

COVID-19 EMERGENCY ESSENTIAL GOODS REIMBURSEMENT PROGRAM FACT SHEET



PROGRAM

The Essential Goods Reimbursement program was developed to assist individuals in emergency situations. The program provides funds for a maximum one-time \$300 reimbursement per household to be used at participating stores that sell essential goods (i.e. food, paper products, health and medical supplies, and other groceries) within the City for low-to moderate-income households who lost their jobs or were temporary furloughed due to the COVID-19 crisis.

▶ HOUSEHOLD MEMBERS RECEIVING REIMBURSEMENT MUST MEET THE FOLLOWING CRITERIA:

- Resident of Lynwood
- Annual household income must not exceed HUD's low-to moderate-income limits
- Only one member per household may apply for a reimbursement
- The funds may not be used for reimbursing residents who paid for their goods with other federal, state or local food program benefits (i.e. SNAP, etc.)

▶ GENERAL PROCEDURE

- One resident per household may apply for essential goods reimbursement
- The Community Development Department is responsible for reimbursements in accordance with the guidelines
- Households will receive a maximum one-time \$300.00 reimbursement
- A household's annual income cannot exceed HUD's low-to moderate-income limits, which are adjusted based on household size (SEE HOUSEHOLD INCOME LIMITS)

****PLEASE NOTE:** If a consumer does not comply with the essential goods reimbursement guidelines, or fraud is proven to have occurred, they are subject to being disqualified from the program. If you have any questions about the program, or are not sure if you qualify, please contact: **The Community Development Department at 310-603-0220, Ext. 601**

HOUSEHOLD INCOME LIMITS

Family Size	Income Guidelines
1	\$63,100
2	\$72,100
3	\$81,100
4	\$90,100
5	\$97,350
6	\$104,550
7	\$111,750
8	\$118,950

For more information please contact

Community Development Department at 310.603.0220, Ext. 601

   @mylynwoodca





City of
LYNWOOD
California

**COVID-19 EMERGENCY
FOOD VOUCHER PROGRAM
APPLICATION**

This program is supported by Community Development Block Grant Coronavirus (CDBG-CV) funds from the Federal Department of Housing and Urban Development (HUD). Federal regulations require that we obtain the following information to document that assistance is being provided to low and moderate-income households. This information is collected for statistical purposes only and will be kept confidential. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. Income verification is mandatory for program participation. You will also be required to provide photo identification at the time you pick up your food voucher.

You have three options to bring in proof of unemployment or your household income (payment stubs, tax returns, unemployment checks, proof of social security or disability income, school lunch program eligibility form, or other applicable information). You can provide any of these documents by sending them in the following two ways:

1. Via email to strejo@lynwood.ca.us
2. Via mail to: City of Lynwood, attention Suzanne Trejo - Housing Division (11330 Bullis Road, Lynwood, CA 90262)

Your Name (*)	<input type="text"/>	Phone (*)	<input type="text"/>
Street (*)	<input type="text"/>	Your Email (*)	<input type="text"/>
City & State (*)	<input type="text" value="Lynwood, CA"/>	Zip Code (*)	<input type="text"/>

Sex (*) Male
 Female

Status (Check all that apply): (*)

62 Years or Older
 Disabled
 A Household Member is a Veteran
 Head of Household or None

Are you the head of your household? (*) Yes
 No

If you answered "No," is the head of your household female? Yes
 No

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

Total Household Income (*)

- 1 Member Household \$0 - \$23,700 (0-30%)
 \$23,701 - \$39,450 (31-50%)
 \$39,451 - \$63,100 (51-80%)

- 5 Member Household \$0 - \$36,550 (0-30%)
 \$36,551 - \$60,850 (31-50%)
 \$60,851 - \$97,350 (51-80%)

- 2 Member Household \$0 - \$27,050 (0-30%)
 \$27,051 - \$45,050 (31-50%)
 \$45,051 - \$72,100 (51-80%)

- 6 Member Household \$0 - \$39,250 (0-30%)
 \$39,251 - \$65,350 (31-50%)
 \$65,351 - \$104,550 (51-80%)

- 3 Member Household \$0 - 30,450 (0-30%)
 \$30,451 - \$50,700 (31-50%)
 \$50,701 - \$81,100 (51-80%)

- 7 Member Household \$0 - \$41,950 (0-30%)
 \$41,951 - \$69,850 (31-50%)
 \$69,851 - \$111,750 (51-80%)

- 4 Member Household \$0 - \$33,800 (0-30%)
 \$33,801 - \$56,300 (31-50%)
 \$56,301 - \$90,100 (51-80%)

- 8 Member Household \$0 - 44,650 (0-30%)
 \$44,651 - \$74,350 (31-50%)
 \$74,351 - 118,950 (51-80%)

Are you No
 hispanic? (*) Yes

Race (*)

Please list all persons residing at the address of the household that is participating in this program.

Applicant Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Enter Household Size: _____ persons		Enter Total Annual Household Income: \$ _____		

Applicant Certification (*)

I understand and certify the following:

That the information provided on this form is accurate and complete to the best of my knowledge, and that I am a resident of the City of Lynwood. I further acknowledge that eligibility for services funded through the CDBG-CV program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low- or moderate-income, and that the income level and/or status I have indicated in this self-certification may be subject to further verification by the agency providing services, the City of Lynwood and/or HUD.

Applicant(s) acknowledge that personal and financial information may be subject to public disclosure under the California Public Records Act. If chosen for funding, applicant will be required to provide financial documentation, including but not limited to tax returns, paystubs, EDD information, letter from employer stating reduction of hours or job loss, and/or other applicable documentation.

Signature:

Date:

City Hours:

7:00am - 6:00pm

Monday -Thursday

Closed Friday, Saturday and Sunday

City Hall: 11330 Bullis Road, Lynwood, CA 90262

Ph: (310) 603-0220, ext. 601

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

COVID-19 Information

Please indicate how your household has been negatively impacted by the pandemic:

- Job Loss
 Temporarily Furloughed
 Reduction in Hours
 Unemployed
 (unable to find employment)

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.