



## SDGE Community Assistance Fund (CAF) 2023 / 2024

## APPLICATION INFORMATION

Phone: (760)742-8600 x 164 | Email: CAF2023@sctca.net

## INFORMATION

The CAF (Community Assistance Fund) Grant is made possible by SDGE through SCTCA. To be eligible for the grant in the amount of \$599, you must be income qualified and meet the residence guideline. Please make note that your monthly income must not exceed 200% of the Federal poverty income.

## REQUIREMENTS

- Recognized by one of the following Tribes:

Agua Caliente	Barona	Cahuilla	Campo	Chemehuevi
Ewiiapaayp	Iipay Nation of Santa Ysabel	Inaja Cosmit	Jamul	La Jolla
La Posta	Los Coyotes	Manzanita	Mesa Grande	Pala
Morongo	Pauma	Rincon	San Manuel	San Pasqual
Santa Rosa	Soboba	Sycuan	Torres Martinez	Viejas

**AND**

- Must be age 18 or older

**AND**

- Reside within San Diego County **OR**
- Reside within South Orange County with the following zip codes:

92624	92629	92637	92651	92653
92656	92672	92673	92675	92677
92679	92688	92691	92692	

## REQUIRED DOCUMENTATION FROM APPLICANT

- Provide valid identification and a social security card for applicant and all household members
- Provide Indian Certification Form or Tribal Member Identification/Affiliation
- Provide monthly income such as, but not limited to: paycheck, unemployment, disability check, etc.
- Complete a CAF 2023 / 2024 Application
- MANDATORY** Identification Verification will be made through In-Person Applicants, FaceTime, or Zoom

## ACKNOWLEDGMENT

By signing this form, you are acknowledging there is an income guideline and you, the applicant, must submit all and any documentation requested from CAF (Community Assistance Fund) to verify eligibility for this program.

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



## HOUSEHOLD INCOME

Include all earned/unearned income for all adult household members. For each source of income, please **ATTACH** income verification for the **current month**.

Name of Person Receiving Income	Source of Income	Monthly Amount

## EMERGENCY NEEDS ASSESSMENT

What is your immediate need? Please explain in detail:


How has your immediate need impacted your household resulting in a crisis/episode of need?  
Please explain in detail (attach statement if additional space is needed):


## APPLICATION CERTIFICATION AND OTHER INFORMATION

Is anyone listed in the Family Composition fleeing to avoid persecution or custody of confinement after conviction for a crime or attempt to commit a crime (*which is a felony*) under a federal or state law? (Circle One)    Yes       /       No

If yes, please specify who: \_\_\_\_\_

Have you or any household members applied for and received funding from TANF, PEAFF and/or CAF in the past with SCTCA, State (or County), Federal, or Tribal program? (Circle One)    Yes       /       No

Program Name: \_\_\_\_\_ Date Funds Received: \_\_\_\_\_

