

**The Santa Clara County Housing Authority
is offering limited utility arrears assistance to eligible Section 8 participants.**

- Assistance will be provided on a first-come, first-serve basis while funding is available.
- Households may only receive assistance once.
- Assistance payments will be sent directly to the utility billing agency.

Who is Eligible? Households with current utility arrears who receive Section 8 rental assistance under Moving to Work (MTW), either with a tenant-based or project-based voucher (***VASH and VASH PBV (Veterans Affairs Supportive Housing), Moderate Rehabilitation, and Enhanced voucher programs are not eligible***), AND meet the following utility arrears assistance program requirements:

- Must be responsible for the utilities in arrears at the subsidized unit.
- **Income eligible – qualifies as one of the following:**
 1. **On fixed income** (only income sources are Social Security, SSI, retirement benefits, pensions. Households receiving other sources of income – such as TANF/CalWORKS or unemployment benefits – are not considered a fixed income household and are ineligible for utility arrears assistance.)
 2. **Paying the \$50 minimum rent** or has an approved minimum rent hardship exemption.
- Is otherwise in good standing with Section 8 program requirements.

Which Utilities are Covered? Assistance is available for: Gas, Electric, Sewer, Water, and Trash bills. **Phone and Internet bills do not qualify.** Applicants may include more than one utility in their request.

How Much Assistance is Offered? Eligible households will be awarded assistance to cover their current outstanding utility bill balance. Assistance amount is subject to funding availability.

How Do I Apply? Completely fill out and sign the attached application form and submit it to the Housing Authority along with the required documentation. Please submit ALL the pages of the utility bill(s) along with your application. Applications will not be considered until all the required documents are submitted.

Questions? Call (669) 842-1436 or email Aimee.Escobar@scchousingauthority.org

UTILITY ARREARS ASSISTANCE PROGRAM



APPLICATION FORM

Head of Household Name: _____ Entity ID: _____

Unit Address: _____

Email: _____ Phone: _____

Select all utilities you are requesting arrears assistance for:

Utility/Service	Where does your bill come from?
<input type="checkbox"/> Gas	<input type="checkbox"/> Utility Company <input type="checkbox"/> Landlord or Management Agent
<input type="checkbox"/> Electric	<input type="checkbox"/> Utility Company <input type="checkbox"/> Landlord or Management Agent
<input type="checkbox"/> Water	<input type="checkbox"/> Utility Company <input type="checkbox"/> Landlord or Management Agent
<input type="checkbox"/> Sewer	<input type="checkbox"/> Utility Company <input type="checkbox"/> Landlord or Management Agent
<input type="checkbox"/> Trash	<input type="checkbox"/> Utility Company <input type="checkbox"/> Landlord or Management Agent

For utilities billed from the landlord or management agent, landlord/agent must also complete the supplemental Landlord/Management Agreement.

For utilities billed from the utility company, submit **all pages** of your current utility bill statement **OR** notice of past-due payment or service shut-off for each of the utilities you have selected above. Documentation must include:

1. The utility customer name (must be yourself or a household member on the voucher)
2. The service address (must match the address where household is assisted)
3. The utility account number
4. The outstanding (past-due) payment amount
5. The current bill payment amount
6. Payment due date

I certify the information I have provided on this form is correct to the best of my knowledge. I understand assistance is provided first-come, first-serve based on funding availability. I give consent for SCCHA and my utility company to exchange information pertaining to my utility account for the purpose of determining eligibility for and processing this program assistance.

For utilities billed by utility company: I understand that any assistance awarded will be credited to my utility account.

For utilities billed by landlord/agent: understand that any assistance awarded will be credited to the landlord/agent's utility account. I understand that the landlord/agent must apply that assistance to my utility charges.

Head of Household Signature: _____ Date: _____

**Email this form and documentation to Aimee.Escobar@scchousingauthority.org
OR mail/drop off at 505 W Julian St, San Jose, CA 95110**

UTILITY ARREARS ASSISTANCE PROGRAM



LANDLORD/MANAGEMENT AGREEMENT

Complete this form **ONLY** if the landlord/management agent bills the tenant for unit utilities.

The Santa Clara County Housing Authority (SCCHA) is offering limited utility arrears assistance to eligible Section 8 participants. This form is a supplement to the application form and is used to verify the landlord/agent bills the tenant for select utilities and that the tenant is past due on these utility charges.

Tenant Name: _____ Entity ID: _____

Service Address: _____

Landlord/Agent Name: _____ Company: _____

Email: _____ Phone: _____

Please provide the utility account information and the amount owed by your tenant for each utility:

Utility/Service	Utility Company	Account #	Amount Owed by Tenant
Electric			\$
Gas			\$
Water			\$
Sewer			\$
Trash			\$

Submit the following documentation with this form:

- Current rent roll, invoice, receipt or other documentation that verifies the amount tenant owes landlord/agent for unpaid utilities, **AND**
- Your most recent utility bill statement (all pages) **OR** notice of past-due payment or service shut-off.
Documentation must include:
 1. The utility customer name
 2. The service address (must match the address where household is assisted)
 3. The utility account number
 4. The outstanding (past-due) payment amount, if any
 5. The current bill payment amount
 6. Payment due date

I certify the information I have provided on this form is correct to the best of my knowledge. I understand assistance is provided first-come, first-serve based on funding availability. I give consent for SCCHA and my utility company to exchange information pertaining to my utility account for the purpose of determining eligibility for and processing this program assistance. I understand that any assistance awarded will be credited to my utility account. I agree to apply any assistance credited to my utility account to the utility charges owed by the tenant.

Landlord/Agent Signature: _____ Date: _____

Email this form and documentation to Aimee.Escobar@scchousingauthority.org

OR mail/drop off at 505 W Julian St, San Jose, CA 95110