

## ***Utility Deposit and Utility Payment Assistance***

### **Program Overview**

The Angels of Grace Homeless Prevention Program (AOG HPP) will provide *participants* with funding for the Utility Deposit/Payment Assistance Program through HPRP Funds to assist *participants* who are at-risk of losing their utilities for the lack of funds. The Utility Deposit and Payment Assistant Program may be used to pay gasoline, electric, and water services. *Participants* may not use HPRP funds to pay past due utility bills. The funds will not be paid to the *participant*, however, but will be paid directly to the utility company to start services or pay bill for the *participant* at the rental property for the *participant*. The *participant* may apply for both the Utility Deposit and Utility Payment Assistance Programs. If other services are needed, the *participant* may apply for other HPRP funds through AOG HPP in conjunction with these programs.

### **Eligibility Criteria**

- *Participants* must complete the Utility Deposit and Payment Assistance Program application, Income Verification form for certification; attend the AOG HPP orientation, and intake process.
- The Utility Deposit and Payment Assistance Program is an income-based program, thus the *participant* must be certified to participate in the program. Upon the certification process, *participants* are required to provide AOG HPP with the following documents for final approval:
  - Birth certificates of all persons living in the household,
  - Social security cards of all person living in the household,
  - A copy of their current utility bill,
  - Check stubs for the last 2 months for income verification,
  - If the *participant* has a checking and savings, bank statements for the last 2 months,
  - If the participant receives food stamps, TANF, or any other type of public assistance, the *participant* is required to provide AOG HPP with copies of the these documents. If receiving Section 8 or Public Low-Income Housing, the *participant* must provide authorization from the Housing Authority Representative of approval to participate in the AOG HPP program for other financial assistance.

***Please note, failing to provide all required documentation on a timely basis may cause a delay in the application process, which can result in ineligibility of Utility Deposit and Payment Assistance Program and denial of the application.***

- *Participants* seeking to apply for financial assistance from the Utility Deposit and Payment Assistance Program for HPRP Funds must be very low-income at 50% rate is \$19,550 for 1 person to \$36,850 for 8 people; for extremely low-income at 30% rate is \$11,750 for 1 person to \$22,100 for 8 people; and for low-income at 80% rate is \$31,250 for 1 person to \$58,950 for 8 people. (See the Fiscal Year 2009 Income Limits Documentation for AOG HPP Participants below). ***Please note, not having any income will not disqualify you from the program.***
- An AOG HPP representative must certify *participants* applying for the Utility Deposit and Payment Assistance Program by ensuring that the *participant* completes an “Income Verification Form” to receive the accepted amount of the required utility

deposit and/or payment from AOG HPP. The *participant* must then have the rental property manager complete their portion of the application and return it to an AOG HPP representative for finalization before receiving payment. ***Please note, participants will never receive funds for the utility deposit and/or payment, however, the AOG HPP representative will ensure that the utility company is paid directly.***

### **How to Apply**

- Interested *participants* must complete and return the Utility Deposit and Payment Assistance Program Application in one of the following:
  - In Person or mail to Angels of Grace Foster Family Agency 1350 Van Ness Avenue, Fresno, CA 93721 (*at the corner of Van Ness and Tuolumne, across the street from the Fresno Housing Authority and CVS Pharmacy – use to be Longs Drugs*).
  - Fax the documents to (559) 268-7728, attention AOG HPP Department.
  - You may also email the Angels of Grace Homeless Prevention Program at [hprpinformation@gmail.com](mailto:hprpinformation@gmail.com).
- A referring agency may also complete and submit a referral form on behalf of the *participant*. Upon this type of request, an AOG HPP representative will be in contact with the *participant* within five (5) days of receipt of the referral and schedule an appointment with the prospect *participant* informing them of their referral by the referring agency to the AOG HPP.
- The interested *participant* must provide income verification for the previous 90 days and or verification of ALL assets. The application process is not complete until the *participant* has provided all the necessary documents for complete verification.

### Utility Deposit/Payment Assistance Program Application

#### Angels of Grace Homeless Prevention Program (AOG HPP) Payment Agreement:

The applicant(s) \_\_\_\_\_ and \_\_\_\_\_ has been approved to  
(Print Name of Applicant) (Print Name of Co-Applicant)  
receive funding assistance from the Utility Deposit/Payment Assistance Program. Please note, that this is an income-based program. According to the income supplied by the applicant, the total amount AOG HPP will pay to the applicant is \$\_\_\_\_\_.

