

**South Central Ohio Job and Family Services
Prevention, Retention and Contingency Program (PRC)
COVID-19 Pandemic Disaster Relief Application**

Voter Registration Notification

Would you like to register to vote? Yes, I want to register to vote. No, I do not want to register to vote.
If you do not mark yes or no, you will be considered not to want to register to vote.

Applicant Name:	Application Date:
Address:	City, State, Zip
Phone Number:	E-mail Address:

Provide information below for all residents in your household, including yourself.

Name	Relationship to Applicant	Date of Birth	Age	Social Security Number	Employer Name
	APPLICANT				

Please check the appropriate family size for your household below. List your Family's Gross Monthly Income (before taxes) in the box available (last 30 days):

Family Size	Last 30 days Family's Gross Monthly Income	200% Federal Poverty Level Per Month	Family Size	Last 30 Days Family's Gross Monthly Income	200% Federal Poverty Level Per Month
1		\$2,127	5		\$5,114
2		\$2,874	6		\$5,860
3		\$3,620	7		\$6,607
4		\$4,367	8		\$7,354

My Family has been adversely affected by the COVID-19 Pandemic Disaster? Yes No

Please check one of the following which best describes your reason for requesting assistance:

<input type="checkbox"/> Job Loss	<input type="checkbox"/> Reduction of Work Hours
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I will utilize these funds for the following purpose(s): check all that apply

<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> Utilities
<input type="checkbox"/> Child Care	<input type="checkbox"/> Car Payment/Car Repair
<input type="checkbox"/> Food	<input type="checkbox"/> Household Supplies

Please read the follow and check below if you agree or disagree with the statement.

I am a Hocking County, Ross County or Vinton County resident. I have a child younger than 18 or up to 19 and in school residing in my home. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job and Family Services due to a fraudulent OWF or Food Assistance payment. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in paternity establishment or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

<input type="checkbox"/> I agree to the above statement (it is true for me)	<input type="checkbox"/> I disagree to the above statement (it is not true for me)
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The information provided above is complete and accurate to the best of my knowledge.

Signature _____ Date _____

Please allow 30 days to process for eligibility.

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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SCOJFS Staff Signature _____ Date _____