



Escambia CARES Family Emergency Financial Assistance Grant

ELIGIBILITY OVERVIEW

- Household must have been negatively impacted by COVID-19
- Total 2019 income for all household members must be less than \$45,000
- Total assistance is \$2,000 per applicant/household (this is taxable income)
- Copy of Photo Identification for applicant (state-issued driver's license or passport. If the address on your photo I.D. is not your current residential address, you must provide another document such as a utility bill in your name to verify Escambia County residency.
- The applicant must be a U.S. Citizen or permanent legal resident.
- Copy of your Social Security Card or a government document that includes your full Social Security number.
- A completed W-9 Form. A fillable W-9 Form is included with your application form.

This application is used to determine eligibility and does not guarantee funding assistance.

DOCUMENTS REQUIRED

****You must have all documents readily available before you begin the application process. It is recommended that you scan and save all required documents to your computer desktop so they can be easily uploaded to your application form.***

- Copy of Photo Identification for applicant (state- issued driver's license or passport. If the address on your photo I.D. is not your current residential address, you must provide another document such as a utility bill in your name to verify Escambia County residency.
- Copy of your Social Security Card or a government document that includes you full Social Security number.
- TAX FILERS: Copy of the first page of your 2019 Federal Income Tax Return showing 2019 income is less than \$45,000.
- NON-TAX FILERS: Self-Certification letter stating the reason why you did not file a 2019 Federal Income Tax Return and/or the type of income you received - Social Security Benefits (SSA, SSI/SSD), Railroad Retirement, Veterans Affairs Pension, Disability Benefits, etc.
- A completed W-9 Form. A fillable W-9 Form is included with your application form.

Please complete each question in the application. Incomplete applications or missing information may result in a delay in processing or in the denial of your application.

Funding will be allocated to qualified applicants until relief funds are exhausted. You will receive updates regarding your application status via email, phone call, or text message.

A. Eligibility

Please check either yes or no to the following questions

A.1 My current household income (including all household members) for 2019 was less than \$45,000.

☐ - YES ☐ - NO

A.2 My household was negatively impacted by COVID-19.

☐ - YES ☐ - NO

A.3 I am an Escambia County permanent resident. My main residency is in Escambia County.

☐ - YES ☐ - NO

A.4 I am a U.S. Citizen or permanent legal resident.

☐ - YES ☐ - NO

A.5 I am 18 years old or older

☐ - YES ☐ - NO



IF YOU DID NOT SELECT YES FOR ALL ABOVE QUESTIONS, YOU WILL NOT QUALIFY FOR THE Escambia CARES Family Emergency Financial Assistance Grant.

B. Contact Information

Please provide the following information

B.1 Applicant First Name - _____

B.2. Applicant Middle Name - _____

B.3. Applicant Last Name - _____

B.4. Home Address

House number and Street - _____ APT Number - _____

City - _____ State - _____ Zip Code - _____

B.5. Primary Phone (_____) _____ - _____

B.6. Alternate Phone (_____) _____ - _____

B.7. Email _____ @ _____

B.8. Social Security Number _____ - _____ - _____

B.9. Name as Shown on Income Tax Return _____

C. COVID-19 Impact

Please provide the following information

C.1. Did you suffer any of the following adverse impacts from COVID-19? Please check all that apply.

- ☐ Loss of employment income or reduction in work hours
- ☐ Loss of secondary income
- ☐ Unexpected and uninsured Funeral Cost related to COVID-19
- ☐ Increased Housing Expenses
- ☐ Increased Transportation Costs for Healthcare, Employment, and Personal Care
- ☐ Increased Expenses related to telework
- ☐ Increased expenditures for childcare
- ☐ Increased expenses for the elderly or disabled
- ☐ Increased expenditures for cleaning
- ☐ Increased cost of consumables
- ☐ Other; Explain below

If you selected Other, please explain -

C.2. Applicant's Household Income (YEARLY) \$_____

D. Required Documents

Please provide the following information

Please download and complete the following document and upload below. W-9 also attached as the last page of this application.

[W-9 Form \(https://www.irs.gov/pub/irs-pdf/fw9.pdf\)](https://www.irs.gov/pub/irs-pdf/fw9.pdf)

ALL DOCUMENTS LISTED BELOW MUST BE PROVIDED OR WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION

- ☐ A completed W-9 Form ***Required**

- ☐ Copy of Photo Identification for applicant (U.S. govt issued driver's license or passport. If the address on your photo I.D. is not an Escambia County address, you must provide another document such as a utility bill in your name to verify residency ***Required**

- ☐ Copy of your Social Security Card/government document that includes full Social Security number. ***Required**

- ☐ Copy of first page of 2019 Federal Income Tax Return OR Self-Certification letter for Non-Tax filers ***Required**

Submit

Please read and agree to all the follow below by checking the boxes

Are you eligible for a public records release exemption (Chapter 119)?

☐ - YES ☐ - NO

☐ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Escambia Cares Family Emergency Financial Assistance Grant.

☐ I/we understand that Florida Statute Chapter 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a crime punishable by fines and imprisonment provided under sections 775.082 and 775.083, Florida Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification.

☐ I/we certify that the application information provided is true, complete, and current.

☐ I/we understand and agree that the collection of Social Security number(s) is for the purpose of personal identification and is imperative for the performance of the County's duties and responsibility as it relates to the verification of information disclosed on the application for the Escambia Cares Family Emergency Financial Assistance Grant.

☐ I/we agree to provide any requested documentation to assist in determining eligibility and I am/we are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.

☐ I/we further grant permission and authorize any bank, employer, or other third party to disclose information deemed necessary to complete this application. I/we authorize the County or any of its duly authorized representatives or agents to obtain information from a third party regarding our eligibility and continued participation in the Escambia Cares Family Emergency Financial Assistance Grant

☐ I/we understand that Information provided to the County may be subject to Florida Public Records Law, except as exempted by law. I/we understand and agree that it's my/our responsibility to inform the County of any applicable exemption.

☐ I agree to save harmless, indemnify, and defend County and its agents, officers, and employees from any and all claims, suits, actions, damages, liabilities, expenditures, or causes of action of any kind, losses, penalties, interest, demands, judgments, and cost of suit, including attorneys' fees and paralegals' fees, for any expense, damage, or liability incurred by any of them in the performance of this Assistance Program. I also understand and

agree that such indemnification by me relating to any matter, which is the subject of this Assistance Program, shall extend throughout the term of this Assistance Program and any statutes of limitation thereafter.

Signature - By signing your name here, you attest that the information provided is true and correct.

Signature - _____

Date - _____