



# SAN GERONIMO VALLEY COMMUNITY CENTER

## APPLICATION FOR DISTRIBUTION FUNDS (COVID -19)

Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (Street) \_\_\_\_\_ (Mailing) \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

Check all that apply:

Single parent  Senior, 60+  Disabled  Adult

# of children \_\_\_\_\_ N/A \_\_\_\_\_ Ages \_\_\_\_\_ Total # in household \_\_\_\_\_

Monthly net income \$ \_\_\_\_\_ Section 8  Rent \$ \_\_\_\_\_

Source of Income: Work  Cal Works  SSI  SS  Unemployment  Food Stamps  Other  Please list:

Employer's name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

Health Coverage: Medical \_\_\_\_\_ Dental \_\_\_\_\_ No \_\_\_\_\_ Vision \_\_\_\_\_ No \_\_\_\_\_

Statement of Need (Use back side if necessary): \_\_\_\_\_

(First time applicants eligible for a maximum of \$500, repeat applicants eligible for a maximum of \$250)

Amount of Request: \$ \_\_\_\_\_ Fund will be used for: \_\_\_\_\_

**To be completed by applicant:** I hereby give permission to San Geronimo Valley Community Center to contact any organization which would be helpful processing this application, and I give my consent for the release of any information necessary to receive assistance. This form was completed in it's entirety and read by me or to me to signing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### For official use only

Approved  Amount \$ \_\_\_\_\_ Initials \_\_\_\_\_ Check # \_\_\_\_\_

Denied  Reason: \_\_\_\_\_ Date: \_\_\_\_\_ Date check sent \_\_\_\_\_

Check to be made out to: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

All information to be held in strict confidence by those considering your request.  
There is no guarantee that an application will be approved.

6350 Sir Francis Drake Blvd, PO Box 194, San Geronimo, CA 94963  
415-488-8888 www.sgvcc.org  
Email: covid19fund@sgvcc.org with questions and to submit application