



The COVID-19 Response & Recovery Fund is available to help meet the immediate needs of individuals and families directly impacted by this pandemic.

CRITERIA:

- Individuals/families must have been actively employed at the time of the COVID-19 pandemic, and are now experiencing income loss as a direct result of the shutdown
- One application per household
- One time only granted assistance
- All documents listed below must be presented
- Applicant must live in Bell County

DOCUMENTS NEEDED:

- Government Issued Photo ID
- Completed COVID-19 Application
- Completed COVID-19 Employment Verification Form
- February Paycheck Stub and Paycheck stub from last 30 days
- Lease Agreement/Mortgage Statement
- Current Utility Bill

TIMELINE/PROCESS

- Completed application received by UWCT
- Application reviewed and decision made within 5 business days
- Higher fund requests may be subject to additional approval and require more time
- Payment made directly to the vendor. No payments made directly to the applicant.
- Applicant receives approval documentation with confirmation of payment to vendor

Submit Completed Application to:

covidrelief@uwct.org

LIMITED FUNDS AVAILABLE!

Please contact covidrelief@uwct.org with any questions.



UNITED WAY OF CENTRAL TEXAS

COVID-19 Community Relief Fund

Application for Individual/Family Assistance

Please select assistance requested: Housing____ City Utilities____ Other Utilities____ Other____
Referral for other services _____

How did you hear about the UWCT COVID-19 Fund? _____

Documents Needed:

- ID
- Completed COVID-19 Application
- Completed form to Verify Current (or most recent) Employment Status (attached)
- February Paycheck Stub and Paycheck stub from last 30 days
- Lease Agreement/Mortgage Statement (Housing assistance only)
- Current Utility Bill (Utility assistance only)

PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

of people in household: _____ Ages: _____

Weekly Household Income before COVID-19: \$ _____

Weekly Household Income today: \$ _____

Employment: Must have employer name & contact information from the job affected by COVID-19.

Company: _____ How long employed: _____

Supervisor Contact Name: _____

Phone: _____ Email: _____

Impact of COVID-19 to Employment:

Reduction of hours: _____ Laid Off: _____ Terminated: _____

HOUSING ASSISTANCE REQUEST

Leasing Agent/Mortgage Company: _____ Phone: _____

Address: _____

Manger/Landlord Name: _____ Email: _____

Name on Lease or Mortgage: _____ Monthly Amount: \$ _____

Have you missed any payments? _____ If yes, how many and the total fee: \$ _____

Do you have any late fees: _____ Total amount owed: \$ _____

Are you able to make a partial payment? _____ How much? \$ _____

UTILITY ASSISTANCE REQUEST: (Includes City water bills)

Utility Company or City Utilities: _____

Address: _____

Name on Bill: _____

Have you missed any payments? _____ Do you have any late fees: _____

Current Bill Amount: \$ _____ Amount Past Due: \$ _____

Are you able to make a partial payment? _____ If yes, how much? \$ _____

Other Assistance Requested (i.e. Child Care, Car Payment, Prescriptions, Other Household Bills)

Please explain request and amount requested: _____

Have you received assistance for COVID-19 from another source: _____

If Yes, from where? _____ How Much? \$ _____

I hereby certify that the information and statements made on this form and all information furnished in support of the application for assistance are true and correct to the best of my belief and knowledge. I agree to give United Way of Central Texas any information necessary to prove statement about my eligibility. I furthermore give United Way of Central Texas permission to contact my employer, benefit provider, or creditors to verify information I have provided to establish my eligibility. I understand that this application will be considered without regard to race, color, religion, creed, national origin, or political belief. I understand if granted assistance it is a ONE TIME ONLY GRANTED ASSISTANCE.

Send completed application and required attachments to covidrelief@uwct.org

All applications are subject to approval and funds available.

Please allow up to 5 business days for application review and processing.

Applicant's Signature: _____ Date: _____



United Way of Central Texas

UNITED WAY OF CENTRAL TEXAS

COVID-19 Community Relief Fund *Employment Status Verification*

Today's Date: _____

This statement is to confirm that _____ is/was employed at _____ . He/She worked full-time hours of _____ per week or part-time hours of _____ per week at \$ _____ per hour.

The frequency of payment was:

_____ weekly _____ bi-weekly _____ semi-monthly _____ monthly

Status of employment due to COVID - 19 as of today's date: _____

_____ Change in employment was not related to COVID-19

_____ Reduction of Hours

_____ Laid Off

_____ Terminated

_____ Other

Other explanation: _____

Company Name: _____

Employer Name: _____

Signature of Employer: _____

Title: _____

Address: _____ Phone: _____

