

**City of Beaumont - COVID-19 Pandemic Relief Program
APPLICATION FOR HOUSEHOLD ASSISTANCE**

Applicant Name: _____

Current Address: _____

Phone Number: _____ **Email Address:** _____

RESIDENCY

List Place(s) of Residence Since January 1, 2020:

Address	Dates Occupied		Rental		Landlord (if Applicable)	
	From	To	Yes	No	Name	Number

Total number of people living in the household: _____

Household Composition (List head of household and all other members of the household. Provide the relationship of each member to the head of household):

Member's Full Name	Relationship to Head of Household	Date of Birth	Age

How did you hear about this program? _____

SELF DECLARATION OF INCOME

What is the total average current monthly income of *all household members over the age of 18*? _____

Fill in the Monthly Total line using calculations specified below.

Use the last thirty days income to calculate the average current monthly income, including wages, salaries and tips; other income like alimony, child support; and unemployment, Social Security, AFDC or other benefits. Make sure all income sources are listed below and employer name is complete for every member of the household over the age of 18.

Monthly Total (add all income sources listed below):

Household Member's Full Name	Employer Name and/or Other Source(s) of Income	Current Monthly Income Before Taxes	Last Date Worked if Unemployed	If family assistance is received, how often and how much?
TOTAL MONTHLY INCOME				

CURRENT EMPLOYMENT INFORMATION

Household Member's Full Name	Employer		Dates Employed	Job Title	Contact Name and Number for Employment Verification
	Name	Address			

Which, if any, of the above household members had layoff, furlough, reduced hours or lost wages related to COVID-19? Please list below the employer and other relevant information as well as providing written confirmation from the employer.

If you are self-employed, please include the name of the business and band statements from a prior period showing self-employment income and statements from current period showing loss of income with explanation below:

Household Member's Full Name	Employer		Dates Employed	Job Title	Contact Name and Number for Employment Verification
	Name	Address			

APPLICATION CERTIFICATION:

I and all other parties 18 years of age and older understand that the above information is being collected to determine whether I/we are eligible to receive household assistance. The City of Beaumont is hereby authorized to verify all information provided with this application.

FRAUD STATEMENT: The information provided with this application is true and correct.

Head of Household Signature

Date:

Co-Applicant Signature(s) (All other household members over the age of 18 for which benefits are to be calculated)

Date: