Cape Cod Foundation FY 22 Covid 19 Relief Grant

Date: _____
Name of applicant (*head of household*): _____
Contact mailing address: _____
Residential Address Street: _____
Town/Zip Code (*Required*): _____
Email : _____
Primary contact phone number *(Required)*:_____
Total annual household income *(Required)*:_____

- Circle the number of persons in your household
- Circle your total household income in the last twelve (12) months that is equal to or less than the amount indicated below.

	Household Size							
	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
50% AMI Minimum Income	$33,850	$38,650	$43,500	$48,300	$52,200	$56,050	$59,900	$63,800
80% AMI Maximum Income	$54,150	$61,850	$69,600	$77,300	$83,500	$89,700	$95,900	$102,050

Number of adults in home: _____
Children in the household: (ages):

Head of household information

Name: _____

Age:_____

Gender:_____

Primary language spoken at home: _____

How did you hear about this? _____

Signature: _____ Date: _____

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Select ONE of the following options and fill out the information for that section:

□**1.) Grocery Cards for support with food**

□**2.) Early Education and Care Tuition Scholarships** for or use at a licensed provider

Name of licensed early education and care program/provider for *direct* payment:

_____

Address & phone of location where early education and care will take place:

_____

Total monthly early education and care expenses_____for how many children? _____

□**3.) Utilities** □**4.) Transportation** □**5.) Housing**

□**6.) Health** □**7.) Technology needs: remote home/school**

Please add any additional information that you would like to share.

You are encouraged to provide as much supporting information as possible.

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