



Emergency Financial Assistance To Small Businesses Directly Impacted By A Loss Of Income Due To The COVID-19 Public Health Emergency

The City of Portland has established the PDX-CARES program to share and distribute *Coronavirus Aid, Relief, and Economic Security Act* (the "CARES Act") federal assistance funds. The City of Troutdale through an Intergovernmental Agreement with the City of Portland is making the limited Coronavirus Relief Funds (CRF) available for utility and rent assistance to eligible Troutdale Small Businesses. Limit of only *one application per business, home based businesses not eligible*.

To be eligible for the Troutdale \$1,500.00 utility and rent assistance payment you must:

- be a Troutdale Small Business with less than 50 full time employees;
- have experienced a greater than 20% reduction in your business monthly income compared to February 2020,
- have valid and current Troutdale business license
- and truthfully complete and sign this application upon penalty of perjury.

Business Name: _____ (print **clearly**)
 Contact Name: _____ (print **clearly**)
 Street Address: _____ P.O. Boxes are **NOT** eligible.
 Troutdale, OR 97060

Daytime Phone Number: _____
 Contact Name: _____ (print **clearly**)
 Email Address: _____ (required: no email no check!)
 City of Troutdale utility account # _____

My business income for the Month of February 2020 from all sources: \$ _____
 (pre-COVID income)

My business income for the Month of November 2020 from all sources: \$ _____
 (including wages, unemployment benefit payments, etc.)

My business income has been reduced due to COVID-19 by \$ _____ per month
 (February minus November)

My business income has been reduced due to COVID-19 by % _____ percent per month
 (prior line amount of reduced dollars, divided by February income)

I hereby request \$1,500.00 of utility and rent assistance funds.

I represent that I am a current Troutdale small business operator of the business at the address above and that the business income as listed above has been significantly reduced by the COVID-19 Public Health Emergency.

I acknowledge that completing this application **IS NOT A GUARANTEE OF ASSISTANCE**, that assistance is based on qualification and available funds, and only one assistance applicant allowed per business address.

I acknowledge that approval or disapproval of my application is at the sole discretion of the City of Troutdale and that there is no right of appeal, and that this is a first come first serve program which will end when available funds are exhausted.

I agree to provide any and all documentation as may be requested by the City, to support COVID-19 financial impact, including but not limited to, copies of documents prior to COVID-19 and current to demonstrate loss in income, Bank Statements indicating a loss in income, and 2019 filed income tax return. I further authorize any third party, government or private, to release the same

I hereby authorize the release of the business utility account information to the City of Troutdale to verify information as they may require and hereby release any and hold harmless both the utility company and the City for the release of the information.

I hereby acknowledge that this application may be subject to public disclosure for the purposes of audit or substantiation of the distribution of CARES Act funds, and or in response to a Oregon Public Records request, and do hereby authorize any such necessary public release.

Affidavit Statement

By signing below I hereby attest that I am authorized to apply for relief on behalf of the business listed above, that the business **HAS NOT PREVIOUSLY RECEIVED BENEFITS EQUAL TO, OR IN EXCESS OF**, the loss of income due to COVID-19 and that all information provided is true to the best of my knowledge. I further attest that I have the documentation to support and verify my claim and will provide the information to the City upon request. Additionally, if I do not have a City of Troutdale utility account, I agree funds provided to the business will be utilized for rent relief or other utility fees for the address listed above.

By signing this release form, I agree to waive and discharge any and all claims and to hold harmless the City of Troutdale its officers, employees, volunteers, and agents from any claims for injury or damages, suits or actions of whatsoever nature, loss or expenses, including attorney fees, both at trial and on appeal, arising out of or resulting from the utility and rent assistance program.

I declare under penalty of perjury under the laws of the State of Oregon that the foregoing is true and correct.

Signature: _____ (digital signatures **NOT** accepted)

PRINT Name: _____ Date: _____

Submit the completed application and signed affidavit statement to: Kimberly Carl, Administrative Assistant, kimberly.carl@troutdaleoregon.gov tel 503-674-7256, Mail to or drop off: City of Troutdale, COVID Relief, 219 E. Historic Columbia River Hwy, Troutdale, OR 97060, or drop off after hours in the utility payments drop box at the front door.



Optional Questionnaire

The City of Portland has established the PDX-CARES program to share and distribute *Coronavirus Aid, Relief, and Economic Security Act* (the "CARES Act") federal assistance funds. To help understand how the PDX-CARES fund have reached the community, your assistance is requested in answering the following few questions

- A. I live in the following zip code: _____
- B. My age is: _____
- C. I use the following pronoun: She/Her He/Him They/Them Decline (circle one)
- D. I identify with having or living with a disability: Yes / No
- E. I describe my race/ethnicity identity as: (circle one)
- *American Indian or Alaskan Native*
 - *Asian*
 - *Black or African American*
 - *Hispanic or Latinx*
 - *Middle Eastern/North African*
 - *Native Hawaiian or Pacific Islander*
 - *White*
 - *Multiracial*
 - *Other: _____*
 - *Decline*
- F. I/We speak the following language(s) at home (check all that apply): *
- *Arabic*
 - *Cantonese*
 - *Chinese*
 - *Hmong*
 - *Japanese*
 - *Laotian*
 - *Maay-Maay*
 - *Mandarin*
 - *Russian*
 - *Romanian*
 - *Somali*
 - *Spanish*
 - *Vietnamese*
 - *Ukrainian*
 - *Other: _____*
- G. I/We have the following number of children under 18 residing in my/our home: _____
 (if there are no children living at home, answer "0")