

# Polk Senior and the Disabled Cares 2020 Individual/ Household Assistance Application

## Disclaimer:

Polk County is accepting both electronic and paper applications for Polk CARES Act Fund assistance. To verify eligibility, the application process requires the submittal of certain supporting documents that contain protected personal information. **To the greatest extent possible Polk County recommends applying for assistance through its online electronic application which utilizes an encryption process to help secure the information you submit.** If you submit a paper application for assistance, please provide all supporting documents in a sealed envelope to assist in safeguarding your personal information. Once received, Polk County will exercise reasonable care when processing paper applications to lessen the possibility of an unauthorized disclosure of any protected personal information. Regardless of whether you submit an electronic or a paper application, all applications will be considered on a first-come, first-served basis.

The State of Florida has a broad public records law. Applications and supporting documents are public records which may be available to the public pursuant to a request for documents. There are only limited exceptions from disclosure of information within public records such as those for social security numbers. By submitting an application, you acknowledge, understand, and agree that if a request for public records that includes the applications is made, then your application and supporting documents will be disclosed without notice to you.

## What is Polk County CARES?

The Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act, is a law meant to address the economic fallout of the COVID-19 pandemic in the United States. The Polk County Senior and the Disabled CARES Program was created to assist households that have experienced a loss of income or increased expenses due to the impacts of the Novel Coronavirus (COVID-19).

## Do I qualify?

You must be a resident of Polk County. Individuals and/or households may apply for \$2,000 assistance. Only one check will be issued per household.

- You must be a resident of Polk County
- You must be at least 70 years old or 18 years old and receiving Social Security Disability Insurance or a Veteran Tax Abatement
- Have not received other COVID-19 assistance from Polk County, including cash assistance through a United Way agency on behalf of Polk County

## What do I need to apply?

There are a few items needed to verify your eligibility for the Polk County CARES Program, including:

- Valid Florida ID, Florida driver license or passport (just one only)
- If disabled, a copy of your Social Security Disability Insurance (SSDI) statement or a Veteran Tax Abatement letter

## Authorization for Release of Information

By consenting to this authorization in this section, you agree to release any and all information concerning the request for assistance through the Polk County CARES program for use in processing this application.

I Agree

### Applicant

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Email	<input type="text"/>	Social Security #	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>		
Date of Birth	<input type="text"/>	Race	<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other

### Physical Address

Street Address	<input type="text"/>	Apt/Unit #	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>

### Mailing Address

Same as Physical Address

Address or PO Box	<input type="text"/>	Address 2	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>

## Required Documentation (Attached)

- State-Issued Identification or Passport
- Social Security Disability Insurance (SSDI) or Veteran Tax Abatement Letter

## Final Affidavit - I certify that:

- My household has not received any Polk CARES assistance related to COVID-19 prior to this application.
- I have experienced a loss of income or increase in expenses as a result of COVID-19.
- I consent to the disclosure of such information that I am providing as may be required for purposes of income and other fact verification related to my application for financial assistance. I understand that (i) any willful misstatement of material fact will be grounds for disqualification of my application; (ii) the information I am providing is needed to determine my assistance eligibility and its submission in no way assures qualification for assistance, and; (iii) all documentation I submit is subject to federal and other government audits.
- I confirm the information provided in my submission is true, correct, and complete to the best of my knowledge and belief.
- I agree to cooperate with the county or appropriate officials for grant auditing purposes including, without limitation, if requested to provide supporting documentation of spending of any financial assistance awarded me under the program.
- I authorize the county to make necessary modifications to my application, if the need is identified, in order to fully process the application

Print Name of Applicant

Applicant Signature

Date

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**For Office Use Only:**

Date Application Received:

Time Received:

Date and time received in HHS:

CARES ID#:

Entered into CARES software program by: