



## WAMY CARES COVID-19 Relief Request for Assistance

**Personal Information:**

Name:	Address:
Birthday:	SSN:
Race:	Gender:
Email:	Phone(s):

**1. Other Household Members: Please list other household members below.**

Name	Birthdate	SSN	Relation to Applicant

2. Do you have a disability? (check one)  Yes  No

3. Marital Status (check one)  Married  Single  Divorced  Widowed

