

**Napa Valley Community Disaster Relief Fund**  
Emergency Financial Assistance Program  
2020 Wildfires

The Napa Valley Community Disaster Relief Fund is now accepting applications from Napa County renters and homeowners whose primary residence was damaged or destroyed by the LNU Lightning Complex fires or the Glass Fire (the “2020 Wildfires”); and from Napa County residents facing economic hardship as a result of the 2020 Wildfires. Please read this overview before completing the application that follows.

**What assistance is available?**

**Lost or damaged property assistance.** Renters can receive up to \$3,500 as a one-time payment. Homeowners can receive up to \$7,500 as a one-time payment.

**Economic hardship assistance.** Residents facing economic hardship as a direct result of the 2020 Wildfires can receive up to \$1,500 as a one-time payment if they are not eligible to receive unemployment benefits from EDD or Disaster Unemployment Assistance, or meet their basic living expenses from other sources such as personal savings. Applications from undocumented residents are encouraged.

Assistance will be provided to income-qualified residents based on verified losses. Some residents may be eligible to receive assistance with both lost or damaged property and economic hardship.

**How can I use the funds, if awarded?**

You may use the funds to replace the contents of your home, make repairs or rebuild; pay for basic living expenses; pay for housing (for example, rent and/or a security deposit on a new dwelling); repair/replace an automobile; repair/replace work tools or equipment.

## What are the eligibility requirements?

To qualify for financial assistance for **lost or damaged property**, you must meet the following criteria:

- Your **primary residence** in Napa County was damaged or destroyed in the 2020 Wildfires and appears on Napa County's roster of red and yellow-tagged homes.
- Your annual household income is at or below 150% of Area Median Income for Napa County, based on the number of people that live in your home (please see chart, below).

Number of people in your household	Maximum household income to qualify for assistance
1	\$105,500
2	\$120,500
3	\$135,550
4	\$150,600
5	\$162,700
6	\$174,700
7	\$186,800
8	\$198,850

To qualify for financial assistance for **economic hardship**, you must meet the following criteria:

- Your primary residence is in Napa County and are facing economic hardship because you lost employment or wages as a result of the fires.
- You are not eligible for unemployment benefits through EDD or Disaster Unemployment Assistance.
- Your annual household income is at or below 120% of Area Median Income for Napa County, based on the number of people that live in your home (please see chart, below).

Number of people in your household	Maximum household income to qualify for assistance
1	\$84,350
2	\$96,400
3	\$108,450
4	\$120,500
5	\$130,150
6	\$139,800
7	\$149,400
8	\$159,050

### What documents do I need to be considered for assistance?

*To seek financial assistance for lost or damaged property, you will need:*

- Photo identification. A current copy is required of one of the following: state issued driver license or identification card; Real ID; passport; matricula consular.
- Proof of residency. A recent copy is required of one of the following: utility bill; mortgage statement; property tax statement. \*\*\*
- A copy of your 2019 Federal Income Tax Return. ^^
- If you are a renter, the name and contact information of your landlord or leaseholder.

\*\*\* Your address will be verified against Napa County's roster of red/yellow-tagged homes.

^^ You can request a transcript of your 2019 Federal Income Tax Return from the IRS at no cost by visiting this [IRS website](#). We will also accept a copy of your California State Income Tax Return for 2019, which you can request by visiting this [Franchise Tax Board](#) website. If neither of these documents is available to you, we will ask you to provide one or more of the following to verify household income: pay stubs; bank statements; means-tested benefit cards (like MediCal or EBT).

To seek financial assistance for economic hardship, you will need:

- A completed application (please see the following pages).
- Photo identification. A current copy is required of one of the following: state issued driver license or identification card; Real ID; passport; matricula consular.
- Evidence of unemployment or reduced wages.
  - One of the following is required to demonstrate that you lost your job: an email/ letter from your employer; or verbal confirmation from your employer. (Self-employed people will be required to sign a separate affidavit.)
  - One of the following is required to demonstrate that your wages were reduced: pay stubs or bank statements from before and after the fires; or evidence that your workplace or job site was located in an evacuation zone; or an email/letter from your employer; or verbal confirmation from your employer. (Self-employed people will be required to sign a separate affidavit.)

