

FDL CARES Program Application

NAME	FDL ENROLLED Y N
ADDRESS	PHONE
CITY, STATE, ZIP	

Please list all members of your household. (children and adults. FDL enrolled and not enrolled)

Last Name	First Name	Age	FDL Enrolled

Please list any additional household members on another sheet.

Electric vendor	Account Number	Name on Account	
Fuel Vendor	Account Number	Name on Account	

Did you lose income as a result of Covid-19? ____ Yes ____ No

Did you have any additional expenses for necessities due to Covid-19? ____ Yes ____ No

I understand that this is a payment to my fuel and electric vendors and no individual checks will be issued. Funds will not be paid out immediately. Accounts will need to be verified and processed. Payments will be done in batches. Attach a copy of your bills. If you have a bill, continue to make payments. If you cannot pay your bill, contact the vendor to make payment arrangements.

I certify and affirm that I need electric and fuel assistance as a result of impacts affecting me or members of my household of the COVID-19 public health emergency, public health precautions, illness, loss of income or increased expenses.

I declare under penalty of perjury that the information in this application is true and correct.

Signature	Date