



**CITY OF SEAT PLEASANT
AMERICAN RESCUE PLAN (ARP) - COVID-19 RELIEF
APPLICATION (RESIDENTIAL)**

THE INFORMATION ON THIS FORM WILL BE USE IN DETERMINING YOUR ELIGIBILITY FOR COVID-19 RELIEF. APPLICATION ANSWERS MUST BE COMPLETE, CLEAR, AND CORRECT. SOME OR ALL OF THIS DATA MAY BE USED TO ENHANCE CITY OF SEAT PLEASANT SERVICES. IF YOU NEED HELP COMPLETING ANY OF THE QUESTION, CONTACT OUR OFFICE AT 301-336-2600, ext. 3246 OR SP-ARP@SEATPLEASANTMD.GOV

APPLICANT NAME: _____
FIRST MIDDLE LAST

PHYSICAL ADDRESS: _____
STREET AND NUMBER

CITY, STATE, ZIP

TELEPHONE _____ EMAIL: _____

1. How many months has the COVID-19 Pandemic affected your family household
Income? From _____ to _____
2. Have you file for unemployment? Yes No
3. When did you last work: _____
4. Was your job loss due to Covid 19? Yes No (furlough/termination/reduction in
hours)
5. Have you applied for Rental Assistance? Yes No
If yes, please list which agency _____
6. Have you applied for Utility Assistance with Pepco or WSSC? Yes No
If yes, please list which agency: _____

7. Have you contacted any other agencies for assistance? Yes No

If yes, please list those agencies:

8. Are you a Veteran? Yes No

9. What is your age?_____

10. What do you identify as your gender? Female__ Male____Other___

11. What is your ethnicity?

African-American ___ White ___ Hispanic/Latino ___ Asian___ Other___

12. Who is requesting the service? Self _____ Other_____

13. How many persons in the household are within the following age groups?

1-21_____ 22-61_____ 62+_____

14. What type of assistance are you requesting? (Circle One)

Mortgage Internet Medical Utilities Rent Food

Other: (Please Explain)

Certification Statement:

I understand that I assume full responsibility for the accuracy of the statements on this form and I understand The City of Seat Pleasant will use this statement to determine my eligibility for assistance.

Signature: _____

Printed Name: _____