

**JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
PREVENTION RETENTION AND CONTINGENCY  
COVID-19 APPLICATION**

NAME OF APPLICANT	PRESENT ADDRESS	<input type="checkbox"/> CASE NUMBER	
SOCIAL SECURITY NUMBER		DATE/TIME RECEIVED	
PHONE NUMBER(S) WHERE YOU CAN BE REACHED: ( ) ( )		COUNTY (41)  <b>JEFFERSON</b>	ELIGIBILITY SPECIALIST/ID

Complete the chart below for anyone living in your home, including yourself.

HOUSEHOLD MEMBERS	SOCIAL SECURITY NUMBER(S)	DATE OF BIRTH	INCOME AMT LAST 30 DAYS	SOURCE OF INCOME	DATE INCOME ENDED
1)					
2)					
3)					
4)					
5)					
6)					

What services are to be covered by this PRC (check all that apply):  Rental Assistance       Mortgage Assistance  
 Utility Assistance     Vehicle Payment       Vehicle Insurance

Amount Requested \$ \_\_\_\_\_

APPLICATION MUST BE COMPLETED, SIGNED AND DATED!

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IF THE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES DENIES MY APPLICATION, I HAVE A RIGHT TO REQUEST A STATE HEARING.

Signature: <b>X</b>	Date: <b>X</b>
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**STOP**

↓ **AGENCY USE ONLY** ↓

**STOP**

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30-DAY BUDGET PERIOD: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

**EARNED INCOME**

SOURCE	AMOUNT AVAILABLE IN BUDGET PERIOD	VERIFICATION
1)	\$	
2)	\$	
3)	\$	

**UNEARNED INCOME**

SOURCE	AMOUNT AVAILABLE IN BUDGET PERIOD	VERIFICATION
1)	\$	
2)	\$	
3)	\$	

**CALCULATION OF INCOME:**

PRC-DR HOUSEHOLD SIZE: \_\_\_\_\_

- 1) EARNED INCOME TOTAL \_\_\_\_\_ \$ \_\_\_\_\_
- 2) UNEARNED INCOME TOTAL \_\_\_\_\_ \$ \_\_\_\_\_
- 3) **TOTAL AMOUNT OF INCOME AVAILABLE** \_\_\_\_\_ \$ \_\_\_\_\_
- 4) COMPARE TO FEDERAL POVERTY GUIDELINE (200%) \_\_\_\_\_ \$ \_\_\_\_\_

**APPROVAL - ELIGIBLE FOR COVID-19 PRC** \_\_\_\_\_

**DENIAL - REASON:** \_\_\_\_\_

**DENIAL NOTICE SENT:** \_\_\_\_\_

**AGENCY REP:** \_\_\_\_\_

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