



1. APPLICANT FULL LEGAL NAME(S): _____
2. APPLICANT DATE(S) OF BIRTH: _____
3. APPLICANT SOCIAL SECURITY NUMBER(S): _____
**If an individual does not have a social security number, a federal Individual Tax Identification Number (ITIN) must be provided.*
4. MAILING ADDRESS FOR APPLICANT(S): _____
5. PHYSICAL RESIDENTIAL ADDRESS FOR APPLICANT(S): _____
6. TELEPHONE NUMBER: _____ 7. EMAIL ADDRESS: _____
8. PLEASE LIST BELOW ALL QUALIFYING CHILDREN'S NAMES, DATES OF BIRTH, AND SOCIAL SECURITY NUMBERS FOR THE HOUSEHOLD.

QUALIFYING CHILD IS DEFINED AS A CHILD ENROLLED IN A LOCAL PUBLIC OR PRIVATE SCHOOL FROM AUGUST 2020 THROUGH OCTOBER 2020 OF THE CURRENT SCHOOL YEAR IN A GRADE KINDERGARTEN THROUGH EIGHT (K-8) FOR WHOM YOU ARE RESPONSIBLE AS THE PARENT OR LEGAL GUARDIAN AND FOR WHOM YOU HAVE INCURRED INCREASED CHILD CARE COSTS OR INCURRED LOST OR REDUCED WAGES FROM AUGUST 2020 THROUGH OCTOBER 2020 DIRECTLY AS A RESULT OF THE PHYSICAL SCHOOL CLOSURES ATTENDANT TO THE PANDEMIC:

NAME	DATE OF BIRTH (DD/MM/YYYY)	SOCIAL SECURITY NUMBER (or ITIN)	LOCAL SCHOOL ATTENDING
a.			
b.			
c.			
d.			
e.			

If you require more lines, please see the next page of this Application.

9. As the Applicant(s), please **CERTIFY** truthfully, and under penalty of perjury and/or fraud, whether you are the parent(s) or legal guardian(s) of each of the children listed above? YES OR NO
10. As the Applicant(s), please **CERTIFY** truthfully, and under penalty of perjury and/or fraud, as follows:
 - a. I/WE HAVE INCURRED INCREASED CHILD CARE COSTS FROM 08/2020 THRU 10/2020 DIRECTLY AS A RESULT OF PHYSICAL SCHOOL CLOSURES ATTENDANT TO THE PANDEMIC: YES OR NO
 - OR**
 - b. I/WE HAVE INCURRED LOST OR REDUCED WAGES FROM 08/2020 THRU 10/2020 DIRECTLY AS A RESULT OF PHYSICAL SCHOOL CLOSURES ATTENDANT TO THE PANDEMIC: YES OR NO
11. I fully understand that in order to be eligible for the grant/benefit I must provide proof and accompanying documents satisfactory to Culpeper Human Services that demonstrate (i) residency in Culpeper County and (ii) that I/We have a qualifying child or children and (iii) I/We have incurred increased child care costs OR incurred lost or reduced wages directly as a result of the physical school closures attendant to the pandemic.
12. In the event I (we) am (are) awarded a grant/benefit, please mail the check to the following address: _____

****Pursuant to the Code of Virginia (1950), as amended, Sec. 8.01-4.3, I/WE declare and certify under penalty of perjury and/or fraud that the above statements and information, and any and all proof and documents I submit in support of my application, are true and correct. Perjury and fraud may be punishable by both fine and imprisonment.****

Applicant Signature
 Printed Name: _____
 Date: _____

Applicant Signature
 Printed Name: _____
 Date: _____



If you required additional lines with regard to Question 8, please use the below.

(CONTINUED FROM THE PREVIOUS PAGE) PLEASE LIST BELOW ALL ADDITIONAL QUALIFYING CHILDREN’S NAMES, DATES OF BIRTH, AND SOCIAL SECURITY NUMBERS FOR THE HOUSEHOLD.

QUALIFYING CHILD IS DEFINED AS A CHILD ENROLLED IN A LOCAL PUBLIC OR PRIVATE SCHOOL FROM AUGUST THROUGH OCTOBER 2020 OF THE CURRENT SCHOOL YEAR IN A GRADE KINDERGARTEN THROUGH EIGHT (K-8) FOR WHOM YOU ARE RESPONSIBLE AS THE PARENT OR LEGAL GUARDIAN AND FOR WHOM YOU HAVE INCURRED INCREASED CHILD CARE COSTS OR LOST/REDUCED WAGES FROM AUGUST 2020 THROUGH OCTOBER 2020 DIRECTLY AS A RESULT OF THE PHYSICAL SCHOOL CLOSURES ATTENDANT TO THE PANDEMIC:

NAME	DATE OF BIRTH (DD/MM/YYYY)	SOCIAL SECURITY NUMBER (or ITIN)	LOCAL SCHOOL ATTENDING
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
p.			
q.			
r.			
s.			
t.			
u.			
v.			
w.			
x.			
y.			
z.			