

City of Fairbanks CARES Relief Fund

First Name Middle Initial Last Name

Street Address

Phone Email

Indicate how you or your family was affected by Covid-19 Pandemic.

- Laid off from work Hours lost due to school closures
 Hours reduced due to mandates Hours lost due to medical reasons
 Other: _____

Employer Verification	Staff will be verifying loss of time or layoff with your employer from March 1, 2020 to May 31, 2020.
Employer Name	Phone Number

Bills incurred between March 1, 2020 to May 31, 2020		
Expense Category	Account Number	Amount
Rent or Mortgage		\$
Utility - Electric		\$
Utility - Water		\$
Utility - Gas / Propane		\$
Total Expenses		\$

Landlord Information			
Landlord	Phone Number		
Address	City	State	Zip

OR

Mortgage Company			
Lender	Account Number		
Address	City	State	Zip

This information is to be used by the agency collecting or it's assignees in dertermining qualification for the City of Fairbanks CARES Recovery Grant. It will not be disclosed outside the agency except as required and permitted by law. I certify that the information provided in this application is true and that the expenses were not reimbursed through other CARES Act funds. I understand that knowingly making a false statement to obtain this grant is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000 or under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000.

Sign Date