



City of Homer

www.cityofhomer-ak.gov

Head of Household Name: _____

Eligibility

1. Is the Head of Household (age 18 or older) a resident of the City of Homer, permanently living within the City of Homer prior to March 1, 2020? Yes No
2. Is the Head of Household a U.S. citizen or permanent legal resident? Yes No
3. Please disclose how the household has experienced, or continues to experience economic hardship as a result of the COVID-19 pandemic:
 - Economic loss. Please explain: _____
 - Increased expenses. Please explain: _____
 - Other. Please explain: _____
4. Has anyone in your household received another HERG grant from the City of Homer? Yes No
5. Will these funds be used to reimburse an expense that was already covered by or anticipated to be covered by another COVID-19 assistance/relief program, insurance, or other government program? Yes No

Grant funds will be spent on the following:

Eligible expenses must have been necessary and incurred on or after March 1, 2020 and/or be reasonably expected to be incurred by December 30, 2020. *Check all that apply and itemize eligible COVID-19 associated expenses (up to \$1,500) you are requesting HERG funds for. Specify the expense and the period during which it was incurred. (Ex: Wells Fargo mortgage: June 2020)*

- Payment of rent or required monthly mortgage/loan payments. *Specify who was paid and date(s) incurred:* _____ Cost: _____
- Payment of utilities (i.e. electricity, heating fuel. (City utilities are not eligible expenses.) *Specify provider and date(s) incurred:* _____ Cost: _____
- Childcare fees. *Specify provider and date(s) incurred:* _____ Cost: _____
- Other expenses necessary for household stability (i.e. food, Internet, etc.) that are not covered by current wages or other forms of support (i.e. unemployment, SNAP, etc.) *Please specify:* _____ Cost: _____
- Purchases of personal protective equipment *Please specify:* _____ Cost: _____
- Other measures recommended by the CDC to enhance COVID-19 safety measures in the household (i.e. expenses related to quarantine, home-based learning, telecommuting, etc.) *Please specify:* _____ Cost: _____
- Medical bills incurred as a result of COVID-19 (COVID-19 testing, doctors visits, hospitalization, medical supplies) not reimbursable by insurance or other government programs. *Specify provider and date(s) incurred:* _____ Cost: _____
- Other. (Property taxes are not eligible expenses except to prevent foreclosure/homelessness.) *Please specify:* _____ Cost: _____

TOTAL: _____



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Disclaimers

Please read and check each box.

- I have read and understand the HERG Program Policy and certify that my household meets the eligibility requirements.
- I agree that the expenses claimed were incurred between March 1 and December 30th, 2020 and are related to COVID-19 and were necessary and were not reimbursed by other forms of support.
- I understand that grant funds must be fully expended by December 30, 2020, or returned to the City of Homer.
- I understand that application for the grant does not guarantee award of funding.
- I understand that as Head of Household receiving these funds on behalf of my household, it is my sole responsibility to determine the tax implications of any grant funds I receive through the HERG program.
- I understand that HERG grants received are subject to audit and that I may be randomly selected to produce documentation for program evaluation, and that if I receive funds I agree to maintain records and receipts for grant-related expenditures for a period of 6 years and make them available upon request.
- I understand and agree that this Grant Agreement is solely for the benefit of the parties to this Grant Agreement and gives no rights to any other parties. No joint venture or partnership is formed as a result of the Grant Agreement.

Certification

As Head of Household, I certify that all of the information in this application is true and accurate. I agree to assist in the verification of information provided in this application and to provide documentation of purchases or any other information necessary for an accounting of the use of grant funds, if requested. I understand that I may be held liable for any misrepresentation or inaccurate information which may result in a repayment of grant funds and potential fines and possible criminal prosecution.

I agree to indemnify and hold harmless the City of Homer, its directors, officers, authorized agents, and employees, for any CARES Grant funds it received from the City that the federal government, the State of Alaska or the City determines were not used for eligible expenditures.

Signature

Printed Name

Date

Please include a copy of valid photo I.D., two forms of residence verification, and a completed W-9 form from the Internal Revenue Service with this application.