



RESIDENT RELIEF FUND APPLICATION FOR GRANT

This application should be completed by the primary leaseholder for the purpose of requesting a grant from the WWC Resident Relief Fund. Return application and supporting documentation to WWCResidentReliefFund@wilsonwhitecompany.com. Any questions should be directed to the same email address.

Applicant _____

Property Address _____

Phone _____ email _____

Provide a detailed description of the circumstances leading to your request for a grant from the WWC Resident Relief Fund.

Was your job eliminated; or were you terminated, laid off or furloughed without pay as a result of the COVID-19 virus outbreak? YES NO

In order to qualify for a Grant under the WWC Resident Relief Fund, applicant must provide the following:

- Proof of income – A pay stub dated within the 2020 calendar year to date, along with contact information for your (former) employer. By providing, you consent and agree that we can contact your employer and/or former employer to verify your claims.
- Proof of loss of income – Documentation acceptable to the executors of the Fund indicating that you were terminated, laid off or furloughed without pay or that your income was reduced as a result of the COVID-19 virus outbreak.
- Other documentation to provide proof of income and/or loss of income.

Please answer the following questions:

1. Are you currently unemployed? YES NO
2. Have you filed for unemployment benefits? YES NO

If yes, please provide proof of filing.

If yes, have you begun receiving unemployment benefits? YES NO

3. Are you the only Lessee listed on the Lease? YES NO

If no, other Lessees will need to submit their application at the same time or consent below to this as the only application per apartment home.

I confirm that the information contained herein is accurate and truthful, to the best of my knowledge and belief. I further consent and agree that failure to provide complete, accurate and truthful information herein can and will be considered as grounds to deny my application for a grant from the WWC Resident Relief Fund.

I confirm that I understand that application and/or approval of a grant from the WWC Resident Relief Fund has no effect on my lease, and that the terms and obligations under my Lease remain in full force and effect.

I confirm that WWC Resident Relief Fund is limited to 75 grants and that once the 75 grants have been awarded that applications will no longer be accepted.

I confirm that I will only apply for one grant and if awarded, I will not be eligible to apply for another grant.

I confirm that I understand that application does not guarantee approval of a grant, and that the executors of the fund will verify the information that I have submitted and base their approval or denial on the accuracy and validity of the submitted information. Approval or denial will also be based on the Selection Criteria specified in the Resident Relief Fund Notice dated 4-20-20.

I confirm that I understand the WWC Resident Relief Fund may not issue all 75 grants and that the program may be cancelled at any time.

I attest that the financial hardships described herein were entirely a result of the COVID-19 pandemic outbreak, or the related mandates by government agencies, in March 2020 and not as a result of any other circumstance. I further understand that failure to complete any section of this application, or failure to provide any of the documentation required herein, might result in the denial of my request.

Signed _____ Print Name _____ Date _____

Additional Lessee Consent

Signed _____ Print Name _____ Date _____

Signed _____ Print Name _____ Date _____

Signed _____ Print Name _____ Date _____