



Applicant Name: _____	Date of Birth: _____
Address: _____	
Resident Guilford County? _____	How long? _____
Home Phone: _____	Cell Phone: _____
E-mail: _____	
Applicant is Jewish/member of Jewish Household? _____	

If more space is needed, please attach another page to this application or use the back.

I. Who lives in your household?

	Name	Relationship to you	Age
Person 1:			
Person 2:			
Person 3:			
Person 4:			
Person 5:			
Person 6:			

II. Who draws an income in your household?

	Name	Income Source (<i>work/# hrs, SSA, SSDI, etc</i>)	Monthly Amount
Person 1:			
Person 2:			
Person 3:			
Person 4 :			

III. How has COVID-19 impacted your situation?

IV. Have you received unemployment, COVID-19 government assistance checks, a small business loan, paid sick leave, or any other benefits related to the pandemic? Are you anticipating any of these? Please specify.

V. Please list major monthly expenses of household including mortgage, rent, utilities, car payments, educational loans, tuition for private school or college, and debt, with approximate amounts

VI. Are there any other circumstances other than COVID-19 that impact your situation? (*bankruptcy, disability for self or other, other medical problems, etc.*)

VII. What bill would you like assistance with and why? Please attach.

Everything in this application is accurate and true to the best of my knowledge.

I understand that this is a confidential document and will be shared only with the Emergency Response Fund Task Force which has the sole and final responsibility to make decisions related to my request. All names will be omitted in the presentation of applications to the task force. The Jewish Family Services Director will notify applicants of their awards. Wherever possible, awards will be made directly to third parties.

Signature

Date

Print name