

# Pacific County Immigrant Support COVID-19 Relief Fund

Thank you for applying to the Pacific County Immigrant Support COVID-19 Relief Fund. Call 360-783-6003 during 10:00 AM to 7:00 PM to submit an application by telephone.

If you would prefer to write your application in a paper form, you can mail this form to:

Pacific County Immigrant Support  
PO Box 156  
Long Beach, WA 98631

## Program Overview:

The Pacific County Immigrant Support COVID-19 Relief Fund will provide \$100,000 for emergency flexible financial assistance to residents of Pacific County who are not eligible for federal stimulus funds or unemployment insurance because of immigration status. It is supported and funded by the All In WA COVID-19 Relief Fund and donations to Pacific County Immigrant Support.

## Summary of Privacy Policy

The non-profit Pacific County Immigrant Support (PCIS) is responsible for collecting the personal information you voluntarily submit on a paper or telephone application for Pacific County Immigrant Support COVID-19 Relief Fund. PCIS has instituted appropriate physical, electronic, and managerial procedures to safeguard and secure your information. They will not share your data with any other entities.

## Timeline

- Application open period: 2 weeks, from Monday, January 25, 2021 at 8:00 AM to Sunday, February 7, 2021 at 11:59 PM
- Application review period: On-going
- Award decisions (approved or denied): Within 2-4 weeks of your application submission
- Payment disbursement: On-going, within 2 weeks of approval

## Award amount:

- \$500 per approved household with children under 18
- \$250 per approved household without children under 18

## Mixed Status Households

As of 12/21/20 all households with adults of mixed legal immigration status are eligible for the new stimulus payments – as well as the original 2020 payments. These families need at least one adult household member with a Social Security Number and can claim the original stimulus payment when they file their 2020 tax return.

## Eligibility Criteria

To apply, you must meet **ALL** of the requirements below:

- Be 18 years old or older **AND**
- Reside in Pacific County **AND**
- Have experienced hardship due to the pandemic **AND**
- You and other household members not eligible to receive federal CARES Act Economic Impact Payments (also known as a “coronavirus stimulus check”) due to immigration status **AND**
- You and other household members not eligible for unemployment insurance during the COVID-19 pandemic due to immigration status.

# Application for the Pacific County Immigrant Support COVID-19 Relief Fund

## Eligibility Criteria:

1. How old will you be on January 1, 2021 ? \_\_\_\_\_
2. Do you reside in Pacific County?
  - Yes
  - No
3. Are you eligible to receive the federal CARES Act Economic Impact Payment (also known as a “coronavirus stimulus check”)?
  - Yes
  - No
4. Have you received unemployment benefits during the pandemic?
  - Yes
  - No
5. If you were to lose employment, are you eligible to apply for unemployment benefits?
  - Yes
  - No
6. Is anyone in your household eligible to receive the federal CARES Act Economic Impact Payment (also known as a “coronavirus stimulus check”)?
  - Yes
  - No
7. Has anyone in your household received unemployment benefits during the pandemic?
  - Yes
  - No
8. If anyone in your household were to lose employment, would they be eligible to apply for unemployment benefits?
  - Yes
  - No

## Basic Information (Please provide your legal name in English.)

9. First Name/Given Name: \_\_\_\_\_
10. Middle Name: \_\_\_\_\_
11. Last Name(s)/Family Name(s): \_\_\_\_\_

**Contact Information** (Please provide your contact information in English.)

12. Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Please input your number in the following format: 555-555-5555*

13. Can we text this number? You will receive updates about your application status through text messages

- Yes
- No

14. Email address: \_\_\_\_\_  
You will receive updates about your application status through email

15. Residence address

- I have a residence address (cannot be P.O. Box)

Street Address: \_\_\_\_\_

Apartment/unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

- I do NOT have a residence address (Please provide a contact that can receive mail on your behalf)

What is your contact's full name? \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment/unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

**Household Information:**

16. How many adults reside in your household in addition to yourself (Please do not count yourself in the total)? \_\_\_\_\_



23. Has your household fallen behind on rent or mortgage payments between March 1, 2020 to December 31, 2020?

- Yes
- No

24. Are you or anyone in your household at high risk of severe illness from a COVID-19 infection?

(High risk is defined as people who are 60 years or older, people with health conditions such as heart or lung disease, diabetes, or weakened immune systems, and pregnant people).

- I am at high risk of severe illness from a COVID-19 infection
- I am **not** at high risk of severe illness from a COVID-19 infection

25. Have you or anyone in your household contracted COVID-19?

- Yes
- No

26. If applicable, explain other ways in which you have been impacted by COVID-19.

## Demographic Information

This has no relevance to your priority of eligibility or preference for services.

27. How do you racially and ethnically identify?

*Circle all that apply. If other, please write in*

<b>Asian/Asian American</b>	<b>Black/African American</b>	<b>Native American or Alaskan Native</b>	<b>Latin American</b>	<b>Native Hawaiian or Pacific Islander</b>	<b>Middle Eastern or North African</b>	<b>White</b>
Chinese	African American	Please write in below	Cuban	Chamorro	Please write in below	Please write in below
Cambodian	Afro-Latino		Ecuadorian	Guamanian		
Filipino	Amhara		Guatamalan	Native Hawaiian		
Hmong	Eritrean		Honduran	Polynesian		
Indian	Garifuna		Mexican	Samoan		
Japanese	Oromo		Peruvian	Other, please write in below		
Korean	Tigray		Puerto Rican			
Laotian	Somali		Salvadoran			
Thai	Western African		Other, please write in below			
Vietnamese	Other, please write in below					
Other, please write in below						

If other, please write in:

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28. What is the primary language you speak at home?

- English
- Spanish
- Chinese
- Vietnamese
- American Sign Language
- Amharic
- Arabic
- Bhutanese
- Burmese/Karen
- Congolese
- Farsi
- Japanese
- Kanjobal
- Korean
- Laotian
- Mam
- Marshallese
- Mixteco
- Mon Khmer/Cambodian
- Oromo
- Nepali
- Pashto/Dari
- Punjabi
- Russian
- Somali
- Spanish
- Tagalog
- Thai
- Tigrinya
- Ukrainian
- Other, please specify: \_\_\_\_\_

29. In what job sector did the primary wage earner of the household work in between March 2020 to now? (Please select the most applicable one)

- Agriculture
- Construction
- Day Labor and Landscaping
- Domestic Worker
- Healthcare
- Housekeeping
- Mechanic
- Restaurant and Food Service
- Retail and Sales
- Self-employed
- Shellfish Harvest or Processing
- Transportation
- Unemployed
- Warehousing and Distribution
- Other, please write in your answer in English: \_\_\_\_\_

30. Name that the check should be made payable to: \_\_\_\_\_

31. Please confirm your Washington state mailing address:

Street Address: \_\_\_\_\_

Apartment/unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

## Preparation information

**FOR APPLICANT:** (Please select if you completed the application yourself)

I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial or revocation of my application.

**FOR PREPARER:** (Please select this if you completed the application on someone else's behalf)

I certify that I prepared the Pacific County Immigrant Support COVID-19 Relief Fund application at the applicant's behest and it is based on all of the information of which I have knowledge.

Name of Preparer \_\_\_\_\_

## Know Your Rights Training

Would you like to attend a Know Your Rights training presented by Pacific County Immigrant Support?

- Yes
- No