

APPLICATION FOR CARES ACT

Benefit Period _____ TO _____	AGENCY USE ONLY		ATTACHMENTS: Y or N (circle one) # _____
	CASE NAME	CASE NUMBER	
	WORKER NAME	DATE RECEIVED	

INSTRUCTIONS:

Complete this application honestly and to the best of your knowledge. If you give false or misleading information or withhold information to receive benefits, you may be prosecuted. You may also be required to repay any benefits you erroneously received. The information you give, including Social Security numbers, may be matched against federal, state, and local records to determine if it is accurate. You are required to provide identity, proof of residence, income, and resources.

LAST NAME, FIRST, MIDDLE/MAIDEN, SUFFIX:	PERMANENT ADDRESS (STREET, CITY, ZIP):
TEMPORARY ADDRESS (IF DIFFERENT):	WORKING TELEPHONE NUMBER:

PART I: HOUSEHOLD SITUATION

1. ___ YES ___ NO Were you residing in Prince Edward County during or after March 2020? 2. ___ YES ___ NO Has your income been delayed, reduced, or stopped because of COVID? 3. ___ YES ___ NO Does your household have any cash or money in the bank or other financial institution accounts? 4. ___ YES ___ NO Do you or anyone in your household currently receive SNAP (food stamps), Medical Assistance, TANF or Energy Assistance? 5. What is your need? ___ Payment of Rent/Mortgage ___ Payment of Utilities ___ Other (please explain): <i>(please attach current bill, disconnect, foreclosure, eviction, landlord statement, etc.)</i>	
--	--

PART II: HOUSEHOLD MEMBERS, INCOME AND RESOURCES

List ALL persons living with you as of the **date if this application**.

Enter the total amount of ALL earned and unearned income received or expected to be received for ALL household members during the effective period. Income includes, but is not limited to, gross salary and wages for full and part-time jobs, pensions, self-employment, child support, Social Security death, retirement, and disability benefits, and Supplemental Security Income. Source means: for wages – name of employer, for self-employment – name of business, and for child support – name of payer. Do not include disaster assistance payments you expect to receive during the benefit period from federal, state or local governments or disaster assistance agencies.

Enter the amount of ALL accessible resources as of the **date of this application** for ALL household members. Resources include, but are not limited to, cash on hand, money in checking and regular savings accounts, certificates of deposit, money market accounts, and Christmas and Vacation Club accounts. Resources do NOT include IRA Accounts, stocks, bonds, and KEOGH Plans. Source means: for all types, except cash on hand, the name of the financial institution.

Please be sure to enter an answer in every row. If a person does not have the income or resources type listed, enter N/A for not applicable.

IF YOU NEED TO INCLUDE ADDITIONAL HOUSEHOLD MEMBERS, INCOME, OR RESOURCES, PLEASE ASK FOR ADDITIONAL PAGES.

<p>List Head of Household under 1. List other household members under 2 through 4. List a Social Security Number (SSN) and date of birth (DOB) for all members. List an amount and source (if applicable) for each income and resource type listed below.</p> <p style="text-align: center;"><u>TYPE</u></p>		1. Name (Last, First, MI, Suffix):	2. Name (Last, First, MI, Suffix):	3. Name (Last, First, MI, Suffix):	4. Name (Last, First, MI, Suffix):	
		SSN:	SSN:	SSN:	SSN:	
		DOB:	DOB:	DOB:	DOB:	
<p>INCOME AMOUNTS</p> <p>MONTH(S) IMPACTED</p> <p>to</p>	GROSS WAGES/SALARY	AMOUNT				
		SOURCE				
	NET SELF-EMPLOYMENT	AMOUNT				
		SOURCE				
	CHILD SUPPORT	AMOUNT				
		SOURCE				
	SOCIAL SECURITY (DEATH, RETIREMENT, DISABILITY)	AMOUNT				
		SOURCE				
	PENSION	AMOUNT				
		SOURCE				
	SUPPLEMENTAL SECURITY INCOME	AMOUNT				
		SOURCE				
	OTHER INCOME (SUCH AS VET, UNEMPLOYMENT)	AMOUNT				
		SOURCE				
<p>CURRENT RESOURCE AMOUNTS</p>	CASH ON HAND	AMOUNT				
		SOURCE				
	CHECKING/SAVINGS/ CHRISTMAS/ VACATION CLUB ACCOUNT(S)	AMOUNT				
		SOURCE				
	OTHER RESOURCES	AMOUNT				
		SOURCE				

PART III: CERTIFICATION AND SIGNATURE

I understand the questions on this application and the penalty for withholding or giving false or misleading information. I certify, under penalty of perjury, the information I have given is correct and complete to the best of my knowledge. I authorize the release of any information necessary to review actions related to this application.

Signature (Mark) of Applicant or Authorized Representative: _____ Witness Mark: _____ Date: _____

Signature of Worker: _____ Worker Number: _____ Date: _____