



**APPLICATION FOR CITY OF MIAMI GROCERY GIFT CARD PROGRAM**

I, \_\_\_\_\_ (“Applicant”) hereby affirm and / or attest the following:

1. I am completing this Application with the City of Miami, Florida (“City”) and hereby request to participate in the City’s COVID-19 Grocery Gift Card Program (“Program”).
2. I am a current resident of the City. The photo identification I have provided to the City with this Application is a valid and current identification confirming my residency within the City.
3. I understand that the City’s Program is designed to assist residents who have suffered a financial hardship due to the COVID-19 pandemic by alleviating the burden of grocery costs through one (1) Grocery Gift Card per household in an amount not to exceed Two Hundred Fifty Dollars (\$250.00).
4. I represent and warrant to the City that I have suffered financial hardship due to the COVID-19 health pandemic as set forth below.
5. I acknowledge that the City is materially relying on the veracity of the contents of this Application and that this Application is being given for the purpose of inducing the City to approve my request hereby for food assistance pursuant to the Program.

**Print City Resident’s Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Miami, FL Zip:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**City Commission District** \_\_\_\_\_

I am a resident of the City of Miami (Photo ID Required)

Yes  No

Are you currently working

Yes  No

Suffered financial hardship as a result of COVID-19

Yes  No

Number of people in household: \_\_\_\_\_

Annual household income: \$ \_\_\_\_\_

Please provide a brief description of your financial hardship (loss of income, loss of job, additional expenses for COVID-19 supplies while on fixed income, etc.) \_\_\_\_\_

**Pursuant to Florida Statute 92.525, under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.**

**Applicant Signature:** \_\_\_\_\_

\*\*\* \*\*

**CITY USE ONLY**

**PRINT NAME OF CITY EMPLOYEE REVIEWING AND RECEIVING THIS AFFIDAVIT:** \_\_\_\_\_

**APPLICANT IS DEEMED ELIGIBLE:**  Yes  No **IF NO, STATE REASON:** \_\_\_\_\_

**GIFT CARD# ISSUED: (Last 6 digits, without the last check digit on the farthest right)** \_\_\_\_\_

**DATE & TIME RECEIVED:** \_\_\_\_\_ **COMMISSION DIST., ELECTED OFFICIAL or DEPARTMENT:** \_\_\_\_\_