

Madison Friendship Fund: COVID-19 Relief Application

Name: _____ SSN: _____ DOB: _____ Gender: _____

Address: _____ Race: _____ Ethnicity: _____

Mailing Address: _____ Phone (Home/Cell): _____

Email Address: _____ Okay to use for written correspondence

Other Household Members Information:

Name:	SSN:	DOB:	Children: In school?

Most recent employment: _____ Title: _____

Employer Phone Number: _____ Managers Name: _____

Hours worked/week: _____ Hourly wage (w/tips): _____ Last Day of Employment: _____

Income:

Type	Amount	Frequency
Earned Income		
Earned Income		
Child Support		
Work First		
Unemployment		
Social Security		
SSI		
Other		

Income:

Type	Amount	Frequency
Earned Income		
Earned Income		
Child Support		
Work First		
Unemployment		
Social Security		
SSI		
Other		

Total Household Income: \$ _____

Received Stimulus Check (y/n): ___ Amount: \$ _____

Reserves:

Cash:	Checking:	Savings:
Stocks/Bonds:	Trust Fund:	Property Equity:

Total Reserves: \$ _____

Entitlement Program Enrollment:

FNS/SNAP:	Utility Allowance:	Medicaid (MAGI):	Adult Medicaid:
-----------	--------------------	------------------	-----------------

Assistance received due to COVID19: _____

Housing Situation: Own Rent Employer Subsidized Homeless Other: _____

Current rent/mortgage (w/o utilities): \$ _____/Month List utilities included: _____

Please describe how the COVID-19 crisis has affected you and/or your household. _____

Immediate need: Rent/Mortgage Electric Water Telephone Internet Other _____
Amount Requesting: \$ _____
Vendors Name: _____ Address: _____
Account Number: _____ CIN#: _____ Phone #: _____
Other related information: _____

Secondary need: Rent/Mortgage Electric Water Telephone Internet Other _____
Amount Requesting: \$ _____
Vendors Name: _____ Address: _____
Account Number: _____ CIN#: _____ Phone #: _____
Other related information: _____

By signing this I am certifying that the information I have provided is true and complete to the best of my knowledge. I understand that funding is limited and is not guaranteed. I give this agency permission to verify information as it deems necessary to determine eligibility and to communicate with the vendor about my eligibility for this service and to coordinate the payment, and to communicate with Madison Friendship Fund and Mountain Valleys RC&D as necessary.

Signature Date
 Verbally authorization given by phone in lieu of signature

Intake completed by: _____

Funds Requested: \$ _____ Funds Awarded: \$ _____ Date Approved: _____
Date Denied: _____ Reason for denial: _____
Funds Sent to: _____ Date Funds were sent: _____
How Funds were sent: _____ Confirmation Number: _____
Funds Sent to: _____ Date Funds were sent: _____
How Funds were sent: _____ Confirmation Number: _____
Other Referrals: _____
Processed by: _____