## Olivehurst Public Utility District

## Agenda Item Staff Report



Meeting Date: May 20, 2021

## Item description/summary:

Community Block Grant CARES Act funding/ Yuba County Municipal Water/Wastewater Utility Bill Payment Program. Yuba-Sutter Economic Development Corporation (YSEDC) will accepts applications from for the Yuba County Municipal Water/Wastewater Utility Bill Payment Program as of June 1, 2021. The attached application was sent to OPUD customers with the May 2021 bills. Staff is waiting for campaign material from YSEDC for the District's Facebook page and website.

All questions and applications are handled by YSEDC. The target date for a lump sum payment to OPUD for qualified accounts is August 2021 and will be reflected on September 2021 bills.

## 

FLIGIRILITY REQUIREMENTS

□Quit work to care for children

It is anticipated that the Governor's Executive Order prohibiting the termination of water and sewer service for non-payment will end soon with the "reopening" of California. We have partnered with Yuba-Sutter Economic Development Corporation to provide one-time grant funds to offset a portion of your past due balance. Apply today to avoid possible disconnection of your water service.

ELIGIDIEIT I MEQUINEIMETTIS				
☐Reside in Yuba County		Family Size	Family Income	
•	h:II	1	\$25,760	
☐ Have a past due water or sewer		2	\$34,840	
☐Households gross annual income	e must be	3	\$43,920	
at or below 200% of the Federal Poverty		4	\$53,000	
Guidelines (use chart on the right to dete	•	5	\$62,080	
household eligibility)	rmine your	6	\$71,160	
		7	\$80,240	
☐Prove a Covid-19 hardship		8	\$89,320	
YOU MUST MEET ALL OF THE A	BOVE	each additional person add	\$9,080	
REQUIREMENTS TO BE CONSID	ERED.			
950 Tharp Roa	conomic Developmen od, Suite 1303, Yuba Conformation call (530) Iress associated with	City, CA 95993 751-8555	/sewer bill.	
NameMust match name on billing statement		Account Number		
Address				
Phone	Email			
COVID-19 related hardship - check all that apply				
☐Reduction in income	□Added expe	nse of childcare due t	o school closure	

I am the named account holder and attest the above is true and correct and understand that proof of hardship may be requested.

Provide a brief narrative of how the COVID-19 pandemic has created the hardship above (attach additional pages, if needed)

Date

Household

Signature of Account holder

□Other added expense