

NVFS COVID-19 Emergency Assistance Request

Please complete and return with necessary documentation as outlined in the accompanying email.

Name: _____ County: _____

Address: _____

Phone Number: _____ Email: _____

How were you impacted? Describe below if needed _____

If not working, have you filed for unemployment? Yes _____ No _____

Have you received assistance elsewhere? Yes _____ No _____

If Yes, Where _____ For What? _____

*In submitting this request, I am affirming that I have contacted my bank, mortgage company, utility, landlord, childcare provider etc. to request advance on direct deposit, deferrable assistance available for those affected by COVID response, yet still require assistance.

Request for Assistance

What are you requesting assistance for? _____ If Other, what? _____

Amount of Assistance Requested: \$ _____

Household Demographics

Total Household Size: # _____ Number of children _____

Gender of all Household members: male # _____ female # _____ other # _____ Head of Household's (HOH) Age _____

Household Type: Single _____ Fem HOH _____ Male HOH _____ Two Parent _____ Couple, no children _____

Ethnicity: Hispanic _____ Non-Hispanic _____

Race: Asian _____ African American/Black _____ Native American _____ Pacific Islander _____

White _____ Multi-Racial _____ Other _____

Do you have medical insurance? Yes _____ No _____ Are you currently disabled? Yes _____ No _____

Have you ever served in the Military? Yes _____ No _____

Are you receiving any type of public benefits? Yes _____ No _____ If Yes, What? _____

Any Sources of Income? None _____ Earned Income _____ SSI/SSDI/SSA _____ Unemployment _____

Friend/Family _____ Alimony/Child Support _____ Other _____

Residence Type: Own _____ Rent _____ Staying w/Friend/Family _____

Homeless (Sheltered) _____ Homeless (Unsheltered) _____

****Assistance will be provided on a first come first serve basis and is dependent on available funds****