



APPLICATION

Individuals of the following undeserved/under-represented communities: Black/African American, Hispanic/Latinx, Indigenous/Native American may fill out and submit this form to apply for COVID relief for: **rental assistance, food, and/or education.**

NOTE: Although we would love to assist all who are in need of assistance, resources are limited. Due to our limit on funded resources, assistance may not exceed the amount of \$800.00 per household. If your application is approved after the reveal process, our COVID Relief Fund Outreach Team will contact you within 5-7 business days.

For any further questions or assistance with applying, please email us at: CovidReliefFund@azc4.org

APPLICANTS FIRST NAME:

LAST NAME:

MI

Ethnicity (All that apply):

Black/African American

Hispanic/Latino

Indigenous/Native American

County in Which You Reside in (Circle One):

Maricopa

Pima

Street Address and Apt #:

City:

State:

Zip Code:

Cell Phone #:

Home Phone #:

Work Phone #:

Email Address:

Work Status (Circle All That Apply):

Employed Full Time

Part Time

Self Employed

Seasonal Worker

Unemployed less than 6 months

Unemployed more than 6 months

Person with disability

Retired

Other

Do you need an interpreter?

Yes

No

If so, what language: _____

Briefly explain what caused you to seek help with financial assistance:

WHAT ASSISTANCE IS NEEDED:

RENT: Yes No

Housing Type (Please Circle One):

Rent		Subsidized
------	--	------------

Person/s Experiencing Homeless

Other Permanent Housing

Other

Monthly Rent \$_____

Are You Being Evicted: Yes No

UTILITIES:	Yes	No
Water		
Electricity		
Gas		
Internet		
TV		
Phone		
Other		

Please attach all bills for the last 60 days you are seeking assistance for:

Type Of Utility	Name of Utility Co	Utility Co Phone #	Account #	Past Due Amount	Utilities ON or OFF
Electricity				\$	
Water				\$	
Gas				\$	

FOOD: Yes No

List Household Member(s) Information Below:

NAME	AGE	DATE of BIRTH	RELATIONSHIP TO APPLICANT	ALLERGIES/ RESTRICTIONS

CHILD(ren) EDUCATION: Yes No

Do you have access to Internet / WiFi: Yes No

Should you need assistance with educational supplies for your child(ren), please fill out the information below for each child's needs.

Electronics examples can include/but not limited to: computer / tablet / lap top

School Supplies examples can include/but not limited to: pens / pencils / notebooks / flashcards / folders / calculator (T89)

Other school necessities can include/but not limited to: uniform / dues / fees / tuition / books / Child and or Dependent Care

Child #1:

Name: _____ **Age:** _____ **DOB:** _____

School Name: _____ **School Address:** _____ **School Phone #:** _____

Please list the items you need purchased below. IF an item is only available to be purchased from school, please list the cost:

Electronics	Cost	School Supplies	Cost	Other Needs	Cost

Child #2:

Name: _____ **Age:** _____ **DOB:** _____

School Name: _____ **School Address:** _____ **School Phone #:** _____

Please list the items you need purchased below. IF an item is only available to be purchased from school, please list the cost:

Electronics	Cost	School Supplies	Cost	Other Needs	Cost

Child #3:

Name: _____ **Age:** _____ **DOB:** _____

School Name: _____ **School Address:** _____ **School Phone #:** _____

Please list the items you need purchased below. IF an item is only available to be purchased from school, please list the cost:

Electronics	Cost	School Supplies	Cost	Other Needs	Cost

Child #4:

Name: _____ **Age:** _____ **DOB:** _____

School Name: _____ **School Address:** _____ **School Phone #:** _____

Please list the items you need purchased below. IF an item is only available to be purchased from school, please list the cost:

Electronics	Cost	School Supplies	Cost	Other Needs	Cost

If additional room is needed, please use attached sheet on last page for further explanations and/or descriptions.



Arizona Coalition For Change AFFIDAVIT OF IDENTITY

I, _____ (print full name exactly as on document), hereby affirm, upon penalty of perjury, that I presented documentation to Arizona Coalition For Change for the purpose of obtaining a benefit, that I am lawfully present in the United States, and that I am the person stated on the document.

X Client Signature: _____ Date: _____

Media Request

Are you willing to discuss your experience at Arizona Coalition for Change with photos, videos, recordings, information and/or other materials?

Yes_____ No_____

If yes, how do you prefer to be contacted? Phone: _____ or Email: _____

Become A Member

We hope that you and your family will become members of Arizona Coalition for Change and join our movement of empowering communities of color.

Disclaimer

Due to our **limit on funded resources**, assistance may not exceed an amount of **\$800.00 per household**.

By submitting this application, it does not guarantee that you will receive assistance.

Instructions

Once the Application has been filled out in its entirety and all documentation needed has been received, we will contact you within **5-7 business days** for a phone interview/Zoom meeting to discuss your application.

If you need assistance with uploading documents, please contact: CovidReliefFund@azc4c.org

****If additional information is needed, please use provided space for further explanations and/
or descriptions.****