Team KY Fund
Program Application

Client Initials: _____

Section 1: Applicant

Individual who demonstrates severe financial impact due to the COVID-19 outbreak.

Name: _____
Last First Middle Suffix

Date of Birth: _____ Social Security Number: _____

Phone: _____ Email: _____

Section 2: Household Information

Housing Status:

- ☐ Own
- ☐ Rent/Subsidized
- ☐ Rent/Non-Subsidized
- ☐ Temporary Shelter
- ☐ Emergency Shelter
- ☐ HUD Supported
- ☐ Homeless
- ☐ Transitional Housing
- ☐ Other Residence (does not own or pay rent)

Physical Address

Address: _____

_____

City: _____ State: _____ Zip: _____

County: _____

Mailing Address ☐ Check if Mailing Address is same as Physical Address

Address: _____

_____

City: _____ State: _____ Zip: _____

Section 3: Household Members

List all individuals who are living together in the principal residence as one economic unit for whom rent/mortgage, residential utilities, and/or groceries are customarily purchased in common.

Name	Date of Birth	Social Security Number

FOR OFFICE USE ONLY

Date Entered: _____ Household ID: _____ Date Received: _____

Entered By: _____ Client File #: _____ ☐ All supporting documentation on file

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Section 4: Benefit

Please check the appropriate box(es) below to affirm that you have supplied a complete listing of eligible expenses that you are seeking via a financial award from the Team Kentucky Fund on behalf of your household.

A household's total award can not exceed (a) one thousand dollars ($1,000) per household; and (b) the household's eligible expenses for more than one (1) calendar month.

Supporting documentation to verify expenses must be submitted to complete the application. Such as, copies of utility bills, lease, rental agreement, and/or other appropriate documentation.

Representatives of the Team Kentucky Fund shall not be held responsible if a vendor chooses not to participate with the TKF.

☐ Rent: I am requesting a voucher for rent payable to _____
in the amount of $ _____ for account number _____
and name on account _____

☐ Mortgage: I am requesting a voucher for my mortgage payment,including escrow, tax, and insurance obligations, payable to _____ in the amount of $_____
for account number _____ and name on account _____

☐ Food/Grocery: I am requesting a voucher for food/groceries payable to _____
in the amount of $ _____,maximum of hundred dollars ($100) per household member,
and name on account _____

☐ Electricity: I am requesting a voucher for my electricity bill payable to _____
in the amount of $ _____ for account number _____
and name on account _____

☐ Water: I am requesting a voucher for my water bill payable to _____
in the amount of $ _____ for account number _____
and name on account _____

☐ Gas: I am requesting a voucher for my natural gas bill payable to _____
in the amount of $ _____ for account number _____
and name on account _____

☐ Sewage: I am requesting a voucher for my sewer bill payable to _____
in the amount of $ _____ for account number _____
and name on account _____

☐ Bottled Gas: I am requesting a voucher for bottled gas (used for home heating) payable to _____
in the amount of $ _____ for account number _____
and name on account _____

☐ Waste: I am requesting a voucher for my waste/trash services payable to _____
in the amount of $ _____ for account number _____
and name on account _____

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Section 5: Household's Prior Month Income

Applicant's household total income is at or below two hundred percent (200%) of the federal poverty guidelines as of the date of submission.

Applicants are required to submit documentation verifying a household total income at or below two hundred percent (200%) of the federal poverty guidelines. You and your employer may complete and submit the attached Employment Verification Form, or you may provide other documentation to verify total income at or below two hundred percent (200%) of the federal poverty guidelines. For example, pay stubs, bank statements showing direct deposit from employer, copy of paycheck, quarterly filings, IRS Form 1099 or W2, or other relevant documentation.

☐ *Zero Income Household*

Name	Type of Income	Income Verification Documentation

Section 6: Household's Income Prior to March 6, 2020

Applicant's household total income was at or below four hundred percent (400%) of the federal poverty guidelines prior to March 6, 2020.

Applicants are required to submit documentation verifying a household total income at or below four hundred percent (400%) of the federal poverty guidelines. You and your employer may complete and submit the attached Employment Verification Form, or you may provide other documentation to verify total income at or below two hundred percent (400%) of the federal poverty guidelines. For example, pay stubs, bank statements showing direct deposit from employer, copy of paycheck, quarterly filings, IRS Form 1099 or W2, or other relevant documentation.

☐ *Zero Income Household*

Name	Type of Income	Income Verification Documentation

FOR OFFICE USE ONLY

Date Entered: _____ Household ID: _____ Date Received: _____

Entered By: _____ Client File #: _____ ☐ All supporting documentation on file

Section 7: Proof of Financial Impact

☐ Applicant was employed on a full-time basis (meaning employment that averaged at least thirty (30) hours per week) on or after March 6, 2020.

Applicants are required to submit documentation verifying employment on March 6, 2020. You and your employer may complete and submit the attached Employment Verification Form, or you may provide other documentation to verify employment. For example, pay stubs, work schedules, bank statements showing direct deposit from employer, copy of paycheck, quarterly filing, IRS Form 1099 or W2, or other relevant documentation.

☐ Applicant provided documentation that demonstrated a severe financial impact due to the COVID-19 outbreak. This shall be defined as the loss of employment or a reduction of more than fifty percent (50%) of gross earned income on or after March 6, 2020 as compared to calendar year 2019.

