

**NOTICE!**

**ALL “Required Documents”**  
**check boxes MUST be**  
**completed BEFORE submitting**  
**your application.**

**In-complete applications will**  
**NOT be reviewed.**



## Request for Grant Funds

Date: \_\_\_\_\_

HOUSEHOLD Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

|         | <u>First &amp; Last Name</u> | <u>Employer</u> | <u>weekly pay &amp; # of hours/week</u> | <u>Is work affected by COVID? Explain</u> |
|---------|------------------------------|-----------------|---|---|
| Adult 1 | _____                        | _____           | _____                                   | _____                                     |
| Adult 2 | _____                        | _____           | _____                                   | _____                                     |
| Adult 3 | _____                        | _____           | _____                                   | _____                                     |
| Adult 4 | _____                        | _____           | _____                                   | _____                                     |

How many dependents in household? \_\_\_\_\_

Are any of the dependents working? \_\_\_ Yes \_\_\_ No

If Yes, how many hours per week and approx. wage per week: \_\_\_\_\_

### Category of Funds & Amount Requested

**Categories: Rent/Mortgage, Utilities, Food, Hotel, Medical Bills, Personal Hygiene, and/or Housing Items**

Examples: Rent \$725 to cover July or Pymt plan to Sxland Comm. Health (behind 2 months = 100)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you applied for CARES or grant funding anywhere else? \_\_\_ Yes \_\_\_ No; Did you receive funds? \_\_\_ Yes \_\_\_ No

If you answered "Yes" to either of these two questions, then explain what your request to the other source(s), including the dollar amount, and if you were approved, denied, or your application is pending.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTES:**

- If you are requesting payment of a bill or statement balance, then you must submit the original or copy of the bill. Payments will be made directly to the provider/company. Unpaid or delinquent bills must have occurred on or after April 1, 2020.
- Funds can not be solicited from other organizations for the same expense.
- For payments of rent/mortgage: landlord/mortgage company must agree not to evict tenants/foreclose on property during the months paid for nonpayment

**REQUIRED DOCUMENTS (all boxes must be checked and documents attached):**

- Proof of resident status or legal residency. Authorized documents include: birth certificate, unexpired US passport, Form N-550, N-560, or FS-240 (if you are NOT a legal resident or citizen, please check here: \_\_\_)
- Proof of residency (example: drivers license, rental agreement, utility bill in your name, etc)
- Proof of income PRE- & POST-COVID (example: pay stubs, disability, Medicaid, etc; if self-employed then banking account statements may be used)
- Proof of COVID impact (example: proof of loss of job, significant decline in pay as evidenced with pay stubs, or detail impact below and sign)

How have you been impacted by COVID and how does this request relate to COVID?

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**CONSENT & VERIFICATION:**

I, \_\_\_\_\_ (print name), verify that all of the above information and all information attached is accurate and true. I agree to all information contained in this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email all requests to Jessica Ortega at [jessicao@heartlandcounselingservices.com](mailto:jessicao@heartlandcounselingservices.com) AND MAIL OR DROP OFF ALL REQUIRED DOCUMENTATIONS AT HEARTLAND COUNSELING. Applications will NOT be reviewed until both pages are completed AND all supporting documents are received. Your social worker, therapist, or other support person may assist you, but the application must still be COMPLETE in order to be reviewed.**

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**OFFICE USE ONLY:**

- Approved in full
- Partial Approval – Details: \_\_\_\_\_
- Denied – Notes: \_\_\_\_\_

**Billable to:**

- NE DHHS Response & Recovery
- Other: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_