



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?)

Have you completed the CENSUS 2020? YES NO

HOUSEHOLD INCOME AND EXPENSES

INCOME

EMPLOYMENT \$ _____ PER MONTH

UNEMPLOYMENT \$ _____ PER MONTH

SNAP FOOD BENEFITS OR TANF \$ _____ PER MONTH

OTHER: \$ _____ PER MONTH

TOTAL: \$ _____ PER MONTH

HOUSEHOLD EXPENSES

UTILITIES \$ _____ PER MONTH

RENT OR MORTGAGE \$ _____ PER MONTH

FOOD/HOUSEHOLD ITEMS \$ _____ PER MONTH

TRANSPORTATION \$ _____ PER MONTH

OTHER: _____ \$ _____ PER MONTH

OTHER: _____ \$ _____ PER MONTH

OTHER: _____ \$ _____ PER MONTH

OTHER: _____ \$ _____ PER MONTH

TOTAL: \$ _____ PER MONTH

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