

Application for COVID-19 One-Time Household Assistance Payment Program

Name _____ Date _____
 Address _____ Phone _____
 _____ # Adults in HH _____

Please Check All That Apply:

I am a resident of Richland County and a U.S. citizen or legal alien	<input type="checkbox"/>
I am a single adult, couple, or family without minor children in my household	<input type="checkbox"/>
I am a senior citizen (60 years +) who is facing a financial hardship due to the costs associated with the stay-at-home order, social distancing, or other protective measures	<input type="checkbox"/>
I / We have experienced a job loss or wage reduction as a direct result of the COVID-19 pandemic	<input type="checkbox"/>
I am/ We are facing a financial hardship related to the job loss or wage reduction caused by the COVID-19	<input type="checkbox"/>
I / We are experiencing a lack of food, shelter, or financial resources due to COVID-19	<input type="checkbox"/>
I have, or a person living at my address, has received a COVID-19 One Time Household Assistance Payment	

Current Household Income

Complete this chart below for anyone living in your home, including yourself. Include SSI & earned income.

Name/Relationship to Applicant	SSN	DOB	Source of Income	Monthly Income
Total				

What do you need assistance with?	
Reason for need?	

By my signature below, I declare and state under penalty of perjury that the information on this application is true & complete to the best of my knowledge. **I also authorize RCJFS & the application/service provider to release and share this application and other pertinent information concerning me and my family's eligibility and other services received. I have the right to request a hearing if my application is denied (JFS 4059).**

Signature of Applicant or Eligibility Determiner Verifying Self-Declaration/Verbal Authorization:

Date _____

Eligibility Determiner _____

Date: _____

I have been given a copy of the Rights & Responsibilities _____ (client to initial)

Funded by:

Administered by:



For RCJFS Use Only

<input type="checkbox"/> Application approved		
Item/Service & Amount Approved	Date of Approval	Vendor's Name & Address

<input type="checkbox"/> Application denied		
Item/Service & Amount Denied	Date of Denial	Reason for Denial

Signature of Caseworker	Date	Signature of Supervisor	Date

Worksheet

Monthly Household Income/Resources

Earned _____

Unearned _____

Total _____

200% of FPG for AG _____

AG Size	200% of FPG
1	\$2,127
2	\$2,874
3	\$3,620
4	\$4,367
5	\$5,114