

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

I. Introduction

The attached program guidelines have been developed to facilitate the efficient and effective operation of the CDBG-CV Utility, Mortgage and Rental Assistance Program (CDBG-CV) for the County of Trinity. Funding for this CDBG-CV is provided under Title I of the Housing and Community Development Act (1974), Public Law 93-383, as amended; CDBG-CV grants are subject to the Coronavirus Aid, Relief and Economic Security Act (CARES Act), through the Community Development Block Grant (CDBG) under regulations and policies established by the County of Trinity in conjunction with the United States Department of Housing and Urban Development (HUD) and the California Department of Housing and Community Development (HCD). The County has set-aside a portion of its CDBG-CV allocation to provide Utility, Mortgage and Rental assistance to a targeted group of families and individuals to prevent homelessness, through no fault of their own, who have been financially impacted by the COVID-19 pandemic

II. Program Description

The primary objective of the CDBG-CV programs is to respond to the financial impact this pandemic has had on families and prevent the spread of the coronavirus, by allowing families to remain housed. This program allows individuals/families to remain in the housing unit that served as their primary residence at the time that they were financially impacted by COVID-19. The CDBG National Objective being met by this program is Low/Mod Limited Clientele (LMC). As such, eligible families/individuals must have income that is at or below 80% of the Annual Median Income for the jurisdiction.

The COVID-19 Subsistence Payments program (“Program”) provides emergency utility, mortgage and rental assistance grants to income-eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay, who live in the County of Trinity.

An emergency grant, as well as other services provided to keep individuals and families housed are eligible public service activities under CDBG. CDBG-CV funds can be used to provide emergency payments for current and unpaid rent, mortgage, and utility assistance. All payments will be made to the utility provider, mortgage company or landlord on behalf of an individual or family. All assistance must be necessary and reasonable for the operation of the program. Subsistence funds can be used to prevent, prepare for, and respond to coronavirus and may provide assistance for up to three consecutive months. Assistance does not need to occur each month. If a household applies to the CDBG-CV program and requires assistance for the first month, but can then cover the second month, the household can still receive CDBG-CV assistance for the third month. Subsistence payment activities can provide rental relief assistance to households for utilities, and mortgage costs incurred on or after April 1, 2022. If a household or individual previously received CDBG-CV subsistence payments for any other assistance, such as utility payments, the total period of CDBG-CV subsistence assistance is limited to three consecutive months.

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

Use of Assistance

- Funds will be paid directly to the landlord, service provider or utility
- Funds can be used for currently, past, partial or full payments
- Funds can be used for future month payments (if eligible, an applicant must undergo a month-to-month reassessment, submit proof of the current month's balance, update application information including but not limited to, certification of inability to pay for housing cost(s) and a duplication of benefits statement
- Mortgage assistance payments may not be used for taxes by may be used for insurance expenses
- Utility assistance can be used for electric, gas, propane, water, sewer, trash, cable and broadband/internet
- Payments must address hardship resulting directly from the COVID-19 pandemic
- Payments made must be for applicant's primary residence only

The County of Trinity's COVID-19 Subsistence Payment Program is funded through CDBG-CV funds allocated under the 2020 CARES Act and governed by the Federal Register Notice FR-6218-N-01-CDBG-CV, dated August 7, 2020, which is dispersed through the State California Department of Housing and Community Development (HCD) CDBG Program. Under statute of the CDBG-CV program, all activities must be used to prevent, prepare for, or respond to COVID-19.

(Note: The primary purpose of the CDBG-CV program is to benefit low- and moderate-income (LMI) persons, households, and neighborhoods. LMI is defined as 80 percent of the HUD adjusted median family income (HAMFI), adjusted by household size.)

III. Program Assistance

This program is designed to provide rent/mortgage/utility assistance to Low/Mod households within the County limits; subsistence payments can be used to pay for costs incurred on or after April 1, 2022.

A Program grant is a one-time payment made on behalf of an income-eligible household, to reduce utility and housing/rental payment delinquency in arrears as a result of the economic impacts of COVID-19.

