



# CARES COMMUNITY OUTREACH PROGRAM ROUND 2 APPLICATION

\$400 maximum household benefit while funds last or December 30, 2020

Submittal of application is NOT a guarantee that funds will be awarded. Award is dependent upon funding from the State of Florida. IF such funds are received, payment will be issued to applicant within 60 days of said funds being received from the State of Florida.

FUNDING ASSISTANCE FOR:

- School Employee
- First Responder, Sheriff Dept, Dept of Corrections
- Social Security Recipient
- Health Care Workers

NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

By applicant signing below, they affirm under penalty of perjury that they have NOT made a similar application under Round 1 AND that the same rules apply to Round 2 being that 1 award per household.

\_\_\_\_\_  
Signature Date

FOR INTERNAL USE ONLY:

\_\_\_\_\_  
Date Received Time Received Received By

Employment Verified	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Proof of Employment Attached	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Social Security Benefit Stmt Attached	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Copy of Photo ID Attached	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Approved	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

\_\_\_\_\_  
Approval Signature/Date