



## CARES ACT ECONOMIC SUPPORT PROGRAM APPLICATION BAKER COUNTY, FLORIDA

Baker County was awarded funding to implement an assistance program for Baker County residents. This program will include assistance for rent, mortgage, utility (water and electricity), and childcare expenses. Baker County residents will be assisted up to a maximum allowable expense of \$\_\_\_\_\_ per household, while funds remain available. Please complete this application to apply for the CARES ACT ECONOMIC SUPPORT PROGRAM. If you have any questions regarding this application, you may call the Administration Office at (904) 259-3613 EX: 1005. Completed applications may be dropped off or mailed to:

Baker County Administration Office  
55 North Third Street  
Macclenny, Florida 32063

The following list of documents is required upon submission of complete application for EACH member in the house. If the member is unemployed/ a minor, please provide documents that apply to them. Income does not include employment from children under eighteen years of age, employment from children eighteen years of age or older who are full-time students, foster care payments, sporadic gifts, groceries provided by someone not in household, supplemental nutrition assistance program benefits, earned income disallowance, or the earned income tax credit.

- Proof of Income before **March 1<sup>ST</sup>, 2020**. This includes W2, Pay Stubs, Salary Letter, and a Tax Return (most recent).
- Proof of Income **NOW**. This includes W2, Pay Stub, and Salary Letter.
- Amount of Rent (Lease Agreement/ Contract) prior to March 1<sup>st</sup>, 2020.
- Current Mortgage Statement (most recent)
- Child Care Cost Verification
- Utility Verification (most recent statement/ bill)
- ID Verification

## PART ONE: APPLICATION

<u>Name: (F, M, L)</u>	<u>Social Security Number:</u>	<u>Age:</u>	<u>DOB: (M, D, Y)</u>	<u>Relationship to Applicant:</u>	<u>Income Source:</u>	<u>Monthly Income:</u>
1.				Applicant		
2.						
3.						
4.						

\*For any additional household members, please include all the above information on a separate sheet of paper.

### Applicant Information:

Full Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Are you a full-time student? (circle yes/ no) YES NO

Monthly Income before March 1<sup>st</sup>, 2020: \$ \_\_\_\_\_

Salary/Wages:	\$ _____
Court Ordered Alimony:	\$ _____
Spousal Support:	\$ _____
Child Support Payments:	\$ _____
Social Security Disability:	\$ _____
Social Security Retirement:	\$ _____
SSI Benefit:	\$ _____
Other:	\$ _____

Monthly Income currently: \$ \_\_\_\_\_

Salary/Wages:	\$ _____
Court Ordered Alimony:	\$ _____
Spousal Support:	\$ _____
Child Support Payments:	\$ _____
Social Security Disability:	\$ _____
Social Security Retirement:	\$ _____
SSI Benefit:	\$ _____
Other:	\$ _____

Applicant Address (the address for which you are seeking assistance):

---



---

Is this your primary residence? (circle yes/ no) YES NO

Are you currently renting your primary residence? (circle yes/ no) YES NO

**Applicant Rental/ Mortgage Information:**

Landlord/Mortgage Company Name: \_\_\_\_\_

EIN or Social Security Number: \_\_\_\_\_

How do you typically pay your monthly rent/ mortgage? \_\_\_\_\_

Monthly rent/ mortgage prior to March 1<sup>st</sup>, 2020: \$ \_\_\_\_\_

Monthly rent/ mortgage at time of application: \$ \_\_\_\_\_

Are you delinquent on rent/ mortgage for any months after April 1<sup>st</sup>, 2020? \_\_\_\_\_

If yes, how much are you delinquent on? \$ \_\_\_\_\_

For what months are you delinquent on? APRIL 2020 MAY 2020 JUNE 2020 JULY 2020

**Residents and Income:**

How many people total in your household? \_\_\_\_\_

Are there any disabled members in your household? (circle yes/ no) YES NO

Are there any seniors (age 62+) in your household? (circle yes/ no) YES NO

**TOTAL MONTHLY INCOME FOR HOUSEHOLD: (prior to March 1<sup>st</sup>, 2020) \$**

**TOTAL MONTHLY INCOME FOR HOUSEHOLD: (currently) \$**

\* Income does not include employment from children under eighteen years of age, employment from children eighteen years of age or older who are full-time students, foster care payments, sporadic gifts, groceries provided by someone not in household, supplemental nutrition assistance program benefits, earned income disallowance, or the earned income tax credit.

**Additional Adult Resident Information**

**I. Adult Member #1:**

Full Name: \_\_\_\_\_

Are you a full-time student? (circle yes/ no) YES NO

Monthly Income before March 1<sup>st</sup>, 2020: \$ \_\_\_\_\_

Salary/Wages:	\$
Court Ordered Alimony:	\$
Spousal Support:	\$
Child Support Payments:	\$
Social Security Disability:	\$
Social Security Retirement:	\$
SSI Benefit:	\$
Other:	\$

Monthly Income Currently: \$ \_\_\_\_\_

Salary/Wages:	\$
Court Ordered Alimony:	\$
Spousal Support:	\$
Child Support Payments:	\$

Social Security Disability:	\$
Social Security Retirement:	\$
SSI Benefit:	\$
Other:	\$

**II. Adult Member #2:**

Full Name: \_\_\_\_\_

Are you a full-time student? (circle yes/ no) YES NO

Monthly Income before March 1<sup>st</sup>, 2020: \$ \_\_\_\_\_

Salary/Wages:	\$
Court Ordered Alimony:	\$
Spousal Support:	\$
Child Support Payments:	\$
Social Security Disability:	\$
Social Security Retirement:	\$
SSI Benefit:	\$
Other:	\$

Monthly Income Currently: \$ \_\_\_\_\_

Salary/Wages:	\$
Court Ordered Alimony:	\$
Spousal Support:	\$
Child Support Payments:	\$
Social Security Disability:	\$
Social Security Retirement:	\$
SSI Benefit:	\$
Other:	\$

**III. Adult Member #3:**

Full Name: \_\_\_\_\_

Are you a full-time student? (circle yes/ no) YES NO

Monthly Income before March 1<sup>st</sup>, 2020: \$ \_\_\_\_\_

Salary/Wages:	\$
Court Ordered Alimony:	\$
Spousal Support:	\$
Child Support Payments:	\$
Social Security Disability:	\$
Social Security Retirement:	\$
SSI Benefit:	\$
Other:	\$

Monthly Income Currently: \$

Salary/Wages:	\$
Court Ordered Alimony:	\$
Spousal Support:	\$
Child Support Payments:	\$
Social Security Disability:	\$
Social Security Retirement:	\$
SSI Benefit:	\$
Other:	\$

## PART TWO: LANDLORD/ MORTGAGE COMPANY INFORMATION

How do you make your payments?	
Company Name:	
Company Address:	
Company Phone:	
Company Email:	
Account Number:	

**CURRENT LEASE AGREEMENT/ NOTARIZED LETTER FROM LANDLORD/ MORTGAGE COMPANY MUST BE TURNED IN WITH THIS APPLICATION.**

## PART THREE: UTILITY INFORMATION

How do you make your payments?	
Company Name:	
Company Address:	
Company Phone:	
Company Email:	
Account Number:	

How do you make your payments?	
Company Name:	
Company Address:	
Company Phone:	
Company Email:	
Account Number:	

## PART FOUR: CHILD CARE PROVIDER INFORMATION

How do you make your payments?	
Provider Name:	
Provider Address:	
Provider Phone:	
Provider Email:	
Account Number:	

## PART FIVE: APPLICATION AFFIRMATION

I HAVE READ THE INFORMATION WROTE ON THIS APPLICATION AND I AFFIRM THAT THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND AND AGREE THAT SIGNING BELOW STATES THAT. I FURTHER AFFIRM THAT I AM THE TENANT/ OWNER OF THE SAID PREMISES AND THAT I AM AUTHORIZED TO SIGN AND FILE THIS APPLICATION WITH THE BAKER COUNTY ADMINISTRATION OFFICE.

PRINT NAME: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

DATE APPLICATION COMPLETED: \_\_\_\_\_