Applicants are required to submit documentation verifying at least a fifty percent (50%) reduction in gross earned income or loss of employment as a result of the COVID-19 emergency, during the state of emergency established by EO 2020-215. You and your employer may complete and submit the attached Employment Verification Form, or you may provide other documentation to verify financial hardship. For example, 2019 W-2s, tax returns, pay stubs, quarterly filings, IRS Form 1099, or other relevant documentation.

FOR OFFICE USE ONLY

Date Entered: _____ Household ID: _____ Date Received: _____

Entered By: _____ Client File #: _____ ☐ All supporting documentation on file

Client Initials: _____

Section 8: Signature

I hereby swear or affirm the information provided on this document is true and accurate. I further agree that the Commonwealth of Kentucky, Community Action Kentucky, Inc. or other representatives of the Team Kentucky Fund are permitted to independently verify any of the information contained herein, and that I will cooperate with such verification efforts.

By signing the Team Kentucky Fund Application, I also agree to each of the following statements on behalf of myself and all members of my Household:

- I understand that information provided on or with my Team Kentucky Fund application ("Confidential Information") may be confidential or personal. I authorize the Community Action Agency to share this Confidential Information among Community Action Kentucky, the Commonwealth of Kentucky, utility companies, mortgage companies, my landlord, grocery stores, and others (the "Data Recipients") as necessary for those entities to provide assistance to my Household and to administer and oversee the Team Kentucky Fund. The sharing of Confidential Information is necessary in the performance of a legitimate government function.
- Each Data Recipient is held harmless and is released from claim, loss, demand, damage, and liability of any kind from each member of my Household in connection with sharing of Confidential Information.
- I authorize Data Recipients to provide notification of any breach or suspected breach involving Confidential Information by email at the provided email address. I will notify the Community Action Agency if my email address changes. I understand this is one possible method of notification and other method(s) of notification may be used.
- I am authorized to complete and submit this Team Kentucky Fund Application, including submitting certain Confidential Information and providing a release, on behalf of all the Household members.

Definitions: The defined terms used for the Team Kentucky Fund Program are as follows:

- "Confidential Information" means information including, but not limited to, financial information, social security number, drivers' license number, age, health information, information relating to disabilities, employment information, date of birth, education level, criminal history, amounts of assistance provided, and any information collected or generated by the IRS with regard to a person's tax liability regarding a Data Subject, as hereinafter defined.
- "Data Subject" means members of my household, my family and me.
- "Data Recipients" means Community Action Kentucky (hereinafter "CAA") and any Federal, State and/or local government agenc(ies) including, but not limited to, The Commonwealth of Kentucky, Community Action Kentucky, Inc. (CAK); a Data Subject's vendor(s), a Data Subject's financial institutions, and any other appropriate third party as needed for the purpose of providing benefits, determining eligibility, verifying the data provided, operating the Team KY Fund program; performing evaluation and reporting; as well as any other reason authorized by state or federal law.

Signature: _____ / / _____

Date

☐ I authorize Community Action Kentucky, Inc. or the Community Action Agency to refer and or/enroll any member of my household in other assistance programs. I understand that I may need to provide additional information not included on this application.

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Entered By: _____ Client File #: _____ ☐ All supporting documentation on file

Team KY Fund
Employment Verification

Date: _____

Applicant: _____ Social Security Number: _____

Employer: _____ Supervisor: _____

FEIN: _____

Telephone: _____ Email: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

_____ hereby authorizes _____

Applicant Employer

to submit/verify the following information to Community Action Kentucky, Commonwealth of Kentucky, or other representatives of the Team Kentucky Fund. Your prompt attention to this matter will be greatly appreciated.

VERIFICATIONS BELOW TO BE COMPLETED BY EMPLOYER ONLY

Yes No

☐ ☐ Was the applicant named above employed by you or your organization on on a full-time basis (meaning employment that averaged at least thirty (30) hours per week) on or after March 6, 2020?

☐ ☐ Was the applicant terminated, laid-off, or had their wages reduced by more than fifty percent (50%) on or after March 6, 2020, because of the COVID-19 state of emergency?

The items listed below are to be **weekly amounts:**

2019 Individual Gross Earnings: $ _____ Individual Gross Earnings before March 6, 2020: $ _____

I hereby swear or affirm the information provided on this document is true and accurate. I further agree that the Commonwealth of Kentucky, Community Action Kentucky, Inc. or other representatives of the Team Kentucky Fund are permitted to independently verify any of the information contained herein, and that I will cooperate with such verification efforts.

Employer's or Designee's Signature**:** _____ / / _____

Date

Employer's or Designee's Name and Title: _____

Please return completed form to the following address:

Address: _____

_____

City: _____ State: _____ Zip: _____

Team KY Fund
Notice of Appeal Rights

Notice of Appeal Rights

Pursuant to 800 KAR 1:010E, an applicant to the Team Kentucky Fund whose application was denied in whole or in part for either 1) failure to meet any of the criteria listed in 800 KAR 1:010E Section 3, or 2) failure to provide a complete application, and believes that denial was made in error, may file an appeal. Such appeal should be filed with the Secretary of the Public Protection Cabinet, and must be filed within thirty (30) days of receipt of a notice of denial.

Such appeals should be made in writing, and should specify the reasons that the denial was made in error. Appeals should be sent to:

Public Protection Cabinet
Attn: TKF Appeals
500 Mero Street, 218 NC
Frankfort, KY 40601

Appeals may only be granted if the Secretary determines that the applicant has met all requirements for awards from the Team Kentucky Fund. Appeals may only be granted if there remain available funds within the Team Kentucky Fund. If the applicant believes the Secretary of the Public Protection Cabinet has denied their appeal in error, the applicant may appeal that determination to the Franklin District Court.