

Elsa CARES Utility Relief Program Guidelines

*Short Title:* The Elsa CARES Utility Relief Program is referred to as the Economic Utility Payment Program and may be referenced herein, as the, “Payment Program.”

*Purpose:*  City Council finds a public benefit in establishing this program in response to the adverse economic impact caused by the COVID-19 pandemic. The Payment Program provides City of Elsa’s qualifying utility customers, whom have been negatively financially impacted by the pandemic with a single use Elsa CARES debit card for assistance with a portion of their water, sewer and garbage charges provided by the City of Elsa.

*Funding:* The maximum municipal expenditure, under the program, shall be $200,000 and is expected to be reimbursed from the Coronavirus Relief Fund (CRF). **If funding is not made available to the City; unfortunately, the City will be unable to award said grant.** The City will then notify the grantee of said occurrence, in writing, within a reasonable time. Applications will be accepted until the maximum fund amount is expended or through September 30, 2020, whichever occurs first.

*Program Terms:* The Program credits shall be applied towards services provided from March 17, 2020 thru August 31, 2020.

*Grant Eligibility:* Grants under this program shall be available solely to City of Elsa utility customers. Customers whom have been significantly financially adversely impacted with the Covid-19 pandemic. The program is limited to residential dwelling customers only. City of Elsa utility customers who occupy a residential dwelling.

1. Account holders occupying a dwelling unit may apply. For example: an individual leasing an apartment may apply if the unit is metered and the account is in his/her name.

*Application:* To be considered for the grant, under this utility program, the utility customer must submit a grant application.

*Maximum Grant Amount:* This grant shall be in the form of a one-time $100.00 credit applied towards your water, sewer and garbage account. Grant is not to exceed $100.00 per utility customer. If an individual holds more than one account, said individual is only entitled to one grant of $100.00.

*Grant Distribution:* Grants awarded under this program shall have no cash value. Grant will be distributed via an Elsa CARES debit card and, can only be used at the City of Elsa Water



Department to granted recipient’s utility account. The credit shall be applied to an applicant’s account upon approval of the utility payment assistance application. The credits shall never exceed the $100.00 authorized under this program.

*Administration:* The City Manager is hereby authorized to develop a methodology to effectively institute grant distribution and to develop rules and regulations to efficiently implement this program.

*Award process:*

1. Application will be submitted online ([www.cityofelsa.net](http://www.cityofelsa.net)) by e-mail ([elsacares@cityofelsa.net](mailto:elsacares@cityofelsa.net) or by using our drop box located in front of Elsa City Hall Offices. **For assistance call 956-272-8464**

* Applications will be reviewed on a first come, first serve basis.

1. *Award determination* A committee shall review each application and determine if an award should be credited to the applicant’s utility account. In order to receive a grant under this program, the application must be unanimously approved by the Committee. The Committee shall consider the COVID-19 pandemic’s effect on each applicant and approve grants for those who have experienced a significant adverse financial impact. The Committee may request additional information from an applicant, if necessary, to make an award determination. Upon award determination, the committee shall advise the applicant by phone or via e-mail.
2. *Fraud*: Grant recipient suspected of submitting fraudulent information on a grant application may be subject to a grant revocation hearing by the City Council. Applicant shall receive sufficient notice of hearing, and will receive an opportunity to be heard at said hearing. Should a sitting City Council majority determine the application was fraudulent, the grant shall be revoked and charged back to the applicant’s utility account for immediate payment.



City of Elsa Economic Relief Application

The City of Elsa Economic Relief Assistance Program is intended to provide financial assistance to utility customers who were significantly adversely affected by COVID-19 with $100.00 credit to their utility account.

The City of Elsa will provide assistance under the following terms and conditions

1. The applicant must occupy a home or apartment, and have a water/sewer utility account in their name with the City of Elsa
2. The grant amount shall equal $100.00 towards the applicant’s utility account.
3. An appointed committee will review each application.
4. The City of Elsa will accept applications on a first come first serve basis

* Online ([www.cityofelsa.net](http://www.cityofelsa.net)
* Email: elsacares@cityofelsa.net
* Drop Box located in front of City of Elsa offices.
* Applications must be in a sealed envelope and addressed to **CARES Utility Program.)**

For assistance call 956-272-8464



ELSA CARES 2020 Utility Application

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| APPLICANT INFORMATION | | | | | | | | | | |
| 1. Name of account holder: | | | Date of Birth | | Telephone Number | | Account number | | | |
| 2. Residential Address | |  | | | | | | | | |
| Street | | | | City | | | State | | Zip Code | |
| 3. Mailing Address (if different from above) | | | | | | | | | | |
| Street | | | | City | | | State | | Zip Code | |
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| 4. Is the address listed on this application owned or rented by the applicant?  Own  Rent (Excluding Utilities)  Rent (Including Utilities)  Other \_\_\_\_\_\_\_  4A. Do you receive housing or Section 8 assistance? YES  No | | | | | | 5. Do you live in a?  House Apartment Mobile Home Other  Apartment or Landlord name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number ( ) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| 6. Do you or anyone in the household currently receive? | | | | | |  | | | | |
|  | \_\_\_\_Food Stamps / (SNAP)\_\_\_\_ Temporary Assistance for Needy Families (TANF) \_\_\_\_ None | | | | | | | | |  |
| HOUSEHOLD MEMBERS INFORMATION | | | | | | | | | | |
| 7. household members - Application first  (last Name, First Name) | | | 7A. Race | 7B. Sex  M or F | 7C. DOB MM/DD/YR | 7D. Disabled  Y OR N | 7E. Veteran  Y OR N | 7F. Age | 7G. Relation | 7H. Income Source  Work, TANF, SS, SSI, |
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| 8. Have you filled out the 2020 Census? Yes  No  Would you like for us to help you fill out the Census for this address? | | | | | |  | | | | |
| Yes  No | | | | |
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| 9. Have you received any financial assistance from any other government entity related to the Covid-19 pandemic?  Yes  No  If yes please explain: | | | | | | | | | | |
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| 10. Are you delinquent in payment of any City of Elsa taxes, fines or permit fees?  Yes  No  If yes please explain: |
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| 11. Have you experienced a significant loss of income, or rise in expenses due to the COVID-19 pandemic  Yes  No  If yes, please explain: (i.e. loss of income, job, reduction in hours, additional childcare costs) |
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| Commitment  By affixing my signature below, I acknowledge this application is a governmental record which shall be used to determine my eligibility to participate in a program funded by the City of Elsa. I affirm that, to the best of my knowledge, the information provided herein is truthful and complete. Furthermore, I understand that if I intentionally providing false information on this application I may be subject to civil and or criminal prosecution.  Signature of Applicant Date |
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| **Any grant recipient suspected of submitting fraudulent information may be subject to the grant to be revoked and the grant amount charged back to the applicant’s utility account for immediate payment.**  If you have questions, or for assistance with your application, please contact Jessica Garza at (956) 272-8464 or email at elsacares@cityofelsa.net |
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| Applications may only be submitted by email to elsacares@cityofelsa.net or over the phone with Jessica Garza |
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| Internal use only: |
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