



The COVID-19 Response & Recovery Fund is available to help meet the immediate needs of individuals and families directly impacted by this pandemic.

#### **CRITERIA:**

- Individuals/families must have been actively employed at the time of the COVID-19 pandemic, and are now experiencing income loss as a direct result of the shutdown
- One application per household
- One time only granted assistance
- All documents listed below must be presented
- Applicant must live in Bell County

#### **DOCUMENTS NEEDED:**

- Government Issued Photo ID
- Completed COVID-19 Application
- Completed COVID-19 Employment Verification Form
- February Paycheck Stub and Paycheck stub from last 30 days
- Lease Agreement/Mortgage Statement
- Current Utility Bill

#### **TIMELINE/PROCESS**

- Completed application received by UWCT
- Application reviewed and decision made within 5 business days
- Higher fund requests may be subject to additional approval and require more time
- Payment made directly to the vendor. No payments made directly to the applicant.
- Applicant receives approval documentation with confirmation of payment to vendor

**Submit Completed Application to:**

**[covidrelief@uwct.org](mailto:covidrelief@uwct.org)**

**LIMITED FUNDS AVAILABLE!**

Please contact [covidrelief@uwct.org](mailto:covidrelief@uwct.org) with any questions.

## COVID-19 Community Relief Fund Application for Individual/Family Assistance

Assistance requested: Housing \_\_\_ City Utilities \_\_\_ Other Utilities \_\_\_ Other \_\_\_ Referral for other services \_\_\_

How did you hear about the UWCT COVID-19 Fund? \_\_\_\_\_

**PERSONAL INFORMATION**

Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

# of people in household: \_\_\_\_\_ Ages: \_\_\_\_\_

Weekly Household Income before COVID-19: \$ \_\_\_\_\_ Weekly Household Income today: \$ \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

Name	Relation to Applicant	Date of Birth	Age	Gender	Ethnicity-Hispanic (Y/N)	Race-select number below	Receives Income (Y/N)	Type of Income	Monthly Amount Earned

Race—select one (1) and place number in section above.  
 11 White, 12 Black/African American, 13 Asian, 14 American Indian/Alaska Native, 15 Native Hawaiian/Other Pacific Islander, 16 American Indian/Alaska Native & White, 17 Asian & White, 18 Black/African American & White, 19 American Indian/Alaska Native & Black/African/American, 20 OTHER MULTI-RACIAL

**Employment: Must have employer name & contact information from the job affected by COVID-19.**

Applicant Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Company: \_\_\_\_\_

How long employed: \_\_\_\_\_

Supervisor Contact Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Email: \_\_\_\_\_

**Impact of COVID-19 to Employment (change in employment status must be the direct result of employer decisions or government mandates):**

Current Job Status: Employed: \_\_\_\_\_ Reduction of hours: \_\_\_\_\_ Laid Off: \_\_\_\_\_ Terminated: \_\_\_\_\_ Other: \_\_\_\_\_

Effective date of Status Change: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Company: \_\_\_\_\_

How long employed: \_\_\_\_\_

Supervisor Contact Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Email: \_\_\_\_\_

**HOUSING ASSISTANCE REQUEST**

Landlord/Leasing Agent/Mortgage Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Manger/Landlord Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name on Lease or Mortgage: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**Rent Information:**

Do you have a lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you lived there?	
Are you behind on your rent/mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent \$	Due Date:
How much do you owe in back payments?	\$	For which months?	
Do you owe late fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Much?	
Do you receive rent assistance? (i.e. Section 8)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of assistance?	

**UTILITY ASSISTANCE REQUEST (includes city water bills):**

Utility Company or City Utilities: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Name on Bill: \_\_\_\_\_

Have you missed any payments: Do you have any late fees: \_\_\_\_\_

Current Bill Amount: \_\_\_\_\_ Amount Past Due: \_\_\_\_\_

Are you able to make a partial payment: If yes, how much: \_\_\_\_\_

**Other Assistance Requested (i.e. Child Care, Car Payment, Prescriptions, Other Household Bills):**

Please explain request and amount requested: \_\_\_\_\_

Have you received assistance for COVID-19 from another source: \_\_\_\_\_

If yes, from where: How much: \_\_\_\_\_

COVID-19 has affected my household in the following way: (Describe the need for assistance and how the household has been affected by the COVID-19 pandemic.)

I hereby certify that the information and statements made on this form and all information furnished in support of the application for assistance are true and correct to the best of my belief and knowledge. I agree to give United Way of Central Texas any information necessary to prove statement about my eligibility. I furthermore give United Way of Central Texas permission to contact my employer, benefit provider, or creditors to verify information I have provided to establish my eligibility. I understand that this application will be considered without regard to race, color, religion, creed, national origin, or political belief. I understand if granted assistance, it is a ONE TIME ONLY GRANTED ASSISTANCE.

*The applicant agrees that this application may be electronically signed. The applicant agrees that the electronic signature appearing on this application is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



United Way of Central Texas

# UNITED WAY OF CENTRAL TEXAS

## COVID-19 Community Relief Fund

### Employment Status Verification

*Must be completed by employer. A signed letter from the employer can be substituted.*

Today's Date: \_\_\_\_\_

This statement is to confirm that \_\_\_\_\_ is/was employed at

\_\_\_\_\_. He/She worked full-time hours of \_\_\_\_\_ per week or part-time hours of \_\_\_\_\_ per week at \$\_\_\_\_\_ per hour.

The frequency of payment was:

\_\_\_\_\_ weekly \_\_\_\_\_ bi-weekly \_\_\_\_\_ semi-monthly \_\_\_\_\_ monthly

Status of employment due to COVID - 19 as of today's date: \_\_\_\_\_

\_\_\_\_\_ Change in employment was not related to COVID-19

\_\_\_\_\_ Reduction of Hours

\_\_\_\_\_ Laid Off

\_\_\_\_\_ Terminated

\_\_\_\_\_ Other

Other explanation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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