Rent and mortgage assistance can be provided up to \$2,000 per month for monthly rent/mortgage costs and arrears that occur/occurred on or after April 1, 2022. Rent and mortgage assistance cannot exceed \$6,000 over a three-month period. Payments will be made directly to the landlord, property owner, management or utility company and cannot be made directly to the assisted household. Payments will be made on a month-by-month basis, unless in arrears, and approval will be based on need, available funds, residency status, and household stability. To receive assistance, a tenant does not have to be behind on rent. They have to demonstrate that they don't have the ability to pay rent.

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

Households should ideally be assisted at the time they anticipate being late on their rent, not after they are already late on their payment and have already incurred late fees.

IV. Eligible Households

Households and families must be eligible for CDBG assistance to participate in the CDBG-CV funded subsistence payment programs. All emergency payments must be used to prevent, prepare, or respond to the impact of COVID-19. Eligible households must meet **ALL** of the following:

- Family/Household with a LMI household income ($\leq 80\%$ County median income) based on applicable 2022 CDBG Income Limits-see chart
- Family/Household with a documented financial need **due** to COVID-19 (loss of employment, or additional household members sheltering in place, or other COVID-19 related impact)
- Family/Household resides in the County of Trinity (service area)
- Prove residency at the current utility/rent/mortgage bill address (physical address)
- Family/Household is not able to access other payment assistance for same costs (no duplication of benefit)
- Housing unit is an established house, duplex, apartment, condominium, accessory dwelling unit, or mobile home

The Target Population Groups include:

- a. Renters-will be any individual/family who experienced a loss of employment income and/or increase in household expenses, as a direct result of COVID-19, and who live or work in the County of Trinity Eligible individuals/families must have income that is at or below 80% of the Annual Median Income for the County of Trinity.
- b. Homeowners-will be any individual/family who experienced a loss of employment income and/or increase in household expenses, as a direct result of COVID-19, and who live or work in the County of Trinity Eligible individuals/families must have income that is at or below 80% of the Annual Median Income for the County of Trinity.

V. Ineligible Households

An ineligible Program applicant is anyone whose primary residence is outside of the service area. Persons residing in a household that exceeds current Income Limits are not eligible. Businesses or non-profit organizations are not eligible for the program. CDBG-CV subsistence assistance may be provided for a period not exceeding three

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

consecutive months. If a household previously received CDBG-CV subsistence payments for any other assistance, such as utility payments, the total period of CDBG-CV subsistence assistance is limited to three consecutive months.

VI. Eligible Units

- a. Tenants who receive assistance from the CDBG-CV program must remain in the housing unit that served as their primary residence at the time that they were financially impacted by COVID-19.
- b. Meets HUD Housing Quality Standards (HQS), as noted in the Housing Choice Voucher Program Administrative Plan.
- c. Is privately or publicly owned but does not receive project-based rental/mortgage subsidies. CDBG-CV cannot be used in public housing or Section 8 new Construction or substantial rehabilitation projects with Section 8 Project-based Rental Assistance, in any unit with project-based rental assistance attached to the rental unit funded by and government or private sources.

VII. Application Processing and Procedures

Upon the receipt of a HCD letter releasing the Program, the County will conduct outreach and marketing to individuals in the Program service area. County staff will work to develop a marketing plan for the Program to outreach to persons in the community regarding the availability and accessibility of the Program. This plan shall be kept on file and updated as needed to ensure that all residents in the service area are informed about and have access to Program applications.

The County will prioritize program funding for individuals and families with past-due rental, mortgage, and/or utility balances based on the assessed need at the time of applying. Applicants must provide proof of past-due and/or current month payment need at the time of applying. Only households with a total income at or below 80% of AMI will qualify for rent, mortgage, and utility assistance. The County will maintain a participant waitlist in order to track the inflow of applications, record key household information, and conduct outreach to households that may not meet the initial program qualifications. Given the aforementioned program targets, limited program budget, and likely high demand for assistance among Trinity households, the award of 'future' payments is not guaranteed for applicants that receive aid for past-due or current month rent, mortgage, and/or utility costs. Households that seek a housing assistance payment after an initial award will have to update their original application on a month-to-month basis. Items to update include, but are not limited to, proof of current month rent, mortgage, and/or utility outstanding balance, information on household income change(s), and a

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

duplication of benefits statement.

See **Attachment A** for a sample Program Application form. The County's Program staff will accept applications and review for HUD income eligibility per Department standards and for other program eligibility requirements.

Once an applicant has returned all of their eligibility documentation and they are deemed to be eligible, the participant will be mailed/emailed a briefing package and directed to return requested landlord documentation to the County, should it be necessary.

All Program Applications received, both denied and approved, will be logged, and kept on file in accordance with HCD records retention act. Applicants who do not meet eligibility requirements of the program will be notified in writing with an explanation of ineligibility. The County of Trinity will maintain records and documentation as required in the Standard agreement, all CDBG regulations, HCD policy, and adopted Program Guidelines, and to document all services provided.

Appeals: A determination on an applicant's status as 'ineligible' or 'denied' are provisional and subject to an appeal if an applicant so chooses. Appeals may be submitted to the County via email to: skochems@trinitycounty.org or by mail to P.O. Box 1613, Weaverville, CA 96093. Written appeals must be submitted at least seven (7) calendar days from the date of an application is notified of their conditional ineligibility or denial. A written appeal must state the reason(s) why the applicant believes the decision was in error and provide any additional documentation necessary to support the applicant's claim. A decision on an applicant's eligibility and appeal will be issued in writing by the County's Administrator within 14 calendar days and will be final.

All activities must comply with all applicable cross-cutting requirements such as ADA compliance, conflict of interest, environmental reviews, equal access, fair housing, limited English proficiency, Uniform Relocation Act, and other such requirements required by HUD and HCD.

VIII. Definition of Household and Income

A Household is defined as all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related persons who share living arrangements. Therefore, household member information must include, at a minimum, the following:

- a. Full names and ages of all family members as well as any unrelated persons living in the residence; and

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

- b. Signature of the primary applicant(s), certifying that the information provided related to the annual household income and members is correct.

IX. Annual Income

The County of Trinity will use the HUD Technical Guide for Determining Income for the CDBG-CV Program and HUD 24 CFR Part 5, Subpart F for determining annual household income for all program participants.

For the purposes of income qualification, income must be based on projected income at the time assistance is provided rather than the past 12 months. Records documenting the impact of the coronavirus on an individual or household requesting assistance can include, for example:

- Verification that an applicant was unable to work due to illness or required dependent care
- Termination
- Furlough notice
- Pay stubs reflecting reduced hours
- Bank statements reflecting reduced income
- A late rent, mortgage or utility notice
- Eviction notice

To determine program eligibility, all sources of annual income for each household member over the age of 18 and the exact amounts earned from each income source must be accurately documented. The primary applicant(s) are also required to certify by signature that the information provided regarding household members is correct.

Eligible households must be below the Low/Mod Income limits for household size.

Income Category:	1	2	3	4	5	6	7	8
60%	\$32,760	\$37,440	\$42,120	\$46,740	\$50,520	\$54,240	\$57,960	\$61,740
80%	\$43,650	\$49,850	\$56,100	\$62,300	\$67,300	\$72,300	\$77,300	\$82,250

X. Documentation of Economic Impact During COVID-19

Applicant households must submit documentation confirming negative impact during the COVID-19 pandemic.

- a. Workplace closure or reduced hours due to COVID-19, including lay-off,

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

termination, loss of working hours, income reduction resulting from business closure or other employer economic impacts of COVID-19. Self-certification of household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 27, 2020 to present); or, self-certification of furlough from employer during the eligible pandemic period (March 27, 2020 to present); or, self-certification of household member(s) notification confirming reduction in hours and/or pay during the eligible pandemic period (March 27, 2020 to present); or, self-certification of household member(s) application during the eligible pandemic period (March 27, 2020 to present) and/or approval for Unemployment Insurance benefits; or A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during an eligible pandemic period (March 27, 2020 to present);

- b. Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19.
- c. Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the tenant or a member of the tenant's household who is ill with COVID-19.
- d. Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency.
- e. Reasonable expenditures stemming from government ordered emergency measures.
- f. Any additional factors relevant to the household's reduction in income as a result of the COVID-19 pandemic.

XI. Program Administration

- Market the Program
- Accept and process participant applications
- Document participant CDBG Program eligibility; and
- Ensure set up of participant files to document all provided services and associated costs.

XII. Record Retention, Program Reporting and Monitoring

The operating agency for the COVID-19 Subsistence Payment program shall maintain application files, company information, and all program administration records, written and digital, for no less than a period of 5 years from the end of the program in

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

accordance with the HCD Standard Agreement.

The operating agency for the Program shall report, approved and assisted households, and their corresponding assistance information as directed by the funder.

XIII. Duplication of Benefits

All CDBG-CV applicants are required to complete a duplication of benefits affidavit for assisted activities to demonstrate that no financial assistance has been received or is available to pay costs charged to a CDBG-CV grant. To comply with this requirement, the County will certify that no other funds are available for an activity by maintaining records of compliance with mandatory duplication of benefits requirements described in the Federal Register Notice.

A CDBG-CV grantee is required to develop and maintain adequate procedures to prevent a duplication of benefits that address (individually or collectively) each activity or program. A grantee's policies and procedures are not adequate unless they include, at a minimum: (1) a requirement that any person or entity receiving CDBG-CV assistance must agree to repay assistance that is determined to be duplicative; and (2) a method of assessing whether the use of CDBG-CV funds will duplicate financial assistance that is already received or is likely to be received by acting reasonably by evaluating need and the resources available to meet that need. It is the intent of this document to present the County of Trinity's policy to uphold, enforce and document conformance with the duplication of benefit requirements which cover use of its CDBG-CV funds.

XIV. Housing and Community Development Act of 1974, Equal Opportunity Policy, Age Discrimination, and Section 504 of the Rehabilitation Act of 1973

Section 109, title I of the Housing and Community development Act of 1974, provides that no person shall, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied, the benefits of, or be subjected to discrimination under any program or activity funded in whole or part with funds made available under this Title.

The County shall not discriminate based upon sex, age, race, creed, color, religion, national origin, marital status, ancestry or physical handicap in either the awarding of a contract for a Subsistence Payment Program Grant, or in accepting applications and processing program grants.

The County of Trinity complies with the provisions of the Age Discrimination Act of 1975, prohibiting against discrimination on the basis of age, or with respect to an otherwise qualified handicapped individual, as provided in Section 504 of the Rehabilitation Act of 1973.

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

XV. Civil Rights Act of 1964

The County complies with the Title VI of the Civil Rights Act of 1964, which provides that no person shall, on the grounds of race, color, national origin, may be excluded from participation in, be denied the benefits of, or be subjected to discrimination under an program or activity receiving Federal financial assistance.

XVI. Conflict of Interest

No COVID-19 Program funding will be provided to any member of the governing body (County council) of the County of Trinity, nor any designee of the County; no member of the above organizations shall have any interest, direct or indirect, in the proceeds from a grant from this Program.

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

(“Attachment A”)
Community Development Block Grant Program (CDBG) COVID-19
Subsistence Payment - Application and Verification Form

Up to \$2,000 total is available to qualifying families impacted by COVID-19 for emergency utility subsistence payments incurred on or after April 1, 2022, and up to \$6,000 is available for qualifying families for rental/mortgage assistance for costs incurred on or after April 1, 2022. To request assistance, you must meet the program requirements, submit required documentation, and certify this form before March 30, 2023. Funds are available on a limited basis; the program will end once funds are exhausted. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure. Please print:

Name(s)				
Residential Address		Phone		
Email		Total Amount Requested	\$	
Make payment on my behalf to:				
Name		Phone or Email		
Address/Account#				
Proposed Use of Funds	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> Phone <input type="checkbox"/> Garbage <input type="checkbox"/> PG&E <input type="checkbox"/> Other:			
Month(s) to Cover		Amount	\$	
Name		Phone or Email		
Address/Account#				
Proposed Use of Funds	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> Phone <input type="checkbox"/> Garbage <input type="checkbox"/> PG&E <input type="checkbox"/> Other:			
Month(s) to Cover		Amount	\$	
		Data	YES	NO
<i>DUPLICATION OF BENEFIT</i> – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above? (If yes, please complete supplementary income form attached)			<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> – Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If YES, Provide details: _____			Estimated % loss of revenue from one year previous: _____%	<input type="checkbox"/>
<i>SUBSISTENCE/EMERGENCY STATUS</i> – Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment need?			Number of months unable to pay: _____	<input type="checkbox"/>

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

LMI Household Income Qualification Questions							
Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household. Consult the program if unsure.							
Total Household Income anticipated during the next 12 months							
Name List <u>all</u> household members, including yourself.	Age	Check if Applicable			Annual Gross (Pre-Tax) Income	Source of Income	
		Head of Household	Co-Head of Household	Full-Tm Student 18 Yrs. or Older			
					\$		
					\$		
					\$		
					\$		
<i>Add rows as applicable</i>					\$		
Total Anticipated Annual Household Income:					\$		
<i>CIRCLE the number of household members, including yourself:</i>							
1	2	3	4	5	6	7	8+
\$43,650	\$49,850	\$56,100	\$62,300	\$67,300	\$72,300	\$77,300	\$82,250
Is your anticipated total household income LOWER or HIGHER than the \$ amount listed directly below the number of people circled above? If LOWER, attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements).						LOWER	HIGHER
						<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity (select one)				<input type="checkbox"/> Not Hispanic		<input type="checkbox"/> Hispanic	
Race (select one)							
White			<input type="checkbox"/>	Asian			<input type="checkbox"/>
Black or African American			<input type="checkbox"/>	Native Hawaiian or Pacific Islander			<input type="checkbox"/>
American Indian or Alaskan Native			<input type="checkbox"/>	Other or Multi-Racial			<input type="checkbox"/>

COUNTY OF TRINITY
CDBG-CV Subsistence Payments Guidelines
For Utility, Mortgage and Rental Assistance

I/We, _____ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving to help us prevent, prepare for, or respond to the coronavirus by providing us with utility subsistence payments (“Need”) in the amount of _ (“Amount of Assistance or Total Need”) from the County of Trinity (“Organization”) through a program administered by the County of Trinity with funding from the U.S. Department of Housing and Urban Development (the “Program”).
2. The Organization and I/We believe the Amount of Assistance/Total Need is _
3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below (“Duplicative Assistance”):

(a) Source of Funds #1

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

(b) Source of Funds #2

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
Private Loan	Other: _____	

Duplication of Benefits Affidavit (“Affidavit”)

(c) Source of Funds #3

Lender/Grant Provider Name	
Purpose	
Amount	
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____

(d) Source of Funds #4

Lender/Grant Provider Name	
Purpose	
Amount	
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____

(e) Source of Funds #5

Lender/Grant Provider Name	
Purpose	
Amount	
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c) + 3(d) + 3(e))) \$_____.
5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.
6. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–2 254; 132 Stat. 3442). prohibits federal agencies from providing assistance to any person for “any part of such loss” as to which he has received financial assistance under any other program or from insurance or any other source (such as, FEMA, SBA, the Red Cross, business owner’s Insurance, etc.).

Duplication of Benefits Affidavit (“Affidavit”)

7. I/We understand that the amount of assistance received by I/We from the County of Trinity must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from other sources (such as, FEMA, SBA, the Red Cross, the County homeowner’s insurance, etc.) for the same purpose.
8. Therefore, I/We understand that if I/We receive assistance from a source other than County of Trinity (such as, FEMA, SBA, the Red Cross, the County, homeowner’s insurance, etc.) for the Need for the same purpose, I/We must repay the assistance received from County of Trinity.
9. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by Me/Us from County of Trinity payment of fines and/or imprisonment may be required in the event that I/We provide false, incomplete or misleading information in this Affidavit or during the rest of this process.

By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Participant _____

Signature of Participant _____ Date _____

Participant _____

Signature of Participant _____ Date _____