



Asia Pacific Cultural Center
All In Washington COVID-19 Relief Fund



Application for \$300 Financial Assistance

Each applicant must complete this form. Must be 18 years old or older. Applicant must present proper ID that matches name on the application. This information is confidential and will be used only for the purpose of administering the All In Washington COVID-19 Relief Fund.

Name: _____
First Last

Email: _____

Address: _____

Phone: _____

County: _____

Race/Ethnicity:

- Asian Native American
Pacific Islander White/Caucasian
Black/African American Other
Hispanic/Latino

Age (must be 18 or older): _____

Financial Impact Due To COVID-19:

- Laid off Reduced hours, furloughed
Resigned or unable to work due to lack of childcare, health reasons, other (describe below) Small Business Owner, loss of income
Other (describe below)

Financial Impact Description:

How will these funds help you? What will it be used for?

- Food Medical bills
Rent or Mortgage Childcare
Utilities Other (describe below)

Proof of Hardship:

- Termination Notice Delinquency notice for utilities, rent, car payment, etc. Other (describe below)
Furlough Notice
Childcare bill/invoice Medical bill/invoice

Office Use Only:

- ID Card checked and verified Application approved yes/no
Documentation of hardship/financial impact \$300 Funding issued

Staff Name: _____

Staff Signature: _____ Date _____