



# 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



## COMMUNITIES IN ACTION COVID-19 CARES ACT APPLICATION FOR ASSISTANCE

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

<b>Full Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>Zip Code:</b>	<b>Phone:</b>
<b>Email:</b>		<b>Household Size:</b>	
<b>Birth Date:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race:</b> <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			
<b>Hispanic/Latino/Spanish Origin:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Military Status:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable	<b>Number of Adults in Household:</b>	
<b>Education Level</b>			
<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			
<b>Do you have Health Insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Source:</b>			
<b>Work Status:</b>			
<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			
<b>Housing Status:</b>			
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other permanent housing <input type="checkbox"/> Other:			
<b>Monthly Total Household Gross Income:</b> \$	<b>Sources of Income</b> ( <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>			
<b>Household Type:</b>			
<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:			



## COMMUNITIES IN ACTION COVID-19 CARES ACT APPLICATION FOR ASSISTANCE

**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.



# COMMUNITIES IN ACTION COVID-19 CARES ACT APPLICATION FOR ASSISTANCE

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](mailto:covidassistance@csbcs.org)

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