



## COVID-19 Crisis Financial Support Application

This is a needs-based financial assistance program for those in the CCHASM service area in Central Virginia. This includes those who reside in Chesterfield, Petersburg, Dinwiddie, Hopewell, Colonial Heights, and Prince George and who were laid off, furloughed, or had work hours reduced to zero as of March 1, 2020, as a result of the impact by Coronavirus COVID-19 pandemic.

- Assistance will be awarded on a first-come, first-serve basis.
- Applicants must reside in the CCHASM service area.
- Assistance is up to \$350 and determination is based upon financial need.
- Applicants must submit a complete application for full consideration.
- The application does not guarantee that anyone will receive the financial support award.
- CCHASM is not responsible if receiving these funds precludes an individual from receiving funds from another source.

### Applicant Name \*

First Name      Last Name

### Phone Number \*

Area Code    Phone Number

### Email Address \*

example@example.com

### Mailing Address \*

Street Address

Street Address Line 2

**Please check the county/local jurisdiction where you reside.**

- Chesterfield
- Colonial Heights
- Dinwiddie
- Hopewell
- Petersburg
- Prince George

**Amount of funds requested (Maximum: \$350): \***

**Have you filed for unemployment? \***

- Yes
- No

**Have you previously received CCHASM benefits or financial assistance? \***

- Yes
- No

**Have you received COVID-19 financial assistance elsewhere? \***

- Yes
- No

**How will you use the funds received? \***

**Are you receiving assistance from other sources? If yes, please explain and list source(s). \***

**Please explain how you have been impacted by COVID-19. \***

**Total Household Size \***

**List the number of children in your household. \***

**Please list the name(s) on the third-party account you are requesting to be paid.**

Account Holder: Bob Smith

**Third-Party Name and Mailing Address**

Company/Business Name

Mailing Address

City

State / Province

Postal / Zip Code

**Type of assistance requested**

Utilities

Mortgage

Rent

Other

**Documentation Required**

Applicant's Identification

- 1. One (1) piece of identification such as a copy of photo ID such as a driver's license, passport or personal identification card that contains the applicant's residential address).
- 2. Documentation citing the layoff, furlough, or loss of income through:
  - a. a copy of \$0.00 payroll statement, a copy of pre-emergency and post-emergency paystubs,
  - b. copy of reduction in hours, furlough or layoff notification or a statement from an employer.

Requested financial assistance for housing purposes

- 1. A copy of a utility bill or mortgage statement listed in his/her name and/or a statement from the company showing the responsibility of the applicant.
- 2. For rental payment, submit a copy of the landlord's invoice or current lease and a completed W-9 for the landlord.

Requested financial assistance for other purposes

- 1. Provide documentation of need and correspondence with the applicant's payment obligation.

**Date \***



Month Day Year