



# The Cottage City ARPA Family Relief Program

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Date:

Name:

Telephone:

Address:

Email:

How long have you lived at this address?

Are you currently employed?

What is the emergency hardship you are currently facing?

How did you hear about the Cottage City ARPA Family Relief Program?

Have you or any family member(s) received assistance from the Cottage City ARPA Family Relief Program before? If yes, please explain.

Have you or your family member(s) received assistance from any Cottage City programs? If yes, please explain.

Have you ever applied for assistance from any local, state or federal program(s) within the past three years? If yes, please explain.

**By signing below, I acknowledge that the statements contained herein and information furnished by me in this application is true and accurate. I understand that if the information is found to be untrue or false, I will be disqualified for consideration. I understand that the intent of the Cottage City ARPA Family Relief Program is to provide assistance to qualified residents struggling with a temporary emergency.**

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