

# Shasta County Housing and Community Action Agency (SCHCAA) Eviction Prevention & Economic Assistance Program

## Who is this program for?



This is designed to support Shasta County residents who have been economically impacted during the COVID-19 pandemic. Specifically if you have experienced a job loss, furlough, or a reduction in hours or pay due to the COVID-19 pandemic.

## Am I eligible to apply?



- In order to be eligible for assistance through this program you must:
- Reside in Shasta County.
  - Meet income eligibility listed on the table below.\*
  - Be at least eighteen (18) years old.
  - Complete application and provide supplemental documentation.
  - Need assistance due to the COVID-19 pandemic.

## Eligibility Income Limits

Persons in Household	Gross Annual Income
1	\$16,100
2	\$21,775
3	\$27,450
4	\$33,125
5	\$38,800
6	\$44,475
7	\$50,150
8	\$55,825

\*Income limits subject to change

## How SCHCAA can help:



### Utility Assistance

We can help make payment on behalf of an eligible household to the utility company. This could be payment on past due amount, a current bill you cannot pay, or a combination of the two.



### Mortgage Assistance

We can make payment on behalf of an eligible household to the loan servicing company. This can be past due mortgage, current mortgage payment you cannot make, or a combination of the two.



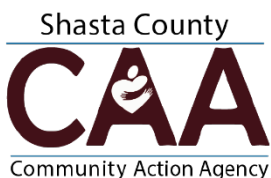
### Other Assistance Program

We can also help with court fees, late payment fees, housing navigation services, budgeting workshops, counseling services, education reimbursements, childcare expenses, and funeral expenses.



Contact Shasta County Housing and Community Action Agency for more information

1450 Court Street, Suite 108, Redding, CA 96001 | 530-225-5160  
Monday - Friday 8am - 4pm | F: 530-225-5178 | HCAP@co.shasta.ca.us



## Shasta County Housing and Community Action Agency

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Redding, CA 96001  
P: 530.225.5160 | F: 530.225.5178

Jaclyn Disney, Director  
Community Action Agency  
Housing Authority

### Eviction Prevention and Economic Assistance Program (EPEA)

### INTAKE FORM

#### Applicant Information

Name:	
Address:	
Mailing Address (if applicable):	
Social Security #:	Date of Birth:
Phone #:	Email:
How did you hear about this program?	
What services do you need assistance with? Utilities Mortgage Other: _____	
<b>How have you been impacted by COVID-19?</b> Lost job/wages Reduced Hours Other: _____	<b>Household:</b> Total number of Household members: _____

#### Applicant Signature

1. I hereby authorize Shasta County to examine all employment, income, utility, and other records pertinent to my application for assistance.
2. I hereby authorize the release of information regarding my bills past and future, to Shasta County.
3. I certify under penalty of perjury that all information herein is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

#### TO BE COMPLETED BY HOUSING STAFF:

Eligibility Verification and/or written statement by client.

W-9

Verbal and written communication eligible services or mortgage holder

Internal spreadsheet tracking and all characteristics collected.

**Qualify for other programs?**

HOME/TBRA

CSBG Cares

HHAP