

# Polk Unites Funds Request

**ATTESTATION:**

I have not received COVID 19 assistance prior to this application;

I have not applied to another agency for the COVID 19 assistance for the CARES ACT

I have a verifiable loss of income due to COVID 19

Amount of assistance requested: \_\_\_\_\_ To pay what expense(s)? \_\_\_\_\_

**All Adult Household Members:**

(1) Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Race \_\_\_\_\_

(2) Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Race \_\_\_\_\_

(3) Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Race \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_; Work Phone: \_\_\_\_\_

Current Employment Status: Unemployed \_\_\_\_\_; Furloughed: \_\_\_\_\_ Employed (reduced hours): \_\_\_\_\_

Current/Past Employer: \_\_\_\_\_ How long? \_\_\_\_\_

**Total Monthly Household Income: \$** \_\_\_\_\_

Total Monthly Wage Per Adult \$ \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Child Support: \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_

SSI/SSD: \$ \_\_\_\_\_ Soc.Sec.: \$ \_\_\_\_\_

Medicaid: \$ \_\_\_\_\_ Veteran Benefits: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_ Other (Specify): \$ \_\_\_\_\_

**Total Monthly Expenses: \$** \_\_\_\_\_

Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_ Arrears: \$ \_\_\_\_\_

Mortgage statement provided: \_\_\_\_\_ Landlord information provided: \_\_\_\_\_ (Signed W-9)

**Household Expenses:**

Electric: \$ \_\_\_\_\_ Water: \$ \_\_\_\_\_ Gas/Fuel: \$ \_\_\_\_\_

Telephone: \$ \_\_\_\_\_ Cable/Satellite: \$ \_\_\_\_\_ Medical: \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_

Loans: \$ \_\_\_\_\_ Credit Cards: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_

Other (Specify): \$ \_\_\_\_\_

All the information I have provided above to the service provider is accurate, complete and current to the best of my knowledge. I authorize the release of information related to determining my eligibility for assistance. I attest that I have not received any other COVID 19 funds or assistance from the CARES Act (exception – Stimulus check).

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following checklist must be completed.

**Agency Representative:**

**Please attach:**

- Valid Current Florida ID (not expired) **or** Valid Florida Driver License (not expired);
- Copy of Social Security Card for applicant and for any bills being provided that are not in applicant name
- 2019 or 2018 Tax Return
- Past 60 days of pay stubs showing reduction in pay;
- Proof of loss of income related to COVID 19 -must show one of the following:**
  - Furlough letter from employer signed and on letterhead; if not on letterhead then a notarized statement
  - Lay-off letter from employer signed and on letterhead; if not on letterhead then a notarized statement
  - Unemployment statement from unemployment website **plus employer letter**
  - Quarantine letter from doctor

**If self-employed:**

- a business license; **and**
  - self-declaration letter (Notarized) explaining why unable to work due to COVID 19; **and**
  - 2019 or 2018 Tax Return; **and**
  - bank statements-showing reduction in pay; **and**
  - Signed letter from customers of why were not allowed to work for them
- Invoice for requested payment
- Mortgage statement
  - Utilities bills-Water, Electric, Phone, Cable

**No Car Insurance or Car Payments**

**Must be a paper copy-** no screenshots

- Landlord Rent Acceptance Letter and W-9
- Completed Polk County Unites Application

**Notes or Comments:**