



Orange County  
Community and Family Services - Citizen Resource & Outreach Division  
**CARES ACT ASSISTANCE PROGRAM**

**APPLICATION FORM**

Applicant - Last Name:		First Name/Middle Initial:		# of Household Members:	
Address - Street Number and Name:		Apt. #:	City:		Zip Code:
Mailing Address (if different from above):		Primary Phone:		Secondary Phone:	
Secondary Contact Phone:	Marital Status:	Occupation:	Email Address:		

Level of Education (check the appropriate category)

Elementary K-5   
  Middle School   
  High School   
  Certification   
  Some College  
 Associates Degree   
  Bachelors Degree   
  Graduate Degree   
  None

**LIST HOUSEHOLD MEMBERS LIVING WITH YOU (list yourself first)**  
 (\*Race Selections: B = Black/African American / W = White / A = Asian / AI = American Indian/Alaska Native / O = Native Hawaiian or Other Pacific Islander) (\*\*Ethnicity = H for Hispanic or NH for Non-Hispanic)

Last Name / First Name / Middle Initial	Relationship to Applicant	Social Security Number	Date of Birth	Race*	Ethnicity**	Gender Identity	Disabled (Y/N)	U.S. Citizen (Y/N)	U.S. Veteran (Y/N)
	<b>Self</b>								

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Do you reside in Orange County, Florida and pay rent or mortgage?  Yes  No

2. Which expense are you asking for help in paying?(check one)  Rent/Mortgage  Utilities  Medical

3. Has anyone in your household had a loss of income due to Covid-19?  
 Yes  No If yes, name of the member: \_\_\_\_\_

**APPLICANT CERTIFICATION**

I understand that the information I have provided will help determine eligibility for financial assistance through the CARES Federal Assistance Program. I understand that applying does not guarantee that my household will receive assistance. I certify that I am the only person in my household that is applying for this assistance. I understand and acknowledge that if more than one person from my household applies for assistance, both applications will be denied.

\_\_\_\_\_ Date

Applicant Name