

TMCS COVID 19 RELIEF APPLICATION

Name: _____
first name middle initial last name

Address: _____ **Length of Residency:** _____

Tipp City ____ **Monroe Township** ____ **Bethel Township** ____ **Zip:** _____ **Email:** _____

Daytime Phone: _____ **Alternate Phone:** _____

Number of people (other than client) living in household: ____ **List Names, ages and relationship below:**

Name	Age	Relationship	Name	Age	Relationship

✓	Need Assistance with:	Amount	✓	Items Attached:
	Rent	\$		Lease, Photo ID
	Utilities	\$		Utility Bill, Photo ID
	Prescriptions	\$		Prescription, Photo ID

CLIENT ACKNOWLEDGEMENT *(Please read and sign below.)*

I hereby understand that Tipp-Monroe Community Services administers the Community Relief Social Service Program that provides help one time during a twelve month period with rent, utilities, or prescriptions. This program is funded solely by area churches, foundations, the United Way, local organizations and private donations. These social service programs have no connection and/or support from any state and/or federal programs.

I understand that any referral to outside agencies or alternate sources of assistance is purely informative.

I understand and acknowledge that eligibility for Community Relief Program participation is determined by household. "Household" is defined by TMCS to include the individual applying for the assistance as well as all individuals residing in the home at the time this application is signed by the applicant. The approval for assistance by TMCS any community relief program is counted against all individuals identified on the application as residing in the home.

I further understand and acknowledge that a household may receive assistance not more than one time during a 12 month period. from one of the three aforementioned Community relief programs. I understand and acknowledge that a household may receive help from the Community Relief Program not more than three times total, with a lifetime total of \$325.

I hereby affirm that all of the information that I have provided is true and accurate to the best of my knowledge.

Applicant signature _____
Date

TMCS employee signature _____
Date

OFFICE USE ONLY

Amount Paid: _____ Approved by: _____

Business/Landlord Contacted: Yes No Date: _____

Client Notified: Yes No Date: _____

Check # _____

Check Made Payable To: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Entered into Community Relief Ledger by: _____ Date: _____

Entered into Community Relief Database by: _____ Date: _____

ADDITIONAL NOTES:

PREVIOUS ASSISTANCE

Date	Amount	Rent/Utility/RX
1		
2		
3		