



## Benicia COVID-19 Citizen Emergency Assistance Program - Phase 3

### Applicant's Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Current/Previous Employer: \_\_\_\_\_

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

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

Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Indicate:    Family     Individual

### Household Family Members:

First Name	Last Name	DOB	Relationship	School (if applicable)

Are you currently receiving unemployment? Yes  No

Have you applied or receiving other financial assistance? Yes  No

If yes, please explain \_\_\_\_\_

(Answering yes does not preclude you from receiving assistance.)

**Requesting assistance for:**

Rent/Mortgage  Utilities  Food  Gas

Please describe your need and the amount you are requesting for each need.

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After completed application is reviewed and you are eligible for assistance, you will be directly contacted by the Family Resource Center staff for next step.

If eligible, the following will be required:

- Copy of Driver's License or CA ID Card
- Unemployment proof-EDD award letter, denying or terminating benefits
- Employer letter confirming loss of job, lay off, reduced hours due to Covid19
- Past due utility bills
- Landlord/Bank/Property Owner copy of lease, verification form & W-9
- Employment layoff letter
- If self-employed, your statement letter

**Assistance will be paid directly to the vendors.**

I hereby declare under penalty of perjury that the information and statements made on this application are true and correct.

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

Please save this form and email it to [Klara@ci.benicia.ca.us](mailto:Klara@ci.benicia.ca.us). If not completing this online, please drop off or mail application to the Family Resource Center at Benicia Police Department, 200 East L Street. For more information email or call Kendall Lara at 707-746-4352.