



**City of Beaumont - COVID-19 Pandemic Relief Program
APPLICATION FOR HOUSEHOLD ASSISTANCE**

Applicant Name: _____

Current Address: _____

Phone Number: _____ **Email Address:** _____

RESIDENCY

List Place(s) of Residence Since January 1, 2020:

Address	Dates Occupied		Rental		Landlord (if Applicable)	
	From	To	Yes	No	Name	Number

Total number of people living in the household: _____

Household Composition (List head of household and all other members of the household. Provide the relationship of each member to the head of household):

Member's Full Name	Relationship to Head of Household	Date of Birth	Age

How did you hear about this program? _____

SELF DECLARATION OF INCOME

What is the combined total monthly income of *all household members over the age of 18?* _____

Fill in the Monthly Total line using calculations specified below.

Use the last thirty days income to calculate the average current monthly income, including wages, salaries and tips; other income like alimony, child support; and unemployment, Social Security, AFDC or other benefits. Make sure all income sources are listed below and employer name is complete for every member of the household over the age of 18.

Monthly Total (add all income sources listed below):

Household Member's Full Name	Employer Name and/or Other Source(s) of Income	Current Monthly Income Before Taxes	Last Date Worked if Unemployed	If family assistance is received, how often and how much?
TOTAL MONTHLY INCOME				

CURRENT EMPLOYMENT INFORMATION

Household Member's Full Name	Employer		Dates Employed	Job Title	Contact Name and Number for Employment Verification
	Name	Address			

Which, if any, of the above household members had layoff, furlough, reduced hours or lost wages related to COVID-19? Please list below the employer and other relevant information as well as providing written confirmation from the employer.

If you are self-employed, please include the name of the business and bank statements from a prior period showing self-employment income and statements from current period showing loss of income with explanation below:

Household Member's Full Name	Layoff	Furlough	Reduced Hours	Lost Wages	Details

APPLICATION CERTIFICATION:

I and all other parties 18 years of age and older understand that the above information is being collected to determine whether I/we are eligible to receive household assistance. I have read the foregoing City of Beaumont Household Assistance Grant Application and understand the questions and requirements. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I acknowledge that the completion of this application does not in any way indicate eligibility or approval. I acknowledge that, due to the limited funds available for the program, some qualifying applications including this one may not be funded. The City of Beaumont is hereby authorized to verify all information provided with this application.

Head of Household Signature

Date:

Co-Applicant Signature(s) (All other household members over the age of 18 for which benefits are to be calculated)

Date:

ADDITIONAL DOCUMENTATION

Application Checklist:

- Completed application with wet signatures
- All Documents/Evidence to Support Information Provided by the Applicant on the Grant Application
- Verification from employer showing reduction in hours, layoff notice, termination letter, unemployment filling, etc.
- Copy of a 2019 Income Tax Return for all persons age 18 and older for which income is considered
- Completed W-9 for Head of Household