

Coronavirus Relief Fund Stimulus Grant Application

Received By:

Number:

Applicant Information

Name _____

Date _____

Address _____

City _____ State Texas

Phone Number _____

Do you live inside the city limits? Yes No

Qualifying Information

Have you personally been displaced **WITHOUT pay, compensation, or unemployment benefits** from your job due to Covid?

No If no, then you do not qualify for this grant.

Yes If yes, please provide your employer's information below

Are you a cosmetologist/barber that lives or works inside the city limits?

I live AND work inside the city limits of Seymour.

I live inside the city limits of Seymour, but I work OUTSIDE the city limits.

I live outside the city limits of Seymour, but I work INSIDE the city limits.

I live AND work outside the city limits of Seymour.

Please move to
Cosmetologist/Barber
Verification

Employer (or Self Employed) Information

Business Name _____

Business Address _____ City _____ State Texas

Supervisor/Administrator Name _____

Supervisor/Administrator Contact Number _____

Employer's Verification

I, _____, verify that the applicant _____,
Employer Name Applicant's Name

is or was employed by me during the time that they were required to miss work due to Covid related issues and did **NOT receive any pay or compensation, to include unemployment benefits**, for their time missed at work. The dates employee was unable to work and was NOT paid or compensated was from

_____ to _____.

X _____

Signature

_____ Date

_____ Printed

VERIFICATION IS REQUIRED

Please PRINT, SIGN, & SUBMIT

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Doctor's Verification for Self-Employed Applicants

I, _____, verify that the applicant _____,
Doctor's Name Applicant's Name

was required by me, as a medical professional, to quarantine due to Covid related issues. The applicant to my knowledge is self-employed and therefor would have been **unable to receive any pay, compensation, or unemployment benefits** for their time missed at work. The dates applicant was unable to work was from

_____ to _____.

X _____
Signature

Date

Printed

Cosmetologist/Barber Verification

I, _____, was required by the Governor of the State of Texas to shut
Applicant's Name

down my business to the public due to Covid related issues. This was not voluntary, but a government mandate that I was required to adhere to. **I did NOT work or receive compensation** during the required shut down time. The dates I was forced to close were from _____ to _____.

Signature

Date

Printed

Internal Verification

Valid form of identification presented? Driver's License ID Card Inside City Limits

Type of applicant: Employee Self-Employed Cosmetologist/Barber

Number of days applicant was unable to work and went without pay/compensation/unemployment benefits:

Total _____ = 1-5 days 6-10 days 11-15 days 16-20+ days Cosmet/Barber

Employer Verified: Phone Number _____

Self-Employed Verification: Tax Document Form _____

Cosmetologist License: Presented Valid _____

VERIFICATION IS REQUIRED

Please PRINT, SIGN, & SUBMIT