





## COVID-19 NEWTON COUNTY COMMUNITY RELIEF FUND

The COVID-19 Newton County Community Relief Fund was established by private donors, funds from the Lake Area United Way and Newton County Government to provide financial assistance to qualifying workers residing in Newton County, Indiana, who need short-term financial assistance as a result of the COVID-19 pandemic disaster. (See other side of form for Eligibility and Terms.)

Your application	is not a commi	tment	t to fund	l ye	our request	for as	sistance	
Name: DOB:			OB:	Today's Date:				
Other Adults in the Household (Name, Age, Relationship):				Has anyone else in household applied for this fund? Y or N				
Address:		Newton County Y		or N			Township:	
City:					State:	Zip		
Mobile Phone (Include area code):	hone (Include area code): Home Phone (Include area code): Marita					W):		
How many people are living in your residence and rely on this as their primary shelter?								
Occupation: Date of I			Date of Layo	yoff or Furlough:				
Please provide the name of your direct supervisor or company boss so we can verify your employment.								
Name: Phone								
Signature of Employer or Direct Supervisor								
One-time assistance is being provided with these funds for: Mortgage/Rent Relief or Food Relief through vouchers from Save-A-Lot,								
Roselawn, and Murphy's in Kentland.								
Please Select ONE ONLY:								
One-time Mortgage/Rent Payment of \$400 One-time Food Relief Vouchers in the amount of \$400								
Sponsoring Organization: Newton County Community Services			Sponsoring Org. Representative Name:					
Sponsoring Representative Signature:							Date:	
Make Payment To: (If landlord, provide information below and provide a copy of a previous paid receipt. If mortgage, etc. attach bill)								
Landlord Name:								
Landlord Phone:								
Payment Address:								
City/State/Zip:								
Office Notes:								

## **Authorization to Release Information**

I hereby authorize the Jasper Newton Foundation Inc. to release information provided in my application to Lake Area United Way, Newton County Government, and donors to the Jasper Newton Foundation about the accurate number of persons who were helped by this fund. General activities of the grant may be used for reporting purposes.

I understand that by submitting this application, I am providing my consent to NCCS and its partners to verify the information contained herein by contacting and obtaining information from my employer and/or other sources to assist in determining my eligibility for financial assistance through this program.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I herein agree to repay any benefits provided.

Applicant Signature:	Date:

## Jasper Newton Foundation/Lake Area United Way COVID-19 NC Community Relief Fund

**Eligibility and Terms:** 

1. Requests for funds must be signed by the employer whom you worked for most recently and were let go or laid off because of COVID-19 regulations and mandates from the State of Indiana. You must have been laid off or let go in 2020 for COVID-19 related reasons that can be verified by your previous employer or are currently underemployed (reduction of work or work hours).

2. Must provide a copy of a NIPSCO, water, or other utility bill to prove residence in Newton County, Indiana.

3. Funds are intended to aid families in short-term financial distress due to the COVID-19 pandemic disaster that has mandated the closure of certain businesses.

4. Awards may be up to \$400 per household during a calendar year (maybe more if funds are available).

5. Payment associated with this fund will be made directly to the third-party debtor (i.e., landlord, mortgage company, grocery store, etc.). Under no circumstances will a payment be made directly to the family or to the sponsoring organization.

6. If a payment is going to be made to a landlord for rent – you must provide the name, phone number, address for payment, and copy of a receipt from a previous rent payment as verification.

7. If a payment is going to be made on a mortgage through a lender – you must provide a copy of a mortgage payment slip that includes the account number and mailing address of the lender.

8. Applications are processed by Newton County Community Services, reviewed by a separate community advisory group that represents the supporting organizations listed, and recommended for payments to Jasper Newton Foundation.

## **Applicants Please Note:**

Direct ANY questions regarding this application to Holly Porter at Newton County Community Services (219-285-2246), the intake organization. Applicants should not contact the Community Foundation directly. However, the Foundation reserves the right to contact the applicant if additional information is needed.