



Community Development Corporation

PO Box 5701 430 E Main St Floor 1 Spartanburg, SC 29304

REQUEST FOR ASSISTANCE

Client must be a City of Spartanburg resident (not Spartanburg County) and have lost their employment or had a reduction in hours to apply for assistance due to Covid

HOW WERE YOU AFFECTED BY COVID-19? (Loss of job, reduction of hours, etc.?)

PLACE OF EMPLOYMENT (Name and Address)

Last Date of Employment _____

DO YOU CURRENTLY OR HAVE RECEIVED UNEMPLOYMENT BENEFITS WITHIN THE PAST YEAR: Yes or No

IF YES, HOW MUCH: _____

EXPLANATION OF THE USE OF UNEMPLOYMENT BENEFITS (What did you do with the unemployment payments?):

IF YOU RECEIVE CARES FUNDS, HOW DO PLAN TO MAINTAIN HOUSEHOLD EXPENSES IN THE FUTURE?



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CARES FUNDING REQUIREMENTS

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- ___ RegenesiS Application
- ___ 2020-2021 City of Spartanburg Beneficiary Form
- ___ Copy of Lease Agreement
- ___ Proof of loss from Employer/Employment Verification form stating Covid related
- ___ Proof of income (2 months Bank Statements and 2 months check stubs, SSI, unemployment letter (if not a notarized statement declaring no bank account or income required)
- ___ Notice of Eviction or Past Due Amount Owed (from landlord or utility company)
- ___ Proof of unemployment pay, If any
- ___ Explanation of expenses (What you did with your unemployment benefits, recurring expenses ...etc.
- ___ Charity Tracker – Update
- ___ ID/SS
- ___ Agree to budget/financial counseling