



Every one. All ways.

APPLICATION FOR DISTRIBUTION FUNDS (COVID -19)

Date Agency Referred Self Contact Person Phone #

Applicant Date of Birth

Address (Street) (mailing)

Town Zip Code Telephone

Single Parent Intact Family Elderly Disabled Adult

Of Children N/A Ages Total # in household

Monthly Net Income Section 8 Rent

Source of Income: Work Cal Works SSI SS Unemployment Food Stamps Other

Employer's Name Telephone #

Address Town Zip Code

Health Coverage: Medical Dental No Vision No

Statement of Need (Use back side if necessary):

Other resources considered? Please explain: Not aware

Amount of Request: \$ Grant Loan For:

Approved Amount Grant Loan Initials Check #

Denied Reason: Date: Date Check sent

Check to be made out to: Name Telephone

Address City Zip

To be completed by applicant: I hereby give permission to West Marin Community Services to contact any organization which would be helpful processing this application, and I give my consent for the release of any information necessary to receive assistance. This form was completed in it's entirely and read by me or to me to signing.

SIGNATURE: DATE:

All information to be held in strict confidence by those considering your request. There is no guarantee that an application will be approved.