



# Town of Cottage City Maryland

*United in Diversity*



The purpose of this program is to provide financial assistance to eligible Town of Cottage City individuals and families who have been directly impacted by the COVID-19 pandemic. Payments will be sent directly to the related vendor. Maximum financial assistance per household is \$1,000 for eligible expenses.

## Eligibility

- Must be a Cottage City resident
- The applicant must provide bill statement that they would like to be paid.  
Acceptable Bills: Rent/ Mortgage/ Water/ Electric/ Natural Gas
- No Funds will be given to the applicant. All bills will be paid directly to the outstanding account.
- Town of Cottage City property taxes and other Town bills/ obligations are not eligible

## Requirements

- Completed application form with required documentation
- Proof of residency may be established through any two\* of the following:
  - o Sign copy of a deed, mortgage, or lease agreement
  - o Utility bill with applicant's name and address, issued within the last 60 days
  - o Bank statement issued within the last 60 days
  - o Current, valid insurance policy
  - o Recent voter registration card
  - o Government benefits statement
  - o Government ID Card/Driver's License with address
- Include any of the following documentation:
  - o Confirmation of rent, mortgage, or utility delinquencies on letterhead from interested party (a copy of the bill will suffice if it shows the delinquencies)
  - o Letter or documentation from former employer
  - o Signed statement pertaining to COVID-19 impact or non-essential status for 1099 (contract) workers or self-employed individuals
  - o 2019 and/or 2020 tax return(s) as filed with the IRS
  - o Documentation of acceptance under other Government financial aid programs
  - o Proof of unemployment benefits or application
  - o Letter of furlough or layoff from employer
  - o Receipt of SNAP/TANF benefits
  - o Receipt of Social Security Income
  - o Medicaid
  - o Residing in subsidized housing
  - o Family eligible for free/reduced lunch at schools

**Please complete the Cottage City ARPA Family Relief Application on the opposite side of this flyer.**

# 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?

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:** \_\_\_\_\_