

**Amador Tuolumne Community Action Agency  
Coronavirus Relief Assistance Form  
Self-Certification**

<b>For Staff:</b>	<b>Date:</b>	
	<b>Site:</b>	
	<b>Name:</b>	
	<b>Amount Paid:</b>	

First Name:	MI:	Last Name:
Date of Birth (mm/dd/yyyy): ____/____/____		Phone: (____) ____-____
Address: _____ City: _____ Zip: _____		
Total Household Size: _____ Total Household Income: \$ _____		
What emergency bill program/service are you seeking today? ( <i>Payment assistance is offered on a <u>once per household</u> basis (per program/service) and is intended to relieve financial burden of COVID-19.</i> ) <input type="checkbox"/> Transportation Vouchers <input type="checkbox"/> Lifeline Subsidy <input type="checkbox"/> Water Voucher: have you applied for assistance through ATCAA Energy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mortgage Assistance: have you applied for assistance through ATCAA Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Early/Head Start Direct Bill Pay (please list the bill type and amount below)		
Bill Type _____ Amount Due: \$ _____ (please attach)		
Have you received assistance from other ATCAA services before? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please select all the services/programs you have used:</b> <input type="checkbox"/> Housing/Smart Money <input type="checkbox"/> Energy/Weatherization <input type="checkbox"/> Youth/Prevention <input type="checkbox"/> Early/Head Start <input type="checkbox"/> Lifeline <input type="checkbox"/> Family Resources/Therapy/Literacy <input type="checkbox"/> Family Learning Center/Promotores <input type="checkbox"/> Food Bank		
Does your household include any of the following persons? <input type="checkbox"/> 65+ yrs old <input type="checkbox"/> Child age 0-5 yrs <input type="checkbox"/> Disabled		
Are you an ATCAA employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Emergency Bill Pay Assistance is limited to income eligible families whose annual income does not exceed 200% percent Federal Poverty Level (effective through September 30, 2022) and 125% Federal Poverty Level (effective after October 1, 2022). In addition, emergency bill assistance is limited to (a) applicants who have lost employment or income either permanently or temporarily due to the COVID-19 pandemic and to (b) homeless individuals or families.**

2021 Federal Poverty Income Guidelines (48 Contiguous States and D.C.)

Persons in family/household	50%	75%	100%	<b>125%</b>	150%	175%	<b>200%</b>
1	\$6,440	\$9,660	\$12,880	<b>\$16,100</b>	\$19,320	\$22,540	<b>\$25,760</b>
2	\$8,710	\$13,065	\$17,420	<b>\$21,775</b>	\$26,130	\$30,485	<b>\$34,840</b>
3	\$10,980	\$16,470	\$21,960	<b>\$27,450</b>	\$32,940	\$38,430	<b>\$43,920</b>
4	\$13,250	\$19,875	\$26,500	<b>\$33,125</b>	\$39,750	\$46,375	<b>\$53,000</b>
5	\$15,520	\$23,280	\$31,040	<b>\$38,800</b>	\$46,560	\$54,320	<b>\$62,080</b>
6	\$17,790	\$26,685	\$35,580	<b>\$44,475</b>	\$53,370	\$62,265	<b>\$71,160</b>

**Applicant Certification**

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. That I, as the applicant, have experienced financial hardship as a result of the COVID-19 pandemic. I 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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_