



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	\$54,850	\$62,650	\$70,500	\$78,300	\$84,600	\$90,850	\$97,100	\$103,400

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

Street Address: _____ City: _____

State: _____ Zip: _____

Please list all household members below:

Household Member	Relationship	Date of Birth	Income PRE COVID	Income Post COVID	Race	Hispanic Y/N
1.						
2.						
3.						
4.						
5.						
6.						

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 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: _____

Client Signature: _____

SUBMIT APPLICATION TO CINDY WISE via email at cwise@cchra.com or mail/drop off at
114 N Hanover St. Carlisle, PA 17013