by the governing body of the locality.

## **J. Program Administration – Recordkeeping Requirements**

The Program Operator shall maintain a file for each assisted household for the time period specified in the Standard Agreement with the State or the Subrecipient Agreement between the Town and MLH, whichever time period is longer. The file shall at a minimum contain the following items:

1. Approved application for assistance form that includes the essential CDBG-CV eligibility criteria, certified by the applicant.
2. Duplication of Benefits documentation.
3. Low- to Moderate-Income verification documents (tax documents, pay stubs, or Self-Certification of Income form) and documentation of household size.
4. A copy of the applicable Mono County income limits with the appropriate income level (30%, 50% and 80% AMI) selected.
5. Documentation of loss of income due to COVID-19 (the provision of details in the application is acceptable).
6. Late payment notice, risk of foreclosure notice, or other proof that loss of housing or essential utility services is at risk and documenting the need for emergency payment.
7. Ethnicity/race demographic information.
8. Copy of the payment to the lender and/or service provider.
9. Documented proof of payment from the lender and/or service provider (receipt, acknowledgement of payment, statement of balances, etc.).

### **Exhibits:**

- Exhibit A: Types of Household Income
- Exhibit B: Town of Mammoth Lakes CARES COVID-19 Emergency Subsistence Payment Program Duplication of Benefits Policy
- Exhibit C: Town of Mammoth Lakes CARES COVID-19 Emergency Subsistence Payment Program Application
- Exhibit D: Town of Mammoth Lakes CARES COVID-19 Emergency Subsistence Payment Program Frequently Asked Questions





## Exhibit "A"

### Types of Household Income ([Code of Federal Regulations, 24 CFR §5.609](#))

The following is a list of the types of household income most commonly encountered, as well as the kinds of documentation required for verification. This is not intended to provide an exhaustive list of possible income sources, but only those sources most commonly encountered. However, all applicant income sources must be clearly identified and documented in the application.

The calculation of gross annual income **shall include** the following:

- i. Salary Income. The documentation of salary income must be obtained from at least **one (1)** source. The documentation may be from 2019 or 2020 including Federal income tax returns. The documentation must be properly labeled and compiled in the applicant's case file in a readable format. Acceptable sources of income documentation include the following:
  - Federal income tax returns for 2019 and 2020; or 2019 Federal income tax returns AND 2020 W-2 forms (if 2020 tax returns not filed yet); **OR**
  - Copies of the applicant's paycheck stubs from previous two (2) months, establishing the applicant's monthly income
- ii. Self-Employment. Any income from an adult household member who is self-employed must be documented and verified from at least **one (1)** of the following sources:
  - A copy of 2019 or 2020 IRS Form 1040/1040A (tax return); **OR**
  - An affidavit signed by the applicant that includes the name of the household member who is self-employed, the name of the business, and the prior year/s estimated annual income
- iii. Social Security / Supplementary Security Income / Social Security Disability. Income from Federal or State retirement programs and disability must be verified from at least **one (1)** source that may not be older than one year, unless noted below. Acceptable documentation sources include:
  - A copy of the applicant's monthly award check; **OR**
  - A copy of a benefit verification letter (also referred to as an "Award letter" or "income letter" and can be requested from the Social Security office by applicant); **OR**
  - Copy of a bank statement showing direct deposits of applicant's award check; **OR**
  - Copy of Social Security Forms SSA-2456 which verifies benefits (can be requested from Social Security office by applicant); **OR**
  - Copy of Social Security Form SSA-1099 (tax form mailed each year stating total amount of benefits received from the previous year); **OR**
  - Written certification from the awarding agency verifying the applicant's eligibility and the amount of the monthly benefits
- iv. Welfare / General Relief. Income from social aid programs must be verified from at least **one (1)** of the following sources:
  - Copies of the applicant's most recent bi-monthly award checks; **OR**
  - Copy of the most recent Notice of Action or award letter stating the amount of applicant's benefit; **OR**
  - Written statement from caseworker stating the applicant's benefit amount; **OR**
  - Written certification from the awarding agency verifying the applicant's eligibility and the amount of the monthly benefits

