

FOUNDATION FOR RURAL HOUSING, INC.

Application for Reimbursement of supplement educational expenses due to COVID 19. Must be at or below 150% of FPL.

“Preventing, Preparing, and Responding to the COVID-19 pandemic.”

Section 1 – Household Information

Applicant 1

Name		Race and/or Ethnicity	
<input type="text"/>		<input type="text"/>	
Contact number	Job Title (If employed)	Monthly Income Amount (Provide last paystub)	Were you required to work outside your home during the state mandated shutdown?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

<input type="text"/>		
City/Town:	County:	Zip code:

Applicant 2

Name		Race and/or Ethnicity	
<input type="text"/>		<input type="text"/>	
Contact number	Job Title (If employed)	Monthly Income Amount (Provide last paystub)	Were you required to work outside your home during the state mandated shutdown?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child 1

Name		
<input type="text"/>		
Age	Gender	Race and/or Ethnicity
<input type="text"/>	<input type="text"/>	<input type="text"/>

Child 2

Name		
<input type="text"/>		
Age	Gender	Race and/or Ethnicity
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Child 3

Name

Age

Gender

Race and/or Ethnicity

***You can add more children on a separate piece of paper**

Section 2 – Expenses

Rent or mortgage amount (if applicable)

Do you Receive WIC or SNAP benefits?

Have you accessed any local pantries?

Residential

Utilities (gas, internet, water, etc.)

Transportation

Utilities (gas, internet, water, etc.)

Childcare

Childcare amount (monthly)

Section 4 – Questions

How has the pandemic affected your children's schooling?

What other changes have occurred because of COVID-19? (increase/decrease in hours, children are home more, etc.)

Is anyone in your household currently attending college? YES NO

Do you have internet access? YES NO

I attest that I am the parent in need of reimbursement for supplemental educational expenses for my child/children. This is extra supplies, books or other items I paid for in order for my child/children to attend school during the pandemic. I understand that I can receive one time reimbursement up to **\$300.00** with a valid receipt.

Signature of Applicant

Date



Don't forget to attach your receipt!