#### Types of utilities requiring deposits:

- WATER Required Deposit/Payment Amount: \$\_\_\_\_\_
- GAS Required Deposit/Payment Amount: \$\_\_\_\_\_
- ELECTRIC Required Deposit/Payment Amount: \$\_\_\_\_\_

#### Utility Representative Payment Agreement:

The Utility Company must complete and sign this form in order for the participant to qualify for the Utility Deposit/Payment Assistance Program. If the utilities are through the rental property, the participant must have the form completed by the rental property manager.

\_\_\_\_\_ and \_\_\_\_\_ requires utility deposit/payment assistance for  
(Print Name of Applicant) (Print Name of Co-Applicant)  
\_\_\_\_\_, at \_\_\_\_\_ . The applicant is required to  
(Name of Rental Property/Company) (Address of Rental/Company)  
pay the Utility Deposit/Payment Deposit in the amount of \$\_\_\_\_\_.

- I am not willing to accept a partial deposit/payment. The applicant must pay the utility deposit/payment in full in the amount of \$\_\_\_\_\_ in order to secure service to the property for the applicant.
- I am willing to accept the partial utility deposit/payment in the amount of \$\_\_\_\_\_ and agree to allow the applicant to pay the remaining portion by \_\_\_\_\_ in the amount of \$\_\_\_\_\_ (Date Due) to secure services to the property for the applicant.

\* The Applicant(s) expected move-in date is \_\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_  am  pm.  
(Date Due)

The total monthly rental amount for this unit is \$\_\_\_\_\_.

**Utility Deposit/Payment Assistance Program Application**

**Other Needed information – Please list all names of occupants approved that will live in this rental property:**

Name of Occupants	Relationship to Applicant	Age

CHECK MADE PAYABLE TO  
MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON  
TELEPHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Print Name of Applicant)      \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print Name of Co-Applicant)      \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print Name of Rental Property Manager)      \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)      \_\_\_\_\_ (Title)

**Please return this form to the applicant or an AOG HPP at:**

Angels of Grace Foster Family Agency  
Homeless Prevention Program  
1350 Van Ness Avenue, Fresno, CA 93721  
Website: [www.angelsofgrace.com](http://www.angelsofgrace.com)  
Email: [hprpinformation@gmail.com](mailto:hprpinformation@gmail.com)

Phone: (559) 268-0000  
Fax: (559) 268-7728

*Utility Representative Agreement*

**PLEASE NOTE, THE SIGNATURE AT THE BOTTOM OF THIS FORM GUARANTEES THAT YOU HAVE READ AND AGREE TO THE FOLLOWING CONDITIONS:**

- \_\_\_\_\_ I understand that by accepting all or partial security deposit payments on behalf of the from the Angels of Grace Homeless Prevention Program (AOG HPP), the applicant hereby is responsible for the unit on page one of this application.
- \_\_\_\_\_ The Utility Deposit/Payment Assistance Program is an income-based program and agrees that any amount of the required utility deposit/payment not provided by AOG HPP is the responsibility of the tenant.
- \_\_\_\_\_ I understand that if approved for Utility Deposit/Payment Assistance Program, the tenant will provide the utility company with the Utility Deposit Assistance Determination Letter stating the amount that will be paid by AOG HPP and the date the actual check will be mailed to me.
- \_\_\_\_\_ I understand that this Utility Deposit/Payment Assistance Program is part of a grant program and that any and all future refund of this utility deposit (ONLY) will be paid directly to the AOG HPP Provider awarding the necessary funds.
- \_\_\_\_\_ I understand that the AOG HPP carries no responsibility for the actions (financial or otherwise) of the applicant(s) and/or applicant's guests if any damages occur on the rental property, if acquiring utility deposit/payment assistance for a rental property.
- \_\_\_\_\_ I understand that ALL claims for unpaid rent or damages are the sole responsibility of the tenant.
- \_\_\_\_\_ I understand that the utility deposit/payment **may not** be used for payment of past due utility bills, but does include utility deposits including gas, electric and water services.

\_\_\_\_\_  
*(Print Name of Applicant)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Print Name of Co-Applicant)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*