TOWN OF CARRBORO • NC
FACING RACE, EMBRACING EQUITY

# Carrboro Family Financial Assistance Program

## Purpose

Numerous families continue to face financial challenges resulting from the pandemic. These challenges pertain to securing necessities such as housing, utilities, childcare, and transportation. Carrboro households that are experiencing a financial hardship may be eligible for financial help.

## Eligibility

Applicants must:

- Be a U.S. citizen or an eligible alien
- Be a Carrboro resident
- Income below 200% of Federal Poverty Level which provides income guidance for certain programs, benefits and reduced fees, poverty level or meets the Carrboro affordable housing goals & strategies document earning 60% of the area median income or less, spending no more than 30% of household income on housing costs, including utilities.
- Provide proof of need, for an unpaid bill(s) for childcare, rent, utilities, or transportation need.

## Information

Applications received by Orange County Department of Social Services from January 15 – 31, 2024.

Drop off completed applications to
Chapel Hill - Southern Human Services Center, 2501 Homestead Rd, Chapel Hill, NC 27516
Hillsborough - Hillsborough Commons, 113-B Mayo Street, Hillsborough, NC 27278
Or

Fax to 919-644-3005.

Include a copy of your identification and proof of need, for example an unpaid bill for childcare, rent, eviction order or transportation need with your application.

Staff will work with Orange County Department of Social Services and other agencies if necessary to confirm eligibility status of applicants in accordance with Federal, State, County and/or Town requirements.

**Orange County Department of Social Services will also review application status for other programs potentially available and might contact you with the information.**

## Dispensing Funds

The Town of Carrboro will send payment on behalf of applicant directly to the recipient such as the childcare provider or apartment complex, and not to the applicant. Funds will be dispensed until resources are depleted and/or application acceptance concluded.

| Program Timeline | |
|---|---|
| **ACTION** | **DATE** |
| Town Council approval | January 9, 2024 |
| Community announcement | By January 15, 2024 |
| Acceptance of applications and documentation | January 15-31, 2024 |
| Eligibility of applicants confirmed | By February 5, 2024 |
| Award funding and dispense payment | By February 19, 2024 |
| Provide final report to Racial Equity Commission | February 28, 2024 |

For questions, contact Anita Jones-McNair, amcnair@carrboronc.gov, 919.918.7381 or Kannu Taylor, ktaylor@carrboronc.gov, 919.918.7351.

**Note: Completing this application for the Family Financial Assistance Program does not automatically guarantee payment under this program.**

# Carrboro Family Financial Assistance Program Application

Applicant Name: _____
Address: _____

Date of Application: _____
Telephone:_____
Date Received and Time _____

HOUSEHOLD: List all household members

*(Household members are required to provide last four digits of social security number and immigrant or citizenship status and race and ethnicity )*

| Name | Date of Birth | Race/Ethnicity | Gender | Last four digits of your Social Security number | Citizen /Eligible Immigrant | Relationship |
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Describe the reason for your application, amount needed, and attach documentation (ie: bill or invoice - maximum $1,500 for transportation and childcare and $6,000 housing and utilities):

_____

_____

_____

**Applicant Statement:** I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify under penalty and perjury, that all persons for whom I am applying are U.S. Citizens or qualifies immigrants. I declare under penalty of perjury (and being subject to prosecution under 28 U.S.C. § 1746) that the foregoing is true and correct.

_____ _____

Applicant's/Representative's Signature Date

**The sections below should be completed by Orange County Department of Social Services and Town of Carrboro Employees Only**

| **Orange County Department of Social Services staff completes this section –** |
|---|
| Family/household meet eligibility status? ☐ Yes ☐ No |
| Reason denied:<br>_____<br>_____<br>_____<br>_____<br><br>_____<br>Orange County Department of Social Services staff Signature and Date |

| **Town of Carrboro staff completes this section –** |
|---|
| DISPOSITION: ☐ Approved ☐ Denied ☐ Pending |
| Reason denied:<br>_____<br>_____<br>_____<br>_____<br><br>_____<br>Town of Carrboro staff Signature and Date |