



**CITY OF SEAT PLEASANT
AMERICAN RESCUE PLAN (ARP)
HOME REPAIR AND ACCESSIBILITY RELIEF (MINOR)
APPLICATION**

THE INFORMATION ON THIS FORM WILL BE USE IN DETERMINING YOUR ELIGIBILITY FOR COVID-19 RELIEF MINOR HOME REPAIRS AND HANDICAP/DISABLED ACCESSIBILITY NEEDS. APPLICATION ANSWERS MUST BE COMPLETE, CLEAR, AND CORRECT. SOME OR ALL OF THIS DATA MAY BE USED TO ENHANCE CITY OF SEAT PLEASANT SERVICES. IF YOU NEED HELP COMPLETING ANY OF THE QUESTION, CONTACT OUR OFFICE AT 301-336-2600, ext. 3246 OR SP-ARP@SEATPLEASANTMD.GOV

APPLICANT NAME: _____
FIRST MIDDLE LAST

PHYSICAL ADDRESS: _____
STREET AND NUMBER

CITY, STATE, ZIP

TELEPHONE _____ EMAIL: _____

1. How many months has the COVID-19 Pandemic affected your family household
Income? From _____ to _____
2. Have you file for unemployment? Yes No
3. When did you last work: _____
4. Was your job loss due to Covid 19? Yes No (furlough/termination/reduction in
hours)
5. Have you applied for Assistance? Yes No
If yes, please list which agency _____
6. Have you contacted any other agencies for assistance? Yes No

If yes, please list those agencies:

7. Are you a Veteran? Yes No

8. What is your age?_____

9. What do you identify as your gender? Female__ Male____Other___

10. What is your ethnicity?

African-American ___ White ___ Hispanic/Latino ___ Asian___ Other___

11. Who is requesting the service? Self _____ Other_____

12. How many persons in the household are within the following age groups?

1-21_____ 22-61_____ 62+_____

13. What type of assistance are you requesting? (Circle)

Handicap/Disability Steps Drywall Mold Roof fixtures
Doors

Other: (Please Explain)

Certification Statement:

I understand that I assume full responsibility for the accuracy of the statements on this form and I understand The City of Seat Pleasant will use this statement to determine my eligibility for assistance.

Signature: _____

Printed Name: _____