

**COVID-19 Relief Fund Application**

*Applicants must live in Kitsap County and be 18 years of age or older.*

**Head of Household**:

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address: (Street/City/State/Zip)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names and ages of additional family members living in same household:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Please rank your needs in order of importance and urgency (1 = most urgent 6 = least urgent)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rank** | **Need** | **Notes** | **$ Requested** |
|  | Groceries | Monthly average spend $\_\_\_\_\_\_  |  |
|  | Rent/Mortgage | Monthly amount $\_\_\_\_\_\_ Current? \_\_Y \_\_N |  |
|  |  | Landlord Name: |  |
|  |  | Address: |  |
|  |  | Phone:  |  |
|  | Utility Assistance | Invoice amount $\_\_\_\_\_\_ Current? \_\_Y \_\_N |  |
|  | Medication / Medical | One Time\_\_\_\_\_ or Recurring\_\_\_\_? |  |
|  | Transportation/Repair | Explain: |  |
|  | Other | Explain: |  |

Current household income per month: $ \_\_\_\_\_\_\_ Are you currently employed? \_\_\_YES \_\_\_NO

If yes, can we verify your employment? If we can, please provide name / contact information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If we can’t verify your employment, check here: \_\_\_\_

What type of work have you been doing and/or what’s your title or position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate of pay: $\_\_\_\_ per hour or $\_\_\_\_per week for either current or most recent job.

Have you experienced income loss because of COVID-19? \_\_\_\_ YES \_\_\_\_ NO

If yes, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the last month, have you tested positive for COVID-19 or been advised by a medical professional to self- quarantine or isolate? \_\_\_\_ YES \_\_\_\_ NO

**In the Past Six Months Have Your Received:**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Rental Assistance? |  |  |
| Energy Assistance? |  |  |
| Weatherization Assistance? |  |  |
| Veterans Assistance? |  |  |
| Housing Assistance? |  |  |
| WIC Nutritional Food Program Assistance? |  |  |
| Employment Assistance through WorkSource or WIOA? |  |  |
|  |  |  |

If there’s anything else you want to share, please do it here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Full Name (Print**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit this completed form by hand, mail or email:**

Kitsap Community Resources

845 8th Street

Bremerton, WA 98337

C/o COVID Navigator

**E-mail to:** covidnavigator@kcr.org

**Kitsap Community Resources is here and we have been for 55 years.**

**We are here for you. Stay safe. Stay well**.

[**www.kcr.org**](http://www.kcr.org)