**What is the deadline to apply?**

The deadline to apply for assistance is Friday, January 29, 2021 at 5:00 pm. If you have questions, please contact: **UpValley Family Centers** at **(707) 965-5010** or **[efa@upvalleyfamilycenters.org](mailto:efa@upvalleyfamilycenters.org)**



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**ECONOMIC HARDSHIP APPLICATION**

SECTION I: YOUR INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

If you cannot receive mail at your home address due to the disaster, provide an alternate address below:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**A. Family member information. Please provide the names and ages of all the people who lived in your home at the time of the fires. (If necessary, copy this page to add more names.)**

Name(s) of other people in your household	Relationship to you (for example: child, spouse, roommate, other family)	Age	Occupation

**B. Please answer the following questions to help us better understand your circumstances.**

1. What is the name and address of your employer, or former employer?

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2. What is the name and phone number of your supervisor?

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3. Which occupation or industry below best describes your work? Please check one.

Farmworker
Wine production (cellar, shipping, mobile bottling, custom crush)
Winery/Tasting Room sales, marketing or management
Hotel, resort, spa
Restaurant/Food service
Other Hospitality (transportation, touring)
Childcare or Elder care provided to others
Construction
Day Labor
Housekeeping
Gig Worker
Healthcare
Education
Janitorial
Landscaping
Office
Personal Care (hairstylist, manicurists, massage therapist)
Retail
Self-Employed, _____ (please describe)
Other, _____ (please describe)
Decline to state

## SECTION II: YOUR OTHER FINANCIAL RESOURCES

The purpose of this program is to provide disaster financial assistance that helps to bridge the gap in your ability to pay for essential living expenses like food, housing and utilities. In order to fulfill this purpose equitably and legally, the other financial resources that you have at your disposal must be taken into account.

**1. Please complete the following table to help us understand the other financial resources that you may have, or that you may pursue, to assist with your recovery.**

Sources of Assistance	Was assistance received from this source?	Amount of Assistance
<input type="checkbox"/> Unemployment Assistance (EDD)	Yes No Unknown	
<input type="checkbox"/> Disaster Unemployment Assistance	Yes No Unknown	
<input type="checkbox"/> Personal Savings	Yes No Unknown	
<input type="checkbox"/> Bank or Credit Union Loan	Yes No Unknown	
<input type="checkbox"/> Other charitable/emergency aid	Yes No Unknown	
<input type="checkbox"/> Family/Friends/crowdfunding	Yes No Unknown	
	Total Amount of Assistance Received:	\$

### SECTION III: YOUR HOUSEHOLD INCOME

In the first hours and days following a disaster, there is no income requirement to receive services or smaller amounts of direct financial assistance. However, as time passes and larger amounts of money are being made available to help with recovery and rebuilding, your household income must be taken into account.

To be eligible for assistance from this program for economic hardship, your total household income must be less than or equal to 120% of the Area Median Income for Napa County, based on the number of people in your household.

4. What was your total household income in 2019? Please enter the amount shown on IRS Form 1040, line 8(b), Adjusted Gross Income: \$\_\_\_\_\_. Note: if a copy of your 2019 Federal Income Tax Return is not available, please complete Appendix A.
5. Please circle the correct number of people in your household, below. Include your spouse or domestic partner, if any, and any children living with you at the time of the fires. Do not include other family members like aunts, uncles or parents unless they depend on you or your spouse/partner for financial support.

Number of people in your household	Maximum household income to qualify for assistance
1	\$84,350
2	\$96,400
3	\$108,450
4	\$120,500
5	\$130,150
6	\$139,800
7	\$149,400
8	\$159,050

**SECTION IV: YOUR AGREEMENT AND AUTHORIZATION (REQUIRED)**

I certify that the information provided in this grant application and any attachments to it is true and correct as of the date set forth below. I have made all reasonable efforts to help myself before applying for this grant. My signature acknowledges and permits On the Move and UpValley Family Centers, both of which are nonprofit organizations based in Napa County, to: a) verify all the information I have provided in this grant application and the attachments thereto, as well as any information I may share verbally with either organization; and b) share my information among both organizations, as needed, to verify my eligibility and prevent duplicate payments, if I am awarded a grant. I understand that such verification may include contact by either organization to my employer, landlord, leaseholder or others listed in this grant application, and my signature expressly permits such contacts for verification purposes. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this grant application now and in the future and debarment from future grants from the Napa Valley Community Disaster Relief Fund. I also understand that any such action by me constitutes fraud, which may be reported to Napa Valley Community Foundation and for which I may be liable via civil or criminal action.

