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| --- |
|  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.:

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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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 |       |
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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.