Senior Services ARPA Assistance Application
Funded by ARPA
Rockdale County

Completion of this application does not guarantee approval. Please do not call about the application status as this will delay processing. Return application by mail to Rockdale Senior Services PO Box 289 Conyers GA 30012 or place in drop box at the Olivia Haydel Senior Center at 1240 Dogwood Drive.

All persons applying must be Rockdale County residents, aged 55 or above, and must have been negatively affected by the COVID-19 pandemic.

PLEASE PRINT *Complete front and back of form* Date _____

Name _____

Address _____

City _____ Zip Code _____

Phone _____ Alternate phone _____

Email address *(if available)* _____

Date of Birth ____/____/____ Age _____ Veteran: yes no

Household size _____ Head household: yes no

Grandparent raising grandchildren (in home): yes no

Monthly Income $_____ Source(s) of income: _____

_____

Resident status *(circle one)*: rent own other *(describe)*_____

Are you presently receiving assistance from another agency/source: yes no
(if yes, name source & type) _____
Note: Answering yes does not disqualify application

What type of assistance are you requesting ***(check most important)*****:**

- ☐ Rental assistance
- ☐ Assistance with utilities costs
- ☐ Home repair
- ☐ Transition to permanent housing (for homeless or displaced persons)
- ☐ Technology program

Why are you requesting assistance? (explain) _____

_____

_____

_____

What has caused your situation? **(i.e., loss of job, medical issue, living situation, etc.)**

_____

I declare with my signature that the information listed is factual and true. I understand that false statements can result in denial of this application. I understand that I must provide documentation concerning identification, residency, income, bills, bank statement, utility late notice, rent late or eviction notice and other as requested to qualify for assistance. *(Attach copies only to application – Do NOT attach originals).* I understand to qualify for assistance through this funding I must have been negatively affected by the COVID-19 pandemic.

Signature _____ **Date** _____

Check applicable items attached: *if unable to make copies please check here* ☐

		Programs Item Required
☐	Copy of picture ID	rental, utilities, home repair, transition, technology
☐	Proof of income	rental, home repair, transition
☐	Late notice/bill/letter	rental, utilities
☐	Copy of bank statement (last 2 months)	rental, home repair