In addition, I understand that I am not legally entitled to receive a grant from the Napa Valley Community Disaster Relief Fund. In this regard, I acknowledge that Napa Valley Community Foundation, On the Move and UpValley Family Centers shall not be liable to me for, and I hereby release them from, any costs, expenses, damages, claims or losses incurred by me in connection with the approval or disapproval of the grant requested in this application or for anything any of them may do or refrain from doing in good faith.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and acknowledge that I may be eligible to receive two Emergency Financial Assistance grants if I qualify for assistance with my lost or damaged property as well as my economic hardship. However, I have not and will not submit more than one application to On the Move and/or UpValley Family Centers.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION V: ADDITIONAL SERVICES (OPTIONAL)

I may still need additional resources and would like to be contacted by other community-based nonprofit organizations to learn more about additional programs and assistance that may be available to me. By signing below, I am granting On the Move, Napa Valley Community Foundation and UpValley Family Centers permission to share my information (which may include my name, telephone number, email, and type of assistance provided under this program) with other community-based nonprofit organizations.

Signature (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

SECTION VI: YOUR STORY (OPTIONAL)

Napa Valley Community Foundation manages the Napa Valley Community Disaster Relief Fund. Telling the stories of survivors is an important way for the Foundation to be accountable to the donors who contribute money to help their neighbors when disasters strike. By signing below, I am granting Napa Valley Community Foundation permission to contact me to potentially share my story with others.

Signature (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

SECTION VII: ADDITIONAL INFORMATION

The Napa Valley Community Disaster Relief Fund supports local nonprofit organizations to provide essential recovery services, like medical care and counseling, groceries, hot meals, legal and housing assistance, domestic violence programs and support for seniors and people with disabilities. More information on these organizations can be located at [NapaValleyCF.org](http://NapaValleyCF.org). The Napa Valley Community Disaster Relief Fund is managed by Napa Valley Community Foundation and was established with a \$10 million lead gift from Napa Valley Vintners following the 2014 South Napa Earthquake. So far, the Fund has distributed more than \$25 million for relief and recovery from recent disasters.

## SECTION VIII: WHERE TO SEND YOUR COMPLETED APPLICATION

Once you have completed and signed your application, please send the application and copies of the required documents referenced above (for example, photo ID) via email to:

[efa@upvalleyfamilycenters.org](mailto:efa@upvalleyfamilycenters.org)

If you have questions about your application, please call UpValley Family Centers (Monday-Friday, 8:30 am to 5:00 pm) at (707) 965-5010.

All applications will be reviewed by On the Move or UpValley Family Centers, nonprofit organizations based in Napa County with significant experience in distributing financial assistance after disasters. Funding is provided by the Napa Valley Community Disaster Relief Fund, which is managed by Napa Valley Community Foundation, a separate nonprofit organization based in Napa County. On the Move and UpValley Family Centers administer this program and approve all grant recipients. Decisions are made in accordance with relevant federal and state laws and regulations and are communicated to applicants by email or phone. Individuals may submit an application through email or call for an appointment. Case Managers employed by On the Move or UpValley Family Centers are available to assist with completion of applications in English or Spanish, as well as with referrals to additional programs that may be helpful. Applicants will generally receive a response within 72 hours of their inquiry or application submission. Approval timing is based on collection of all required documentation and a phone appointment (or in some cases, a socially-distant meeting) with a case manager.

APPENDIX A: TO BE COMPLETED IF A TAX RETURN IS NOT AVAILABLE

Monthly Household Income

Applicant's regular take-home pay (after taxes)	\$	per month
Spouse's / partner's regular take-home pay (after taxes)	\$	per month
Other household income (from adult children, roommate,	\$	per month
Self-employment / second job take-home pay	\$	per month
Child support / alimony	\$	per month
Interest / dividends	\$	per month
Rental income	\$	per month
Retirement / pension / 401(k)	\$	per month
Social Security / SSI	\$	per month
Worker's Compensation / disability	\$	per month
Other	\$	per month
<b><i>Total Monthly Income</i></b>	\$	per month