



COMMUNITIES IN ACTION COVID-19 CARES ACT APPLICATION FOR ASSISTANCE

Accessibility Help: If you need special accommodation to access and complete this form, please contact 619-420-3620

To be eligible for assistance, your household must have experienced a direct financial hardship specifically due to COVID-19, be under 200% of the Area Median Income and live in a South Region Zip Code.

Basic Eligibility Questions *(applicants must meet all requirements):*

- Has your household had a direct financial hardship due to COVID-19?
 Yes
 No
- Do you **live** in the South Region?
 Yes
 No

Eligible Zip Codes (please check):

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 91902 | <input type="checkbox"/> 91915 | <input type="checkbox"/> 92154 |
| <input type="checkbox"/> 91910 | <input type="checkbox"/> 91932 | <input type="checkbox"/> 92155 |
| <input type="checkbox"/> 91911 | <input type="checkbox"/> 91950 | <input type="checkbox"/> 92173 |
| <input type="checkbox"/> 91913 | <input type="checkbox"/> 92118 | |
| <input type="checkbox"/> 91914 | <input type="checkbox"/> 92135 | |

- Does your household income before taxes in the past 30 days fall at or below these monthly/annual totals based on your household size? **(Refer to the charts below)**
**Important: back up documentation of income is required*
 Yes
 No

2020 Annual Chart
Household/
Family Size 200%

1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
9	\$92,720
10	\$97,200

2020 Monthly Chart
Household/
Family Size 200%

1	\$2,127
2	\$2,873
3	\$3,620
4	\$4,367
5	\$5,113
6	\$5,860
7	\$6,607
8	\$7,353
9	\$7,726
10	\$8,099



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The application for assistance helps households directly impacted by COVID-19 apply for the following:

- Food Assistance
- Transportation Assistance
- Utility Assistance
- Rental Assistance

Contact and Qualifying Information

Full Name:			
Address:	City:	Zip Code:	Phone:
Email:		Household Size:	
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> African-American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Hispanic/Latino/Spanish Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable	Number of Adults in Household:	
Education Level			
<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> 9-12/Non-Graduate <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 12+ Post HS <input type="checkbox"/> 2-4 College Grad <input type="checkbox"/> Graduate School			
Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Source:			
Work Status:			
<input type="checkbox"/> Employed FT <input type="checkbox"/> Employed PT <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed less than 6 months <input type="checkbox"/> Unemployed 6+ months <input type="checkbox"/> Retired			
Housing Status:			
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other permanent housing <input type="checkbox"/> Other:			
Monthly Total Household Gross Income: \$	Sources of Income (<i>Please include income sources from all adult household members; check all that apply:</i>) <input type="checkbox"/> Income from Employment & Non-Cash Benefits <input type="checkbox"/> Income from Employment & Other Income <input type="checkbox"/> Income from Employment Only <input type="checkbox"/> No Income <input type="checkbox"/> Non-Cash Benefits Only <input type="checkbox"/> Other Income Source & Non-Benefits <input type="checkbox"/> Other Income Source Only <input type="checkbox"/> Unknown		
<i>***Please provide proof of income.</i>			
Household Type:			
<input type="checkbox"/> Single parent female <input type="checkbox"/> Single parent male <input type="checkbox"/> Two parents <input type="checkbox"/> Single person <input type="checkbox"/> Two adults-no children <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Other:			



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Please check the boxes that best describe the assistance you are applying for:

- Food Assistance
- Transportation Assistance
- Utility Assistance
- Rental Assistance

Questions

In order to be eligible for assistance, your household must have experienced a direct financial hardship due specifically to COVID-19:

Please check all boxes that best describe your household's situation and provide a detailed explanation of each box checked.

- Loss of Employment-please explain in detail.

- Reduced hours of employment-please explain in detail.

- Reduced hourly wages of employment-please explain in detail.

- Had to resign / reduce hours of employment due to lack of childcare / school closures-please explain in detail.

- Had to resign / reduce hours of employment due to having (or household member having) a serious underlying medical condition-please explain in detail.

- Had to resign / reduce hours of employment due to the need to care for adult household member with medical condition-please explain in detail.

- Other-please explain in detail.



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By signing this document, you attest that all information provided is true and correct:

All adult household members must sign this document.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

SUBMITTAL OF APPLICATION:

You may return your completed application and required supporting documents one of the following ways:

- Drop Off: South Bay Community Services at 430 F. Street Chula Vista, CA 91910 (Monday- Friday 8:30am-5:00pm)
- Email: covidassistance@csbcs.org

Be sure to include all supporting documents, including proof of income for all adults in the household, with your email.