- v. Pension Income. Pension income must be verified from at least **one (1)** of the following sources:
  - A copy of the pension award letter; **OR**
  - Copies of the applicant's bank statement demonstrating that the award check was directly deposited into the applicant's account
- vi. Personal Interest. Personal interest from savings accounts or dividends from financial investments must be identified and documented as earned income. Adequate verification may include:
  - Federal income tax return; **OR**
  - Copies of bank statements; **OR**
  - All pages of investment statements indicating the amount of dividends earned
- vii. Alimony / Child Support. Income received from alimony and/or child support payments must be documented and verified from at least **one (1)** of the following sources:
  - A copy of the applicant's weekly or monthly check; **OR**
  - A copy of a separation or settlement agreement or a divorce decree from a court establishing payments; **OR**
  - A notarized affidavit, signed by the applicant, certifying to the amount of child support received.
- viii. In-Home Supportive Services. Income earned by a caregiver/caretaker providing in-home supportive services for a different household must be documented through copies of **the three (3)** most recent paycheck stubs, to establish the monthly income.
- ix. No Income. Should an adult member of the household (18 years and older) have no income to report, documentation to be submitted may include:
  - A self-certification signed by the household member declaring he/she does not earn income that can be contributed to the household.

The calculation of gross annual income **shall not include** the following:

- i. Income from Children, which is income from the employment of children (including foster children) under the age of 18 years.
- ii. Payments Received for the Care of Foster Children, including foster adults (usually persons with disabilities, unrelated to the family, who are unable to live alone).
- iii. Lump-Sum Payments, including additions to family assets, such as inheritances, insurance payments (e.g., health and accident insurance, and worker's compensation), capital gains, and settlement for personal or property losses.
- iv. Reimbursement for Medical Costs, including all payments received by the family that are specifically for, or in reimbursement of, medical expenses for any family member.
- v. Live-In Aide, including the income of a live-in aide employed because of a medical condition or disability of a family member. A live-in aide is determined to be essential to the care and well-being of the person, not obligated for the support of the person, and would not be living in the unit except to provide the necessary supportive services.
- vi. Education Assistance, including all the full amount of educational scholarships paid directly to the student or to the educational institution, and Government funds paid to a veteran for tuition fees, books, equipment, materials, supplies, transportation, and miscellaneous personal expenses of the student. Any amount of such scholarship or payment to a veteran not used for the above purposes that is available for subsistence is to be included in income.

- vii. Armed Forces (Special Pay), specifically special pay to a family member serving in the Armed Force who is exposed to hostile fire.
- viii. Government Programs, including the following:
- Amounts received under training programs funded by HUD and earnings and benefits from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government).
  - Amounts received by a disabled person that are disregarded for a limited time for purposes of Supplemental Security Income (SSI) eligibility and benefits, because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
  - Amounts received by a participant in other publicly-assisted programs, which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and made solely to allow participation in a specific program.
  - Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the U.S. Housing Act of 1937.
  - Amounts paid by a State agency to a family with a member who has developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member living at home.
- ix. Temporary Income, considered temporary, nonrecurring or sporadic in nature (including gifts).
- x. Income of Full-Time Students, earned in excess of \$480 for each full-time student 18 years old or older attending school or vocational training (excluding the head of household and spouse).
- xi. Adoption Assistance Payments, in excess of \$480 per adopted child.



**Exhibit "B"**

**Town of Mammoth Lakes CARES COVID-19 Emergency Subsistence Payment Program  
Duplication of Benefits Policy**





## 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 DUPLICATION OF BENEFITS POLICY AND PROCESS

#### **Town of Mammoth Lakes Duplication of Benefits Policy**

The Town of Mammoth Lakes Emergency Subsistence Payment Program is funded through CDBG-CV funds allocated under the 2020 CARES Act and governed by the Federal Register Notice FR-6218-N-01-CDBG-CV, dated August 7, 2020.

All CDBG-CV grantees are required to complete a duplication of benefits analysis for assisted activities to demonstrate that no financial assistance has been received or is available to pay costs charged to a CDBG-CV grant. To comply with this requirement, the Town of Mammoth Lakes, and its subrecipient (i.e., Mammoth Lakes Housing, Inc. [MLH]) will demonstrate that no other funds are available for an activity by maintaining records of compliance with mandatory duplication of benefits requirements described in the Federal Register Notice of August 7, 2020.

A CDBG-CV grantee is required to develop and maintain adequate procedures to prevent a duplication of benefits that address (individually or collectively) each activity or program. A grantee's policies and procedures are not adequate unless they include, at a minimum: (1) a requirement that any person or entity receiving CDBG-CV assistance must agree to repay assistance that is determined to be duplicative; and (2) a method of assessing whether the use of CDBG-CV funds will duplicate financial assistance that is already received or is likely to be received by acting reasonably by evaluating need and the resources available to meet that need. It is the intent of this document to present the Town of Mammoth Lakes' policy to uphold, enforce and document conformance with the duplication of benefit requirements which cover use of its CDBG-CV funds.

#### **Town of Mammoth Lakes Duplication of Benefits Process**

All applications to the Town of Mammoth Lakes Emergency Subsistence Payment Program are required to complete a Duplication of Benefits Affidavit as part of the application process. This affidavit acknowledges the Town's requirement that any person or entity receiving CDBG-CV assistance must agree to repay assistance that is determined to be duplicative.

To meet HUD's requirements, the Town has developed a method of assessing whether the use of CDBG-CV funds will duplicate financial assistance that is already received or is likely to be received by acting reasonably in evaluating need and the resources available to meet that need.<sup>1</sup>

This assessment process is as follows:

1. Upon receipt of the completed application packet, MLH reviews the Duplication of Benefits Affidavit to determine if the applicant has reported receiving any potentially duplicative assistance.
2. If so, MLH may request additional information from the applicant, including:
  - a. Dates funds were received; and
  - b. Specific uses of funds received, including receipts and dates as appropriate.

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<sup>1</sup> The Town anticipates additional guidance in this regard will be forthcoming from HUD and will review its process to ensure compliance at that time.

3. Based on a review of this information, MLH may:
  - a. Determine that there is no duplication and proceed with consideration of the application for the full amount requested.
  - b. Determine that there is a partial duplication and proceed with consideration of the application for an amount that reduces the request by the DOB amount
    - i.  $\text{Amount Requested} - \text{Amount of DOB} = \text{Eligible Amount}$
  - c. Determine that there is a complete duplication and deny the application
4. In the event that an application moves forward and is approved, in whole or in part, the applicant will be required to sign a Subrogation Agreement to address concerns around the potential for future duplication (for example a household applied for utility assistance through the State Rental Assistance Program and was not denied, but the applicant has not heard back).
5. In the event that an application is approved in part, MLH will also include in the funding documents specific information around what the funds may be spent on so as to avoid duplication of benefits.
6. MLH will require all successful applicants to provide documentation as to how funds are actually expended, and will review this documentation to ensure no duplication has taken place.

All application documents, including the Affidavit and Subrogation Agreement, shall be retained in compliance with HUD's record retention requirements.



**Exhibit "C"**

**Town of Mammoth Lakes CARES COVID-19 Emergency Subsistence Payment  
Program Application**





## 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



Community & Economic Development

P.O. Box 1609, Mammoth Lakes, CA, 93546
(760) 965-3630 planning@townofmammothlakes.ca.gov
www.townofmammothlakes.ca.gov

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
--------------------	-----------------------	---------------

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

**OTHER ADULT HOUSEHOLD MEMBERS**

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

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

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

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

**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 (Not Eligible for CDBG Assistance)

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 \_\_\_\_\_

**Exhibit "D"**

**Town of Mammoth Lakes CARES COVID-19 Emergency Subsistence Payment Program  
Frequently Asked Questions**





## 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)

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

#### FREQUENTLY ASKED QUESTIONS (FAQS)

**1. How do I know if I qualify for participation in the program?**

Please read the ML CARES Subsistence Payment program guidelines for information on eligibility requirements. A copy can be found on the Mammoth Lakes Housing website at <https://mammothlakeshousing.org/rental-assistance-program/>.

The steps involved in determining eligibility include first determining how many people are living in your household. Generally, this is every person who currently lives in the house at the time of application submission, including persons who are unrelated. Next, add all annual gross income together for every adult over 18 years of age who lives in the household. The total amount of annual income cannot exceed the maximum amount specified in the table below for the number of persons living in the household.

# of Persons in the Household	1	2	3	4	5	6	7	8
Maximum Annual Household Income	\$45,300	\$51,800	\$58,250	\$64,700	\$69,900	\$75,100	\$80,250	\$85,450

Based on the 2020 CDBG Income Limits for Mono County, effective 7/1/2020

**2. I have a loss of income and cannot pay my mortgage and/or utility costs. Am I eligible to apply?**

Yes, so long as the income loss is related to the COVID-19 pandemic.

**3. How much money can I receive, and will I be able to pay past due mortgage costs and/or utility costs?**

Eligible households may receive up to \$6,000 total from this program. The money can be used for monthly mortgage and/or utility payment debt that a household has incurred since March 18, 2020 to present or for current mortgage and/or utility payment costs over a consecutive three-month period. 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. Payments will be made directly to the lender and/or service provider.

**4. I am a homeowner who has been affected by COVID-19. Can I apply?**

Yes. ML CARES grants are available for homeowners who are unable to pay all or a portion of their mortgage and are at risk of being foreclosed on due to past-due payments.

**5. I rent my property. Am I eligible to apply?**

Renters are eligible to apply for utility assistance only. Rental assistance is no longer an eligible type of activity under this grant. Renters who are in need of assistance are encouraged to apply for rental assistance through the Statewide Emergency Rental Assistance Program. Additional information on that program is available at [www.HousingIsKey.com](http://www.HousingIsKey.com).

**6. I am renting a room from a homeowner. Can I apply?**

Rental assistance is no longer an eligible type of activity under this grant. Renters who are in need of assistance are encouraged to apply for rental assistance through the Statewide Emergency Rental Assistance Program. Additional information on that program is available at [www.HousingIsKey.com](http://www.HousingIsKey.com).

**7. How will applications be selected?**

Applications will be processed in the order they are received and funding will be provided on a first-come, first-served basis for applications that have been approved. Applications will continue to be accepted until all funds have been expended or upon reaching the expenditure deadline specified in the Standard Agreement with the State, whichever occurs first.

Once an application is received, it will be reviewed for completeness and eligibility for the program. Applicants who are approved for funding will be notified by staff and payments for eligible costs will be made directly to the lender and/or service providers specified in the application. Applicants will be provided a copy of the executed check as evidence that payment was made on their behalf.

**8. I live in Crowley Lake, but my zip code is the same as Mammoth Lakes (i.e., 93546). Can I apply?**

No. The ML CARES Subsistence Payment program is only available to residents that live within the incorporated area of Mammoth Lakes.

**9. Why is the program determined by income? Why can't anyone apply?**

Funding for the ML CARES program is provided through federal Community Development Block Grants (CDBG). CDBG funds are administered by the U.S. Department of Housing and Urban Development (HUD). As such, these funds must be administered in accordance with CDBG rules and regulations, including adhering to the HUD income requirements (i.e., earning 80% or below the Area Median Income).

**10. I don't have access to the internet or a printer. How can I apply?**

Paper applications and application materials are available by mail or for in-person pick-up at both the Town offices (437 Old Mammoth Road, Suite 230) and the Mammoth Lakes Housing offices (587 Old Mammoth Road, Suite #4). To request an application by mail, please call (760) 934-4740 or email at [info@MammothLakesHousing.org](mailto:info@MammothLakesHousing.org).

**11. What is the deadline to apply?**

There is not a set deadline to apply and applications will continue to be accepted until all funds have been expended or upon reaching the expenditure deadline specified in the Standard Agreement with the State, whichever occurs first.

**12. How do I submit my application?**

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

- **Mailed Applications:** Applications can be mailed to: Mammoth Lakes Housing, Inc., PO Box 260, Mammoth Lakes, CA 93546.
- **In-Person Applications:** Applications can be dropped off in-person at the Mammoth Lakes Housing offices located at 587 Old Mammoth Road, Suite #4.
- **Online Submittal:** Applications can be submitted through the online portal at: <https://mammothlakeshousing.org/rental-assistance-program/>.

**13. If I am approved, how quickly can I receive assistance?**

Payments in the form of checks will be paid beginning in the month following approval.

**14. If my past-due mortgage and/or utility costs are less than the maximum relief, can I still receive the maximum?**

Yes. If your past-due mortgage and/or utility costs are less than the maximum relief amount (i.e., \$6,000), an initial payment will be made in month 1 for the outstanding past-due costs and subsequent payments for current mortgage and/or utility costs may be made in months 2 and 3, provided that the total amount of assistance over the three month period does not exceed \$6,000.

**15. If my past-due mortgage and/or utility costs are more than the maximum allowable, can I receive the full amount that is past-due?**

No. If your past-due mortgage and/or utility costs are more than the maximum relief amount (i.e., \$6,000), an eligible applicant may receive the full \$6,000 in month 1, but no additional financial assistance will be provided for the remaining outstanding costs or for subsequent months.

**16. I own an affordable housing deed-restricted unit. Can I apply?**

Applicants who own a deed-restricted affordable housing unit are eligible to apply, provided that they are not receiving any other form of Federal or State assistance payments for the same costs being applied for through the ML CARES program.