



May 30, 2018

TO: LOCSD Board of Directors

FROM: Renee Osborne, General Manager

SUBJECT: **Agenda Item 12E – 6/7/2018 Board Meeting**
Approval of the Second Phase of the Los Osos Low Income Assistance Fund Program

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DESCRIPTION

Approval of the second phase of the Los Osos Low Income Assistance Fund Program for disbursement of funds for the installation of sewer laterals.

STAFF RECOMMENDATION

Staff recommends that the Board adopt the following motion:

Motion: I move that the Board approve staff's requested program for the Los Osos Low Income Assistance Fund for installation of sewer laterals using the Affordable Housing Standards for low income community residents, for properties not yet connect to the sewer.

DISCUSSION

At the April Board of Directors meeting, the Board asked for the Finance Advisory Committee (FAC) to make a recommendation to the Board as to the next steps in the Los Osos Low Income Assistance Fund. This item was presented to FAC on April 30th per the Board's request. The Committee was tasked with the recommendation of what to do with the remaining funds. The Morro Bay National Estuary Program suggested that we stay within the spirit of the original intent of the funds and consider the same program. FAC's suggestion was to continue with the program.

FAC also suggested that we improve on the marketing/advertising of the program, update the application and allow for a longer application deadline. They also suggested that we do outreach to churches, and groups like People Helping People, CARE and any other local programs where residents could attend a clinic where they could receive help filling out the application.

The General Manager has received an updated list of properties that have not yet connected to the sewer from the County. There are a total 114 properties that have not applied for any grant funding through the County or because of other rules and guidelines do not qualify. The District will use the HUD 2018 Income Limits Summary, attached, to determine eligibility for the Los Osos Low Income Assistance Funds.

Also attached is the updated application and flyer for the Los Osos Low Income Assistance Fund Program. Pacific Premier Bank will continue to provide the District with a checking account and checks free of charge to help with the program.

This item will be presented to FAC at their upcoming June 4th meeting and a verbal update will be provided at the time this item is heard.

FINANCIAL IMPACT

There will be nominal administrative costs. No other Administrative staff will be working on this project. The General Manager will keep track of time spent on this project while performing tasks during District hours. Time spent after hours will not be counted against the fund.

Attachments



FY 2018 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#) [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2018 Income Limits Summary

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

FY 2018 Income Limit Area	Median Family Income Explanation	FY 2018 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
San Luis Obispo-Paso Robles-Arroyo Grande, CA MSA	\$80,600	Very Low (50%) Income Limits (\$) Explanation	29,150	33,300	37,450	41,600	44,950	48,300	51,600	54,950
		Extremely Low Income Limits (\$)* Explanation	17,500	20,000	22,500	25,100	29,420	33,740	38,060	42,380
		Low (80%) Income Limits (\$) Explanation	46,600	53,250	59,900	66,550	71,900	77,200	82,550	87,850

NOTE: San Luis Obispo County is part of the **San Luis Obispo-Paso Robles-Arroyo Grande, CA MSA**, so all information presented here applies to all of the **San Luis Obispo-Paso Robles-Arroyo Grande, CA MSA**.

The **San Luis Obispo-Paso Robles-Arroyo Grande, CA MSA** contains the following areas: San Luis Obispo County, CA;

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the [Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

ARE YOU HOOKED UP TO THE SEWER?

Los Osos Low Income Assistance Funds Are Still Available!



If you have not hooked up to the sewer you may qualify for aid through Los Osos Low Income Assistance Funds. Applications are now being accepted.



Application deadline is XXXXXXXX. Funds are limited and amounts are awarded on a case by case, first come basis.



Please visit the Los Osos CSD website for income eligibility; Losososcsc
Or stop by the following offices to pick up an informational packet:

Los Osos CSD Office, 2122 9th Street, Suite 102 Los Osos

XXXXXXXXXX,

XXXXXXXXXX,

XXXXXXXXXX,

LOS OSOS LOW INCOME ASSISTANCE FUND

Application for Income Certification Los Osos Sewer Connections

Complete this application only if you are the owner of the home that you occupy and are interested in seeking financial assistance for the Los Osos Sewer Connection. Information in this application will be used to determine your eligibility for financial assistance through the Los Osos Low Income Assistance Fund. If it appears that you are eligible, you will be contacted with information about how to apply for financial assistance. None of the specific information in this application will be shared with any other entity without your subsequent authorization to release information.

ALL MATERIALS REQUESTED MUST BE SUBMITTED WITH THE APPLICATION OR IT WILL BE RETURNED AND YOU WILL LOOSE YOUR PLACE IN THE PROCESS.

- Copies of 2016 OR 2017 IRS Returns (including W-2's) for all adults in household
(Last 3 years of income tax returns for self-employed persons)
- 2 most recent paystubs for all adults in household
- Proof of other income received (including unemployment, disability, workman's comp, Pension, alimony, child support, public assistance, SSI, SSA, interest and dividend income, etc.)
(For self-employed or if you receive rental income, a year-to-date P&L for net business or rental income is required.)
- Include any Bids you have obtained to connect to the sewer and disable your septic system.

LIST ALL PEOPLE LIVING IN YOUR HOUSEHOLD (including all applicants)

Name	Date of Birth	Social Security #

COMPLETE THE FOLLOWING SECTIONS FOR ALL ADULTS (18 yrs. or older) IN YOUR HOUSEHOLD.
YOU MAY MAKE EXTRA COPIES OF THIS SECTION AS NEEDED.

Applicant Name _____	Marital Status (✓)	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	
		<input type="checkbox"/> Unmarried (Includes Single, Divorced, Widowed)		
Property Address _____		Home Phone _____		
Mailing Address _____		Cell Phone _____		
		E-Mail _____		
Employer Name _____	Hire Date _____			
Employer Address _____	Phone _____	Pay Rate _____		
Average Regular Hours Per Day _____	Average Over-Time Hours Per Day _____			
If you receive UNEMPLOYMENT part of the year, what is your WEEKLY RATE? _____				
HOW MANY WEEKS PER YEAR: _____				
Are you a full-time student? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO				

Co-Applicant Name _____	Marital Status (✓)	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	
		<input type="checkbox"/> Unmarried (Includes Single, Divorced, Widowed)		
Phone _____				
Employer Name _____	Hire Date _____			
Employer Address _____	Phone _____	Pay Rate _____		
Average Regular Hours Per Day _____	Average Over-Time Hours Per Day _____			
If you receive UNEMPLOYMENT part of the year, what is your WEEKLY RATE? _____				
HOW MANY WEEKS PER YEAR: _____				
Are you a full-time student? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO				

Co-Applicant Name _____ **Marital Status (✓)** Married Separated
 Phone _____ Unmarried (Includes Single, Divorced, Widowed)
 Employer Name _____ Hire Date _____
 Employer Address _____ Phone _____ Pay Rate _____
 Average Regular Hours Per Day _____ Average Over-Time Hours Per Day _____
 If you receive UNEMPLOYMENT part of the year, what is your WEEKLEY RATE? _____
 HOW MANY WEEKS PER YEAR: _____
 Are you a full-time student? (✓) YES NO

OTHER HOUSEHOLD INCOME: Please list all other sources and amounts of income for all household members (Child Support, Pensions, Social Security, Disability, AFDC, etc.)

NAME	TYPE OF INCOME	AMOUNT	MONTHLY	WEEKLY

Do the property owners have liquid assets (cash, bank accounts, mutual funds, etc.) in excess of:
 ✓\$5,000 (for those UNDER 62 yrs. of age) YES NO
 ✓\$8,000 (for those OVER 62 yrs. of age)

By signing below, I/We authorize the Los Osos Community Fund Team to verify the information provided in this application as necessary.

ALL ADULTS IN HOUSEHOLD MUST SIGN ✓

Print Name	Sign Name	Date

RETURN COMPLETED APPLICATIONS WITH ALL REQUIRED ATTACHMENTS BY XXXXXXXX, 5:00 PM TO THE LOS OSOS CSD OFFICE OR MAIL TO: LOS OSOS COMMUNITY FUND, P.O. BOX 6064, LOS OSOS, CA 93412

If you choose to mail your application, please be advised that your application must be received by XXXXXXXX. Post marks do not qualify you a spot. We encourage you to turn in your application as soon as possible. Funds are limited and will be awarded on a case by case, first come first serve basis.

Be sure to keep a copy of this form and all attachments for your records.