**COVID-19 Relief Response**

Eligible applicants are those families who have a minor child(ren) living in the home and who have decreased income since the state of emergency declared by the Governor of Ohio on March 9, 2020 due to the COVID-19 Virus Outbreak. Eligible members can receive up to $1,000 per household for assistance during this emergency for rent, mortgage, utilities and/or other needs. An eviction or disconnection notice is not required to apply for this program. This program is limited to TANF funds. An application must be a resident of Tuscarawas County.

**How will this benefit be used to assist your family?**

[ ]  Mortgage/Rent [ ]  Utilities such as Gas, Electric, Water/Sewer, Trash [ ]  Other \_\_     \_\_\_\_\_\_\_\_

The adult household member must complete entire application.

ADULT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name      | MI      | Last Name      | Age      | Social Security Number      |
| First Name      | MI      | Last Name      | Age      | Social Security Number      |

**ADDRESS:**

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

Street City State Zip

**MAILING ADDRESS** (If different from above):

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

Street City State Zip

NAMES, AGES AND SOCIAL SECURITY NUMBER OF CHILDREN 18 AND UNDER:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name      | MI      | Last Name      | Age      | Social Security Number      |
| First Name      | MI      | Last Name      | Age      | Social Security Number      |
| First Name      | MI      | Last Name      | Age      | Social Security Number      |

MONTHLY INCOME (Please accurately check mark the most appropriate line below for the entire household monthly income.)

**HOUSEHOLD SIZE \_\_****\_\_\_\_\_\_\_\_**

 [ ]  $0-$2,127 [ ]  $3,621-$4,367 [ ]  $5,861-$6,607

 [ ]  $2,128-$2,874 [ ]  $4,368-$5,114 [ ]  $6,608-$7,354

 [ ]  $2,875-$3,620 [ ]  $5,115-$5,860 [ ]  $7,355-Over

Are you receiving unemployment? [ ]  Yes [ ]  No If yes, Weekly Gross Amount $\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have zero income? [ ]  Yes [ ]  No If yes: I was working at \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My last day was \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_ due to COVID-19 Virus

Is anyone still working in the household? [ ]  Yes [ ]  No If yes, who \_     \_\_\_\_\_\_\_\_\_\_\_\_Gross Amount $\_\_     \_\_\_\_\_\_\_\_

Do you have more than $1,500 in cash, checking or savings? [ ]  Yes [ ]  No

**Applicants ineligible for PRC**: single people, childless families, households containing an individual who is: a fugitive felon or probation/parole violator; Anyone who is still being paid full time wages (vacation, sick pay, paid leave) by employer during this time, have more than $1,500 in checking, saving or cash on hand.

By your signature below you are acknowledging that you or another member of your family are not ineligible based on the above. I attest I have completed this form with true and accurate information.

Signature of Adult Household Member Date Phone Number