



COVID-19 Pandemic Relief Program Application

Name of Applicant (Head of Household):		Telephone # where you can be reached
Social Security Number		Date of Birth
Street Address:	City:	ZIP:
Mailing Address (if different from above):		Email Address:

Did you receive a \$1,000 COVID-19 Pandemic Relief Payment issued by our agency earlier this year?
 Yes No *If yes, you are not eligible for this program.

Are you a U.S. Citizen? Yes No *To be eligible you must submit verification of your U.S. Citizenship (such as a copy of your Social Security Card or Birth Certificate).

Do you currently reside in Seneca County? Yes No *To be eligible, you must submit verification of your Seneca County residency (such as a copy of your state-issued ID, driver's license, or a copy of a utility bill listing your name and current address).

What type of assistance are you requesting?

Rent/Mortgage Utilities Car Payment

Please provide specific details including vendor name/address, amounts, account numbers, etc.:

What type of financial hardship have you experienced during this Pandemic?

Missed work due to employer shutdown Reduced hours/pay at work

Additional childcare expenses due to school closings

Additional financial hardships caused by COVID-19 illness in the household

Lost wages due to COVID-19 related illness, hospitalization or quarantine.

Other documented financial hardship related to COVID-19 Pandemic.

Please provide specific details:

Verification of one or more of the above financial hardships must be submitted (such as layoff notice, unemployment assistance records, paystubs indicating reduced hours/pay, etc.).

Please list **EVERYONE** living in your household, including yourself.

Name (List everyone in the household)	Relationship to Applicant	Birth Date
	SELF	

I certify all the above information and understand that my signature (or electronic signature) on this application provides SCDJFS the authority to verify any/all information through any contacts necessary to determine my eligibility for the services I've requested.

Signature of Applicant

Date

*If needed, please list additional household members on separate sheet.