

City of Loyalton



Cares Act Relief Fund Allocations for Cities

Residential Application

Applications will be accepted until grant funds are fully distributed

FULL NAME (OF APPLICANT): _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

HOUSEHOLD INCOME: ANNUALLY: _____ MONTHLY: _____ WEEKLY: _____

TOTAL PEOPLE IN HOUSEHOLD: _____ NUMBER OF ADULTS: _____ NUMBER OF CHILDREN: _____

EXPLAIN HOW YOUR HOUSEHOLD IS IMPACTED BY THE COVID-19 SHUTDOWN/VIRUS: _____

DESCRIBE YOUR LOSS OF INCOME AND NEED FOR PAYMENT. INCLUDE VENDOR NAMES, CONTACT INFORMATION, AND ACCOUNT NUMBERS. COPIES OF BACKUP DOCUMENTS MUST BE INCLUDED. COPIES OF PROOF OF INCOME/PAY STUBS MUST BE ATTACHED SINCE MARCH 1, 2020. _____

MORTGAGE/RENT: _____

ELECTRICITY/HEATING: _____

WATER/SEWER: _____

HOUSEHOLD COSTS: _____

MEDICAL COSTS: _____

OTHER, PLEASE DESCRIBE: _____

FOR CITY USE ONLY

GRANT APPLICATION APPROVED: YES _____ NO _____

SUPPORT DOCUMENTS RECEIVED: YES _____ NO _____

DESCRIPTION: (LIST OF SPECIFIC VENDOR(S) AND APPROVED AMOUNTS TO BE PAID DIRECTLY TO THE VENDOR):

SIGNATURE OF CITY OFFICIAL PROCESSING REQUEST: _____ DATE: _____