ELSMERE BUREAU OF POLICE NEEDY FAMILY FUND, INC.

11 Poplar Avenue, Elsmere, Delaware 19805-2196 (302) 998-1173 FAX (302) 998-9922

Application for Assistance: COVID-19

Last Name

Middle Initial

First Name

Street Address			Apt. Number		
City	State		Zip Code		
	Please complete the following for	all people living in your home:			
First, Last Name	Relationship to Applicant	Employed/Sudent	Date of Birth		

When were you laid-off?					
Where were you employed?					
How long were you employed?					
Have you applied for unemployment?	When?_				
How much are you receiving in Unemployment?	(circle one)	Weekly	Bi-Weekly	Monthly	
anyone else in your household receiving Unemployment?Where?					
If so, Who and Amount Received?					
ther than the house you live in, are there any building, land or othehousehold?:	er homes owned by	y anyone li	iving in your		
Please use the space below to provide any other information relat	ted to assets availa	ble to you	:		
Please briefly describe the nature of your current difficulty and wh					
request:	y you are making ti	IIIS			

I understand that the information on this form is subject to verification by Federal, State, and local officials to determine that it is correct and complete. If any information is found to be incorrect, I may be responsible for repaying any benefits that I may receive. I declare and affirm, under penalties of perjury, that this application has been examined by me and to the best of my knowledge and belief, is true and correct. I understand that I may be subject to criminal prosecution for knowingly providing false or misleading information herein.

Signature of	
Applicant:	
	Date: