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 $2,000 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 1st, 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.
☐ Current Mortgage Statement (most recent)
☐ Child Care Cost Verification
☐ Utility Verification (most recent statement/bill)
☐ ID Verification
PART ONE: APPLICATION

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<tr>
<th>Name: (First, Middle, Last)</th>
<th>Social Security Number:</th>
<th>Age:</th>
<th>Date of Birth: (M/D/Y)</th>
<th>Relationship to Applicant:</th>
<th>Source of Income:</th>
<th>Monthly Income:</th>
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<td>Applicant</td>
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*For any additional household members, please include all the above information on a separate sheet of paper.

**Applicant Information:**

Full Name: __________________________________________

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

Monthly Income before March 1\textsuperscript{st}, 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:**

How do you typically pay your monthly rent/ mortgage? _______________________________

Monthly rent/ mortgage prior to March 1st, 2020: $_________________________________

Monthly rent/ mortgage at time of application: $_____________________________________

Are you delinquent on rent/ mortgage for any months after April 1st, 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 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 1st, 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 1st, 2020: $________________________

❖ Salary/ Wages: $________________________
❖ Court Ordered Alimony: $________________________
❖ Spousal Support: $________________________
Bullet points:
- 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 1st, 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 1st, 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: LANDORD/ MORTGAGE COMPANY INFORMATION

I. How do you make payments? ____________________________________________

COMPANY NAME: ______________________________________________________

COMPANY ADDRESS: ____________________________________________________

COMPANY PHONE: ______________________________________________________

COMPANY EMAIL: ______________________________________________________

CURRENT LEASE AGREEMENT/ NOTORIZED LETTER FROM LANDLORD/ MORTGAGE COMPANY
MUST BE TURNED IN WITH THIS APPLICATION.
PART THREE: UTILITY INFORMATION

I. How do you make payments? ____________________________________________

COMPANY NAME: ____________________________________________________
COMPANY ADDRESS: _______________________________________________________
COMPANY PHONE: _______________________________________________________
COMPANY EMAIL: _______________________________________________________
ACCOUNT NUMBER: _____________________________________________________

II. How do you make payments? _________________________________________

COMPANY NAME: ____________________________________________________
COMPANY ADDRESS: _______________________________________________________
COMPANY PHONE: _______________________________________________________
COMPANY EMAIL: _______________________________________________________
ACCOUNT NUMBER: _____________________________________________________

PART FOUR: CHILD CARE PROVIDER INFORMATION

I. How do you make payments? ____________________________________________

COMPANY NAME: ____________________________________________________
COMPANY ADDRESS: _______________________________________________________
COMPANY PHONE: _______________________________________________________
COMPANY EMAIL: _______________________________________________________

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 TENTANT/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: ________________________________
Attachment A - CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned sub-recipient, ______________________, certifies, to the best of his or her knowledge that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence any officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. Sec. 1352 (as amended by the Lobbying Disclosure Act of 119). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

The sub-recipient, ______________________, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, sub-recipient understands and agrees that the provisions of 31 U.S.C. Sec. 3801 et seq. apply to his certification and disclosure, if any.

By: ________________________________

Signature: ________________________________

Title: ________________________________

Date: ________________________________