

Low to Moderate Income Utility/Rental-Mortgage Assistance

HOMELESS GRANT 717-3

This is a One Time Assistance



Applications will be **available** April 1, 2025

For

Utility Assistance – Gas & Electric, Trash, Water, & Propane - up to \$500

Rental Assistance – Up to \$2,500.

Mortgage Assistance – Up to \$2,500.

- **Only for Descendants of San Pasqual**
- Must meet San Diego County AMI eligibility for income. Amounts on application (Please see attached)
- Applications must be fully completed with current utility bills, and/or mortgage statement or rental agreement, also **MUST be under applicant's name. Housing will pay directly to utilities and Landlord.**
- Applications will be available on the Tribe's website and available in the Housing Department.

For more information, please contact Anna in the Housing Department (760) 651-5130.

To pick up an application please go to the Housing Department located at 16410 Kumeyaay Way, Valley Center CA 92082. (M-F) 8 am – 4:30 pm.



Housing & Community Development Services

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Income Limits AMI Chart

San Diego County

Area Median Income (AMI) and Income Limits

2024 Area Median Income (AMI)
for San Diego County is

\$119,500

San Diego County Income Limits			
Effective April 17, 2024			
Family Size	30% of AMI Extremely Low Income	50% of AMI Very Low Income	80% of AMI Low Income
1	31,850	53,050	84,900
2	36,400	60,600	97,000
3	40,950	68,200	109,150
4	45,450	75,750	121,250
5	49,100	81,850	130,950
6	52,750	87,900	140,650
7	56,400	93,950	150,350
8	60,000	100,000	160,050



San Pasqual Housing & Community Development

“HOMELESS GRANT”

CHECKLIST

What you need to attach to your application at the time of your submittal

1. Income verification from employment (Receipts for cash payments or check stubs, for at least 2 pay cycles.)
2. Social Security Disability Benefits
3. Unemployment Benefits
4. Alimony
5. Child Support
6. TANF
7. Welfare AFDC
8. Copy of Social Security Cards for each member of the Household
9. Copy of Court Documents for Guardianship and/or Adopted member of household
10. Medical Certification of Handicap Status for handicap members of Household
11. Housing Choice Voucher Verification (Formerly called Section 8 Housing Assistance)
12. Rental Agreement
13. Utility Bill
14. Propane Bill
15. Wood Pallet Estimate
16. Affidavit of Homelessness

Note: Failure to attach and disclose required information will result in disqualification of your Housing application.

Contact Information: For questions regarding the Homeless Grant Program contact:
Anna Alvarado, Housing Specialist (760) 651- 5130 email: annaa@sanpasqualtribe.org



San Pasqual Housing & Community Development
Homeless Grant Program (HHAP) Application

NAME: _____ **DATE:** _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Email: _____

Relationship: _____

For Office Use Only:
Received By:
Date/Time:
Forward:

Household Composition

Full Names of All Households Members Last, First, Middle	Relation to Head of Household	Gender	DOB	Native American Indian	Tribal Affiliation	Social Security Number ***Required***
1.	HEAD					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

1. Do you qualify for unemployment or experienced a reduction in household income, incurred significant costs, or experienced financial hardship? YES: ____ NO: ____ Date: _____
2. Do you have a risk of experiencing homelessness or housing instability? Yes: ____ NO: ____
 - a. Describe the reason:

3. What is your total annual family income? _____
4. Is your income at or below 80 % of the area median income? Yes: ____ NO: ____
5. Do you rent? YES: ____ NO: ____ If yes, what is your monthly rent? _____
6. Have you received an eviction notice? YES: ____ NO: ____
7. Do you own your own home? YES: ____ NO: ____
8. Do you live on the reservation? YES: ____ NO: ____
9. Do you need utility assistance? YES: ____ NO: ____
10. Have you recently received rental/utility assistance from another agency or source? YES: ____ NO: ____
11. Are you an enrolled Tribal member or Descendent? Tribal Member ____ Descendent ____

Please read before signing the application

To receive services, you must qualify by meeting all the eligibility requirements and program funding must be available.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction. Offenders will be fully prosecuted by the LAW.

APPLICANT CERTIFICATION:

I/we certify that the answers/information given on this application in reference to household composition and income is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law. I/we also understand that false statements or information are grounds for termination of HHAP housing and utility assistance. No record will be communicated to anyone or any agency unless requested by the applicant or an officer or employee of the Housing program or other Federal agency requiring it in performance of their duties. This application will not be valid unless completely fill out. **INCOMPLETE APPLICATION WILL BE RETURNED.**

