

**Mercer County Prevention, Retention and Contingency Program (PRC) Application
Covid-19 Pandemic 2020**

Name of Applicant:	Present Address – street, city, zip
Phone # where you may be reached:	

Explain how your household has been financially affected by the Covid-19 pandemic:

Utility Company name: _____ **Account #:** _____

**Complete all sections below for everyone living in your home, including yourself
*Include all anticipated income for the next 30 days***

Name	Relationship to Applicant	Date of Birth	Social Security #	Monthly Income	Source of Income
1.					
2.					
3.					
4.					
5.					
6.					

Indicate if any of the following statements apply to you or anyone in your household:

Yes	No	
0	0	Has an outstanding ADC, TANF, OWF or PRC IPV fraud balance anywhere in the United States?
0	0	Is an alien not permitted for permanent residence?
0	0	Is a fugitive felon or violating parole?

My signature means that I have answered all of the questions on this application accurately and in a truthful manner. I understand that if I have not answered truthfully and receive assistance, I am guilty of fraud and could be prosecuted and will be required to repay any assistance I receive. I understand that if I am eligible, the agency will limit assistance under this program to the actual documented amount of need. I understand and agree that MCJFS may contact other persons or organizations to obtain the necessary proof of my eligibility for this program and the level of assistance I am eligible for.

Applicant Signature	Date
Parent/Guardian/Custodian Voter Registration Option: Are you registered to vote? Yes or No If you are not registered, do you wish to register? Yes or No If you wish to register, do you require assistance? Yes or No	

PRC CASEWORKER ONLY-Covid-19

Date Application Received (mm/dd/yr): _____ 30 Day Budget Period (mm/dd/yr): _____ to _____

Mercer County Residency verified: Yes or No

Income: HH MEMBERS _____

Source	Amount Available in Budget Period	Verification
1.		Customer Statement
2.		Customer Statement
3.		Customer Statement
4.		Customer Statement
5.		Customer Statement
Total: \$ _____ / _____		

PRC APPROVED **APPROVAL DATE:** _____ - _____

SERVICES APPROVED: _____

PRC DENIED **DENIAL DATE:** _____

REASON FOR DENIAL: _____

NOTES:

