



**BOROUGH OF CARLISLE
 HOMEOWNER PUBLIC UTILITY ASSISTANCE PROGRAM
 RETURN APPLICATION TO
 Sue Dunfee sdunfee@cchra.com or
 Attn: Carlisle Homeowner Utility Program
 114 N Hanover St.
 Carlisle PA 17013**

The Borough of Carlisle Homeowner Public Utility Assistance Program is designed to provide up to three months of public utility assistance (water, sewer, trash and stormwater) to low-to-moderate income homeowners.

ELIGIBLE APPLICANTS:

- ✓ Homeowners living in Carlisle, PA (Homeowners must use the property listed as their primary residence)
- ✓ Household Income is at or below 80% of Area Median Income (AMI)
- ✓ Lost household income as a result of Covid-19

The submission of an application for this program does not guarantee a program award. All information submitted will be individually verified and households who provide misleading or false information will be disqualified.

Applicants must provide the following with the attached application:

- Photo ID
- Proof of Income (Paystubs, W-2s, tax filings, bank statements demonstrating regular income, attestation from an employer, job termination letter, unemployment verification letter)
- Copy of the Utility Bill(s)
- Application

Household Size	1	2	3	4	5	6	7	8
80% AMI	\$52,850	\$60,400	\$67,950	\$75,450	\$73,350	\$81,500	\$93,600	\$99,600

1. Applicant Information

Name: _____ Date: _____

Phone Number: _____ Email: _____

Are you the homeowner? Yes No

If not, please provide the name of the homeowner and your relationship:



2. Household Information

Address: _____

Please list all household members below:

Household Member	Relationship	Date of Birth	Income PRE COVID	Income Post COVID
1.				
2.				
3.				
4.				
5.				

3. Please provide details regarding COVID-19's impact on your income and ability to pay your public utility bills:

4. Public Utility Request

Indicate below the time-period the utility payment covers (example 3/15/21-5/15/21)
 Assistance cannot be provided for arrears that were accrued prior to March 31,2020. Total amount of assistance cannot exceed 90 days. Public utilities eligible for reimbursement: **Public Water, Public Sewer, Public Trash and Public Storm water**

Provider name: _____

Utility Type(s): _____

Utility Provider Address: _____

Service Period for Assistance Requested (Month/Day/Year): _____

Total \$/Payment Requested: _____

Account Number: _____

I certify that the information presented in this application is true and accurate to the best of my knowledge. I certify that I have not been provided utility assistance for the funds requested in this application. The undersigned further understands that providing false representations herein constitutes an act of criminal fraud. As a person or entity receiving utility assistance from the Borough of Carlisle I agree to repay assistance that is determined to be duplicative. By signing below this constitutes an agreement with the Borough of Carlisle.

Client Signature: _____