

**CITY OF TENINO
APPLICATION FOR AWARD OF
CITY OF TENINO COVID-19 RECOVERY GRANT**

This application is for A City of Tenino COVID-19 Recovery Grant. This program is in effect until further notice. The City will determine, at its sole discretion, whether the applicant qualifies for this form of hardship assistance. By accepting this grant, applicant agrees to abide by the terms and conditions of the grant program in accordance with City of Tenino Ordinance 910, including Exhibit 1 thereto. Once approved, applicants are entitled to no more than \$300 per month and must requalify for additional grants. Applicant acknowledge that grant applications and related documents may be subject to the Washington Public Records Act, RCW 42.56 and should consider this when deciding whether to apply for this assistance. The City may discontinue this program at any time.

COVID-19 Hardship: To be eligible, you must demonstrate household loss of income as a result of the COVID-19 pandemic. Proof of hardship can be in the form of unemployment enrollment subsequent to March 15, 2020, notice from employer stating reduction in hours, and/or any form supporting loss of income that, at the City’s sole discretion, adequately shows a relationship to the COVID-19 pandemic. Applicant must show that they are responsible, either as a landlord or as a tenant, for payment of a City of Tenino utility account (either water, sewer, or both). “Income” is considered money received from all sources, including wages, social security payments, interest, dividends, rents, royalties, welfare payments, rent subsidies, disability payments, retirement plans or any other source. If you qualify for grant award, you will receive a Certificate of Eligibility according to the schedule listed below. Proof of income is required.

**PERSONS IN
HOUSEHOLD**

MONTHLY HOUSEHOLD POVERTY GUIDELINES

	<u>100%</u>	<u>133%</u>	<u>150%</u>	<u>200%</u>
1	1,063	1,414	1,595	2,127
2	1,437	1,911	2,155	2,873
3	1,810	2,407	2,715	3,620
4 or more	2,183	2,904	3,275	4,367
Maximum Grant Award	\$300	\$250	\$200	\$150

Name _____

Address _____

Phone Number _____

Utility Account Number _____

Total 2020 Monthly Household Income

Pre-Pandemic _____ Post-Pandemic _____

Number in Household _____

Special conditions for consideration: _____

I hereby certify that the above information is true and correct to the best of my knowledge. I agree to provide the documentation listed above to the City of Tenino. I understand that the grant will be awarded in accordance with the above schedule and is for use only within the City of Tenino. I further understand that the grant may be applied as a credit on my account and I am responsible for any amounts remaining after application of the credit.

Signature

Date