



Heartland
Counseling
Services, Inc.

Request for Funds (CARES R&R Grant)

Date: _____

HOUSEHOLD Name: _____ Address _____ Phone _____

<u>First & Last Name</u>	<u>Employer</u>	<u>weekly pay & # 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 funding from any other source? ___ 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 Nebraska residency (example: NE 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?

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 Heidi Meis at heidi@heartlandcounselingservices.com

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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:** _____