



COVID-19 Utility Assistance Program

Application Submittal Instructions

The City of Arvada Utility Assistance Program is available for Arvada residents financially impacted by COVID-19. All applicants must meet income eligibility criteria (80% Area Median Income) and must have a documented loss/decrease of income due to COVID-19. Program recipients may not receive assistance from other sources to cover the same expense.

Instructions: You may submit this application along with all supporting documentation via email, mail, or drop-off.

Email: housing@arvada.org

Mail: Arvada Housing Authority
8001 Ralston Road
Arvada, CO 80002

Drop Off: Arvada Housing Authority Drop Box
8001 Ralston Road
Arvada, CO 80002

Application Checklist:

- Program Application
- Authorization for Release of Information
- Documentation of COVID-19 Impact: If you experienced a loss of income due to COVID-19, submit a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19.
- Income Documentation: Last 30 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income.
- Copy of Xcel Energy bill
- Affidavit of Lawful Presence (one signed for all household members)
- Copies of a state-issued photo identification cards for all household members 18 years and older

Please note you may be asked to submit additional documentation.

If you have any questions about eligibility, please call 720-898-7494 or housing@arvada.org



COVID-19 Utility Assistance Program Application

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email: _____ Is this unit your primary residence? ____ Yes ____ No

Required documentation: Please provide a copy of your lease agreement/mortgage statement verifying this is your primary address.

Section 1: Assistance Information

The City of Arvada Utility Assistance Program services eligible persons who, because of the COVID-19 emergency, now lack sufficient income or resources to pay their utilities. Examples include suffering a substantial loss of income from COVID-19, such as:

- Job loss;
- Reduction in compensation;
- Closure of place of employment;
- Obligation to be absent from work to care for home-bound school-aged child; or
- Other pertinent circumstances

Is your hardship an income loss specifically due to the COVID-19 pandemic? ____ Yes ____ No

Briefly explain or clarify your reduction of income. If suffering a reduction of income due to reduced employment income, list the name(s) of employer or other source(s) of lost / reduced income:



Required Documentation: Attach a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19.

Section 2: Household Information

Please list all persons residing in your household. The first line is for the Head of Household (HoH).

#	Last Name	First Name	Gender	Relation to HoH	Date of Birth	Full SSN	Race	Ethnicity	Disability Y or N
HOH				Self					
2									
3									
4									
5									

Race codes:

- 1-White or Caucasian
- 2-Black or African American
- 3- Asian
- 4-American Indian/Alaskan Native
- 5-Native Hawaiian or Other Pacific Islander
- 6-Multi-Racial
- 7-Unknown

Ethnicity Codes:

- 0-Not Hispanic or Latino
- 1-Hispanic or Latino



Are members of your household United States citizens, Permanent Residents, or lawfully present in the United States? _____ Yes _____ No

Section 3: Household Income (Monthly)

Please list the current GROSS (pre-tax) income for ALL household members.

Household Member Name	Income Type	Gross Monthly Amount

Required Documentation: Attach the last 30 days of pay stubs, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income. If you are self-employed, please complete the Self-Employment Certification form. If you have zero income, please complete the Zero Income Certification form.

Have any adults in your household applied for unemployment insurance? _____ Yes _____ No

If yes, what stage in the process are you in? _____

If no, why hasn't any adult in your household filed for unemployment? _____



Section 4: Certification

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 already been provided utility assistance through the City of Arvada or any other program that covers the costs requested in this application. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud.

Signature of Applicant/Head of Household

Date

Signature of Additional Adult Household Member

Date

Signature of Additional Adult Household Member

Date

Authorization for Release of Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

The City of Arvada Utility Assistance Program will remit utility payments on behalf of approved program recipients directly to Xcel Energy. A complete application for utility assistance includes paperwork that must be completed and submitted by Xcel Energy. In signing this consent form, I am authorizing the City of Arvada to contact Xcel Energy to request information, including but not limited to, payment information and I hereby authorize Xcel Energy to release such information. I also authorize



the City of Arvada to release my information to my Xcel Energy which is deemed necessary to complete my application and receive assistance. I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

In signing this consent form, I further authorize the City of Arvada to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke the authorization at any time by written and dated communication.

I have read and understand by signing below, I certify that I am giving permission for the provider to obtain or share information for utility assistance.

Signature of Applicant/Head of Household

Date

Signature of Additional Adult Household Member

Date