

## Treasury-Coronavirus Relief Fund - Participant Certification Form 2020-2021

This form is used to attest that the parent and family of a child enrolling in a YWCA Early Learning Academy or YWCA After School program site has been affected by COVID-19. Furthermore, parent and/or family certifies that they are in need of relief assistance in the form of childcare and/or after school services.

### Section A – Contact Information

<b>Parent/Guardian Name:</b>	<b>Parent Name (secondary contact person):</b>	
<b>Address:</b>	<b>City:</b>	<b>ZIP Code:</b>
<b>Mailing Address (if different):</b>	<b>City:</b>	<b>ZIP Code:</b>
<b>Parent Phone Number(s):</b>	<b>Email(s):</b>	

### Section B – Gender

Parent: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Variant/Non-conforming <input type="checkbox"/> Prefer not to say	Parent: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Variant/Non-conforming <input type="checkbox"/> Prefer not to say
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### Section C – Ethnicity

<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic
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### Section D – Race

<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other multi-racial <input type="checkbox"/> Other: _____
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### Section E – Household Size: How many family members live in your household?

<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> More than 5: _____ (List Number)
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### Section F – Do you identify yourself as one or more of the following:

<input type="checkbox"/> Essential employee <input type="checkbox"/> Stressed families as a result of COVID-19 <input type="checkbox"/> Current employees of the City of El Paso
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**Section G – Members of Household: All Persons Living within the Household Information**

Names:	HH	CH	DIS	62+	S≥18	<18	<15

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

**Section H – Income Information: Please circle the amount that best describes your household’s total annual gross income (e.g., Wages/Salaries, benefits, Social Security, Public Assistance).** NOTE: Annual Gross Family Income is defined as the total annual gross income of all family members living within the household. All sources of income must be counted. Income does not include income from employment of children under the age of 18 years.

\$0 - \$12,400.00	\$35,341.00 - \$36,550.00	\$56,551.00 - \$58,450.00
\$12,401.00 - \$14,150.00	\$36,551.00 - \$37,700.00	\$58,451.00 - \$58,900.00
\$14,151.00 - \$15,900.00	\$37,701.00 - \$38,220.00	\$58,901.00 - \$62,600.00
\$15,901.00 - \$17,650.00	\$38,221.00 - \$38,900.00	\$62,601.00 - \$63,600.00
\$17,651.00 - \$19,100.00	\$38,901.00 - \$41,040.00	\$63,601.00 - \$63,700.00
\$19,101.00 - \$20,500.00	\$41,041.00 - \$41,250.00	\$63,701.00 - \$65,950.00
\$20,501.00 - \$20,650.00	\$41,251.00 - \$41,300.00	\$65,951.00 - \$68,400.00
\$20,651.00 - \$21,900.00	\$41,301.00 - \$42,400.00	\$68,401.00 - \$69,700.00
\$21,901.00 - \$23,300.00	\$42,401.00 - \$43,600.00	\$69,701.00 - \$70,700.00
\$23,301.00 - \$23,600.00	\$43,601.00 - \$43,860.00	\$70,701.00 - \$73,100.00
\$23,601.00 - \$24,700.00	\$43,861.00 - \$45,950.00	\$73,101.00 - \$73,500.00
\$24,701.00 - \$24,780.00	\$45,951.00 - \$46,680.00	\$73,501.00 - \$76,350.00
\$24,781.00 - \$26,100.00	\$46,681.00 - \$47,100.00	\$76,351.00 - \$77,800.00
\$26,101.00 - \$26,550.00	\$47,101.00 - \$47,200.00	\$77,801.00 - \$82,000.00
\$26,551.00 - \$27,550.00	\$47,201.00 - \$49,500.00	\$82,001.00 - \$82,450.00
\$27,551.00 - \$28,320.00	\$49,501.00 - \$49,500.00	\$82,451.00 - \$87,150.00
\$28,321.00 - \$29,450.00	\$49,501.00 - \$50,900.00	\$87,151.00 - \$87,650.00
\$29,451.00 - \$31,850.00	\$50,901.00 - \$52,300.00	\$87,651.00 - \$91,900.00
\$31,851.00 - \$31,860.00	\$52,301.00 - \$53,100.00	\$91,901.00 - \$93,300.00
\$31,861.00 - \$33,000.00	\$53,101.00 - \$54,650.00	\$93,301.00 - \$99,000.00
\$33,001.00 - \$34,200.00	\$54,651.00 - \$55,150.00	\$99,001.00 - \$104,650.00
\$34,201.00 - \$35,340.00	\$55,151.00 - \$56,550.00	\$104,651.00 - \$110,300.00

**Section I – Certification Information**

**WARNING:** The information provided on this form is subject to verification by U. S. Department of Treasury at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. *The information provided on this form is subject to verification by the U.S. Department of Treasury.*

I hereby certify that all information within this certification is true and correct to the best of my knowledge. I understand that I am applying for federal assistance intended to benefit those impacted by the COVID-19 pandemic and attest that I and/or my household has been affected by the COVID-19 pandemic. My signature below additionally provides authorization for The City of El Paso, U.S. Department of Treasury, and their employees to review the information contained in this form.

\_\_\_\_\_  
Signature of Client if over 18 or Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

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**FOR AGENCY USE ONLY**

- Household resides within the City limits of the City of El Paso
- Household income is at or below 120% Area Median Income (AMI)
- Obtained client's signature attesting COVID-19 adverse impact
- Children (0-12 years) whose families are: (a) essential employees; (b) stressed families as a result of COVID-19; or (c) current employees of the City of El Paso.

Staff Member Making Verification \_\_\_\_\_

Date \_\_\_\_\_