

CHARACTERISTICS OF HEAD OF HOUSEHOLD MEMBER:

White Black Hispanic
 Native American (Indian) Asian Other

MARITAL STATUS:

Single Married Separated
 Divorced Widowed

ESSENTIAL SERVICE PERSONNEL (please check one):

Medical personnel First Responder Law Enforcement
 Educator Active Military Government Employee

EMPLOYMENT:

APPLICANT'S EMPLOYER (CURRENT)

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

YEARS EMPLOYED: _____ POSITION: _____

SUPERVISOR'S NAME: _____

Please indicate which of the following statements apply to the Applicant:

- I have experienced a reduction in salary as a result of the coronavirus (COVID19)

Explain:

- I have had my hours reduced as a result of the coronavirus (COVID19)

Explain:

- I have been furloughed as a result of the coronavirus (COVID19)

Explain:

- I have been laid off as a result of the coronavirus (COVID19)

Explain:

- I have been terminated as a result of the coronavirus (COVID19)

Explain:

- Other

Explain:

CO-APPLICANT'S EMPLOYER (CURRENT)

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

YEARS EMPLOYED: _____ POSITION: _____

SUPERVISOR'S NAME: _____

Please indicate which of the following statements apply to the Co-Applicant:

- I have experienced a reduction in salary as a result of the coronavirus (COVID19)

Explain:

- I have had my hours reduced as a result of the coronavirus (COVID19)

Explain:

- I have been furloughed as a result of the coronavirus (COVID19)

Explain:

- I have been laid off as a result of the coronavirus (COVID19)

Explain:

- I have been terminated as a result of the coronavirus (COVID19)

Explain:

- Other

Explain:

HOUSEHOLD INCOME:

Please indicate an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

SOURCE	APPLICANT	CO-APPLIANT	OTHER MEMBERS AGE 18+
Gross Salary (before deductions)			
Overtime, Tips, Bonuses, etc.			
Social Security			
Disability			
Pensions, Veterans Benefits, etc.			

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBERS AGE 18+
Unemployment/Workers Comp			
Alimony, Child Support			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF, Aid to Families with Dependent Children, etc.)			
Other			
TOTALS			

HOUSEHOLD LIABILITIES:

<u>TYPE</u>	<u>CREDITOR'S NAME</u>	<u>MONTHLY PAYMENT</u>	<u>BALANCE</u>
Mortgage			
2 nd Mortgage			
Rent/Lease Payment			
Car Loan			
Credit Card			
Credit Card			
Vehicle Loan			
Other			
TOTALS			

Are you or the co-applicant on a waiting list for assistance from another agency? __Yes __No

If you have answered yes, please list the agency and describe the requested assistance:

All of the following documents must be returned with this application:

- Copy of valid identification card or driver's license for every household member 18 years and older with a current Jacksonville address.
- Paystubs showing employment status on or before February 29, 2020 or a statement from employer
- Copies of 2018 & 2019 tax returns. If filing separately, copies for all members.
- Documentation of all income for all household members. For example, unemployment, social security, disability, pension, alimony, child support, etc.)
- If no longer receiving unemployment, statement showing ineligibility for unemployment.
- Bank Statements (checking, savings, money market, annuities, cash cards, or other investment accounts) for Applicant, Co-Applicant, and all other adult members in the household
- Release of Information Form (Attachment A)

The following documents must be attached to this application (as applicable for the type of assistance being sought:

- Current Lease (showing monthly rent)
- Statement from Landlord showing arrearage/amount due
- Statement from Utility Provider (showing amount needed)

Warning: Failure to provide all required documentation will delay assistance and may result in the denial of assistance

WARNING: 18 U.S.C. 1001 provides, among other things, that knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department of agency of the United States, understand that any willful misstatement of material fact will be grounds for disqualification of this application. .

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. I/We understand that the information provided is needed to determine eligibility and in no way assures qualification for assistance. I/We also agree to provide any other documentation necessary to verify my/our eligibility.

I/We are aware that all non-exempt information is subject to Arkansas's Public Records Law.

Signature of Applicant

Signature of Co-Applicant

Other 18+ Household Member

Other 18+ Household Member

Jacksonville Community Department Staff

Reviewed by: _____
Theresa Watson, Director

Date forwarded to service provider: _____

CITY OF JACKSONVILLE
COVID19 EMERGENCY ASSISTANCE PROGRAM
RELEASE OF INFORMATION FORM

I/We, _____, the undersigned do hereby authorize _____, to release, without liability, information regarding my/our employment, income and/or assets to the City of Jacksonville for the purposes of verifying information provided as part of my application for assistance under the COVID19 Emergency Assistance Program.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--------------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial Institutions |

CONDITION

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that I/We can provide is incorrect.

_____ Head of Household	_____ Date
_____ Spouse	_____ Date
_____ Adult Member	_____ Date
_____ Adult Member	_____ Date

NOTE: This General Consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.