**ALL Household Members (including not residing in the house but contributing/supporting household income)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Marital Status** | **Date of Birth** | **Male/**  **Female** | **Average income from the last 3 years prior to COVID-19** | **Source of income. If none, please indicate if unemployed, student etc** | **Social Security #** |
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| **Department of Finance & Administration**  **Low Income Household Application** | |
|
|
| APPLICANT’S NAME (Last, First, Middle) | CITIZENSHIP: | |
| ADDRESS (Village, Island, State) | FSM SOCIAL SECURITY NUMBER | |
| SEX:  Male  Female | |
| E-MAIL ADDRESS: | DATE OF BIRTH: | |
| AVERAGE INCOME from last 3 years: $ | |
| TELEPHONE NUMBER (Home):    MOBILE Number : | MARITAL STATUS: SingleMarried  SeparateDivorced  Widowed | |
| Head of the Household  Yes  No  If no, please indicate the name of the head of household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OCCUPATION: | |

**If necessary, fill out an extra form if household greater than 10 people.**

**Household Members With a Disability from the list above.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Nature of Disability** | **Please indicate if enrolled/entitled to any social assistance** |
|  |  |  |
|  |  |  |
|  |  |  |

APPLICANT CERTIFICATION

|  |  |  |
| --- | --- | --- |
| ***DECLARATION BY HEAD OF HOUSEHOLD:***  ***I hereby submit this application for Low Income Household assistance to FSM households affected by the COVID-19 Pandemic Health Emergency Declaration. All information provided herein are a true and accurate record for myself and my family members listed under this application. I understand that should the FSM Government find that any information provided herein is false, they will be able to seek recovery of all or part of any monies paid to me*** | | |
| SIGNATURE OF APPLICANT: | SIGNATURE OF INTERVIEWER: | DATE (Month/ Day/Year) |

**MUNICIPALITY CERTIFICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***To be completed by the Municipal Office: I hereby confirm that the applicant and those included in the application represent all members of a household currently living in the municipality.*** | | | | | | |
| **Verified by Municipal Office:** | | |  |  |  |  |
| *Print name* |  | *Title* |  | *Signature* |  | *Date* |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***CONFIRMATION OF ELIGIBILITY BY FSM NATIONAL GOVERNMENT*** | | | | | | |
| * ***After careful review of the application and supporting documentation, I confirm that this Household qualifies for Low Income Household Support due to COVID-19 Health Emergency Declaration of $...........................*** | | | | | | |
| * ***After careful review of the application and supporting documentation, I confirm that this Household does not qualify for Low Income Household Support. The reason the application was not approved is because……………………………………………………………………………….***   ***……………………………………………………………………………………………………………………………………………………*** | | | | | | |
| **Secretary of Finance & Administration** |  | ***Honorable Eugene Amor*** | | |  |  |
|  |  | *Print name* |  | *Signature* |  | *Date* |