City of Las Vegas - Vegas Strong Academy

COVID-19 Emergency Financial Assistance Request

VSA Site: _____

Guardian: _____

Address: _____

Phone: _____

Email: _____

Copies of the following items are required if applicable:

1.	Photo ID (copy of primary and secondary guardian if applicable)
2.	Monthly income statement for each member of the household working (paycheck stubs, income tax statements, etc.)
3.	Public assistance documents *(TANF, SNAP, WIC, Social Security, unemployment, etc.)*
4.	Other income documents (child support, alimony, etc.)
5.	CCSD Free and Reduced Meal eligibility letter (provide a separate letter for each eligible child who will attend VSA)

Does any member of your household:
(documentation is required)

- ☐ Work full-time, part-time, or seasonally?
- ☐ Expect to work any period during the next year?
- ☐ Live in Public Housing or receive Section 8 rental assistance?

Receive or expect to receive any of the following:

- ☐ Public assistance (welfare)?
- ☐ Unemployment benefits?
- ☐ Child support?
- ☐ Alimony?
- ☐ Social Security or other retirement benefits?

Needs VSA? (Y/N)	Household Members (First and Last Name)	Relationship	Date of Birth	Monthly Income
			Total Household Income:	

I/we certify that the information given on the household information and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by law. I/We also understand that false statements or information are grounds for termination of assistance. I/we consent to verification of this information by the service provider, the city of Las Vegas, or other governmental officials as required. In the event my/our income changes due to marriage, divorce, births, deaths, promotions, termination, etc., I/we must provide documentation to that effect and updated income statements in (10) business days for financial aid recertification.

_____ _____

Signature of Primary Guardian Date

STAFF USE ONLY

Date Received: _____

Processor's Recommendation ____ Approve ____ Deny _____ % $_____ Family ID#: _____

Name/Signature of Processor: _____ Approval Date:_____