



BOROUGH OF CARLISLE HOMEOWNER PUBLIC UTILITY ASSISTANCE PROGRAM

The Borough of Carlisle Homeowner Public Utility Assistance Program is designed to provide up to three months of public utility assistance (water, sewer, and stormwater) to low-to-moderate income homeowners earning 80% of less of Area Median Income (AMI) within the Borough of Carlisle who have been financially impacted by COVID 19.

PROGRAM GOAL:

- To alleviate financial pressure for low income homeowners as a result of the COVID-19 pandemic.
- To provide greater economic security to 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 constitute acceptance, meeting minimum qualification criteria, nor is it guarantee of 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	\$47,550	\$54,350	\$61,150	\$67,900	\$73,350	\$78,800	\$84,200	\$89,650

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 1, 2021. Total amount of assistance cannot exceed 90 days. Public utilities eligible for reimbursement: **Public Water, Public Sewer, and Public Storm water**

Water, Sewer and 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 Name: _____

ClientSignature: _____

****Completed applications must be submitted to:**
Housing & Redevelopment Authorities of Cumberland County
Mary Kuna, Executive Director
114 North Hanover Street
Carlisle, PA 17013
717.249.0789 ext. 118
mkuna@cchra.com