



FINANCIAL ASSISTANCE REQUEST APPLICATION

COUNTY OF MAVERICK

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NUMBER OF ADULTS IN HOME: _____

NUMBER OF CHILDREN IN HOME: _____

Please check assistance type. Amount Requested: _____

Food

Shelter

Transportation

Other: _____

Reason for request: (How has COVID 19 affected your family or your income?)
(Please refer to the information document provided with this application.)

Have you completed the CENSUS 2020? YES NO

Initials of person verifying: _____

HOUSEHOLD INCOME AND EXPENSES

INCOME

EMPLOYMENT	\$ _____	PER MONTH
What to bring:		
• Check Stubs, Employment Verification Letter, or Bank Statements reflecting reduction		
UNEMPLOYMENT	\$ _____	PER MONTH
What to bring:		
• Benefits or bank statement reflecting reduction		
SNAP FOOD BENEFITS OR TANF	\$ _____	PER MONTH
What to bring:		
• Benefits Statement		
OTHER:	\$ _____	PER MONTH
What to bring:		
• Document reflecting reduction		
TOTAL:	\$ _____	PER MONTH

HOUSEHOLD EXPENSES

UTILITIES	\$ _____	PER MONTH
What to bring:		
• Bill due		
RENT OR MORTGAGE	\$ _____	PER MONTH
What to bring:		
• Lease agreement or mortgage statement		
FOOD/HOUSEHOLD ITEMS	\$ _____	PER MONTH
TRANSPORTATION	\$ _____	PER MONTH
OTHER: _____	\$ _____	PER MONTH
OTHER: _____	\$ _____	PER MONTH
OTHER: _____	\$ _____	PER MONTH
OTHER: _____	\$ _____	PER MONTH
TOTAL:	\$ _____	PER MONTH

NOTE: PLEASE PROVIDE A **W9 FORM** FROM THE COMPANY REQUESTING PAYMENT.

My name is _____ . I am over the age of 18 years and I have personal knowledge of the facts contained herein, and they are true and correct. If it is later found that the information that I have provided is not correct I understand that I may be required to repay any and all benefits that I received or were paid on my behalf.

State of Texas

County of Maverick

This document was acknowledged before me on _____ by _____ .

Signature of Notary

SEAL:

My Commission Expires: _____

REC. BY: _____

DATE: _____

Amount Approved: _____

APPROVED BY: _____

DAVID SAUCEDO, MAVERICK COUNTY JUDGE

Please submit documents to:

Maverick County Planning Department
500 Quarry Street, STE. 6
Eagle Pass, Texas 78852
830-773-4377