



BRCA CARES Application

Name: *

First and Last Name

Phone: *

Primary Contact

Email: *

example@example.com

Are you related to anyone at BRCA agency? *

Yes

No

If you answered "Yes" to the above question, who are you related to at BRCA?

Name of related BRCA employee

Are you a Burke, Caldwell, or Rutherford county resident? *

Yes

No

Physical Address *

Address

City

State

Zip Code

Have you experienced a loss or reduction of income due to COVID-19? *

Yes

No

Household Income Before COVID-19 *

90 Day Gross Income (Prior to taxes)

Weekly:

Monthly:

Current Household Income *

90 Day Gross Income (Prior to taxes)

Weekly:

Monthly:

Please describe the changes to your income due to COVID 19: *

What are the financial hardships (i.e. increased expenses) that you are experiencing related to COVID-19? *

Funds Requested

Funds may be used flexibly to support individuals and families with financial disruption directly related to this crisis. We may not be able to fund the entire amount of all requests, but we will try to meet at least some of the needs of each eligible application. Please indicate the amount you are requesting in each of the following areas.

Rent/Mortgage/Security Deposit

Basic Telecommunication Utilities (i.e. internet for families with school aged children)

Utility Expenses

Childcare Expenses

Food Expenses

Other expenses related to basic needs

Media Consent Release:

I agree to participate in interviews, photography, or videos for the purpose of highlighting BRCA CARES Program. This consent grants permission to edit, use and reuse information, photographs or videos in print, broadcast, or other forms of media. This release applies to all household members.

*

Yes

No

I certify that all information in this application is true and accurate. I give permission to BRCA to verify all information provided. I understand the BRCA CARES NC program funding is a one-time subsidy to prevent evictions, foreclosures, disconnections of utilities, etc. (related to COVID) that does not require repayment.

Submit completed application to: CARES@brcainc.org

MAIL: Blue Ridge Community Action, Inc.

800 N. Green Street

Morganton, NC 28655

FAX: 828-759-0288