

CARES-COVID FUNDS

Dinwiddie County

Name: _____ SSN: _____

Address: _____ Telephone: _____

_____ Zip _____

Please list individuals residing at this address

| Name | Relationship | Age | Sex | Income/benefits | Source of Income |
|------|--------------|-----|-----|-----------------|------------------|
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Dinwiddie CARES may be able to assist households who have experienced a loss of income due to the Coronavirus pandemic. Have you experienced any of the following?

How has the Coronavirus pandemic effected your household? _____

You are requesting assistance for _____

Requested amount: _____

The provider: _____

Any additional needs: _____

Any additional information to support application _____

My signature certifies that all information listed above is true and accurate to the best of my knowledge. Information regarding income may be verified by employer, Social Services Department or other sources. You also give permission to release this information to other volunteer organizations for sponsorship, as necessary.

Signature of Applicant

Date