

FOR OFFICE USE
 Date Application Received: _____
 Applicant ID: _____



Trumbull Human Services ARPA Emergency Financial Assistance Application

Applicant Information			
Full Name (First, Middle, Last)			
Co-Applicant Full Name (First, Middle, Last)			
Home Street Address	City	State	Zip
Mailing Street Address (if different)	City	State	Zip
Please confirm that the above address is your primary residence and that which you are seeking assistance for with this application: (Check one)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone #	Mobile Phone #		
Email Address			

FOR OFFICE USE
Date Application Received: _____
Applicant ID: _____

THIS PAGE LEFT BLANK INTENTIONALLY.

Applicant Information		
Marital Status <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
How many people are in your household? (Include all adults & children that rely on this housing)	# of Adults	# of Children (18 & under)
Has anyone in the household lost a job, changed jobs, quit a job, or reduced work hours within the last 90 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Income			
Name of person with income	Type/ Source	How often?	Amount

Request for Assistance	
Have you applied for financial assistance before with our department? (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of assistance are you applying for? (Check one) <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Mortgage Assistance <input type="checkbox"/> Medical Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other (please explain) _____	
Please answer this section only if you are requesting <i>Rental or Mortgage assistance</i> . How many months behind are you with your rent/ mortgage? _____ What is your monthly rent or mortgage payment? \$ _____ How much, in total, do you owe to your landlord/ mortgage company? \$ _____	
How much assistance are you requesting?	\$ _____
Have you received other forms of assistance up to this point? (e.g., help from family and/or friends; government assistance, nonprofit agency programs, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detailed description of your circumstances.	

Request for Assistance Continued

What is your financial plan going forward to maintain financial stability if you receive this assistance?

What other areas in your life do you need assistance with? (Check all that apply)
 Please note that this application is ONLY for one time financial assistance, but we may be able to provide you additional information or resources to help you with these other needs.

Child Care Food Budgeting Utility/ Fuel Assistance
 Healthcare Mental Health Substance Abuse Transportation
 Phone/ Internet

Is there anything else that you would like to share about your situation or that you think might be helpful in evaluating your application?

COVID-19 Financial Hardship

Since March 2020, has the COVID-19 Pandemic affected your household’s income or assets? (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If you answered yes to the above question, please complete this section.

I hereby affirm and attest that due, directly or indirectly, to the COVID-19 Pandemic, I have experienced (check all that apply):

A reduction in household income
 Incurred significant costs
 Experienced other financial hardship

COVID-19 Financial Hardship Continued

Please describe how your hardship was made worse by the COVID-19 pandemic.

Signature

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the denial of this application.

 Signature of Applicant

 Printed Name of Applicant

 Date

 Signature of Co-Applicant

 Printed Name of Co-Applicant

 Date

Authorized Representative

You may appoint a general authorized representative / responsible person to assist you with all aspects of the application and eligibility process, which includes reporting changes and getting notices on your behalf.

I would like to appoint an authorized representative.

Name	Phone #	Address

Required Documents

<p>Identification Documents: (Include for each household member that has an income)</p>	<p>Provide one of the following:</p> <ul style="list-style-type: none"> - Driver's License - Passport - State ID - Other Photo ID
<p>Income Documents: (Include for each household member that has an income)</p>	<p>Provide your most recent 4 weeks (one month) of applicable income support:</p> <ul style="list-style-type: none"> - Paystubs - Unemployment Compensation Statement - Social Security or Disability Benefits statement - Pension Statement - Form 1040 - Child support or Alimony payments
<p>Tax Documents: (include for each household member that has an income if you file separately)</p>	<p>Provide your 2022 Federal Income Tax Return OR If you do not have a tax return, please certify that you did not make enough money in 2022 to complete a tax return by initialing here: _____</p>
<p>Rental Assistance Request Documents:</p>	<p>Provide either:</p> <ul style="list-style-type: none"> - Your dated and signed lease, complete with all pages and rent statements for all months to be covered by this assistance. <p>OR</p> <ul style="list-style-type: none"> - A letter from your Landlord (dated and signed by landlord) with your name and address, the specific month(s) of rent to be covered by this assistance, rent due date, monthly rent amount, and the total amount outstanding at the time of payment.
<p>Mortgage Assistance Request Documents:</p>	<p>Provide either:</p> <ul style="list-style-type: none"> - Your mortgage statement(s) for the months to be covered by this assistance. <p>OR</p> <ul style="list-style-type: none"> - A letter from your mortgage lender showing your name and address, the lender's name, account number, monthly amount of principal and interest, and date due or the amount to be covered by this assistance
<p>Medical Bill Assistance Request Documents:</p>	<p>Provide your full medical bill to be covered by this assistance.</p>
<p>Utility Bill Assistance Request Documents:</p>	<p>Provide your full utility bill to be covered by this assistance.</p>