



COVID-19 Assistance Program Application

The City of Yerington is an equal opportunity provider and employer.

Applicant Information (please print)

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code Number in Household

Phone: Email

QUALIFICATION:

Please provide copies of the documentation that applies to your situation:

Table with 2 columns: Qualification type and Required documentation. Rows include Unemployment Proof of Qualification, Loss of Income Qualification, Proof of delinquent amounts for utilities, and Proof of delinquent cell phone / internet bills.

You are affected by the COVID-19 pandemic if you are unemployed, partially unemployed, unable to work or unavailable to work due to one of the following reasons.

Select the reason(s) your need is COVID-19 related: (SELECT ALL THAT APPLY)

- \_\_\_\_\_ You have been diagnosed with or are experiencing symptoms of COVID-19 and are seeking a medical diagnosis
\_\_\_\_\_ A member of your household has been diagnosed with COVID-19

- \_\_\_\_\_ You have provided care for a member of your household who has been diagnosed with COVID-19
- \_\_\_\_\_ Your child or other persons in the household for whom you are the primary caregiver was unable to attend school or another facility that was closed due to the COVID-19 pandemic, and directly prevented you from working
- \_\_\_\_\_ You were unable to reach your place of employment because of a quarantine or stay-at-home order due to the COVID-19 pandemic
- \_\_\_\_\_ You were unable to reach your place of employment because you had been advised by a health care provider to self-isolate or quarantine because you are positive for or may have had exposure to someone who has or is suspected of having COVID-19
- \_\_\_\_\_ You were scheduled to start a new job and do not have an existing job or were unable to reach the job as a direct result of the COVID-19 pandemic
- \_\_\_\_\_ You have become the breadwinner/major supporter for a household because the head of your household has died as a direct result of COVID-19
- \_\_\_\_\_ You had to quit your job due to being diagnosed with COVID-19 and were unable to perform your work duties; or
- \_\_\_\_\_ Your place of employment was closed as a direct result of the COVID-19 pandemic.

**INELIGIBILITY:**

Do any of the statements listed below apply to you:

- | Y     | N     |   |
|-------|-------|---|
| _____ | _____ | You are able to work remotely without reduced pay   |
| _____ | _____ | You were paid a reduced amount by your employer while you were at home  |
|       |       | _____ Amount of reduction   |
| _____ | _____ | You are receiving paid sick leave or other leave benefits   |
| _____ | _____ | You are unemployed, but not due to COVID-19   |
| _____ | _____ | You were not working in Nevada at the time you became unemployed due to COVID-19 and do not have a bona fide job offer to work in Nevada that you were unable to start due to COVID-19. |

**DOCUMENTATION:**

Please provide a list of accounts requesting to be paid along with copies of the related invoices or statements.

Name / Mailing Address of Account                      Account Number                      Requested Amount

Name / Mailing Address of Account	Account Number	Requested Amount

**DEADLINE TO SUBMIT APPLICATION:              December 11, 2020 at City Hall by 5:00 pm**

**Certification and Signature**

- I understand that I'm accepting a one-time COVID-19 assistance payment for my household for the approved amount.*
  
- I certify that my answers and the information provided are true and complete to the best of my knowledge.*
  
- I certify that I have not received or applied for COVID-19 funds that duplicate the funds requested here.*

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