

City of Portsmouth ARPA One-Time Direct Payment

Application

Head of Household: _____ Age: _____

Race: _____ Gender: _____ SSN#: _____

Address: _____ Zip code: 237 _____

Home Phone: _____ Cell Phone: _____

Email: _____ Vaccinated? Y / N

Current Gross Monthly Income: \$ _____ Source of Income: _____

Other Household Members:

Name	SSN	Age	Vaccinated Y/N	Gross Monthly Income	Source

Total Household Income from all sources:

I attest that the information provided on this application is true to the best of my knowledge.

Signature _____ Date _____

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Evaluation

Eligibility will be based income per household size listed in the chart below
Total household income can be **no less than the minimum** amount listed and **no more than the maximum** amount listed for the household size

Family Size	Monthly Income	Annual Min Income	Annual Max Income
1	\$2,128 - \$2,873	\$25,536	\$34,487
2	\$2,874 - \$3,620	\$34,488	\$43,451
3	\$3,621 - \$4,367	\$43,452	\$52,415
4+	\$4,368 - \$4,588	\$52,416	\$55,057

For Internal Use Only

Date Received: _____

Portsmouth resident: Yes No Household size: _____ Total Monthly income: _____

Income verified: Yes No If no, date due: _____ Verification received: _____

Notes: _____

Disposition: Approved Denied

- Denial reason: Not a resident of Portsmouth
- Application period has ended
- Funds are exhausted
- Failed to verify income
- Income exceeds household size

Staff Signature: _____

Date: _____