



TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-4451
Telephone (508) 398-2231 Ext. 1275, Fax (508) 398-2365 TTD: (508) 398-2231

DEPARTMENT
OF
COMMUNITY
DEVELOPMENT

COMMUNITY
DEVELOPMENT
BLOCK GRANT
PROGRAM

COVID-19 RELIEF PROGRAM JOB TRAINING PROGRAM SUMMARY

The Town of Yarmouth CDBG COVID-19 Relief Program may be able to pay for the job training you need. Yarmouth residents who are income eligible and work in Yarmouth may qualify. The program requires that either the resident or the business had or has a hardship due to the COVID-19 pandemic (for example a past or current reduction of hours, temporary closing, extra operating costs, etc.).

To apply, complete the form on the next page, attach your 2020 Federal Income Tax Return, and submit to Mary Waygan, Department of Community Development, 1146 Route 28, South Yarmouth, MA 02664 for review.

The Town of Yarmouth will work with you to answer your questions and to complete this application. The Town reserves the right to apply additional regulations or request additional information from the applicant household in order to certify a household's eligibility for assistance. Final approvals may be subject to review by US HUD which awarded these funds to the Town of Yarmouth.

No duplication of benefits is allowed. All qualified applicants will be asked to certify that they have not received duplicate payment, assistance, or benefit from a difference assistance program for the same expense.

All payments are made directly to the training company or association.

The Town of Yarmouth COVID-19 Relief Program offers other financial assistance to Yarmouth residents including assistance with childcare, rent, mortgage, utilities, internet costs etc. For more information, please contact Mary Waygan at mwaygan@yarmouth.ma.us or 508-398-2231 x1275.



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JOB TRAINING APPLICATION FORM

This information will be kept confidential. This information is used to report, in general terms, to US HUD which funds and monitors this program.

Only Yarmouth residents working in Yarmouth can apply.

Complete this for and submit with a copy of your Federal Income Tax Return from 2020.

Name: _____

Address: _____

Phone: _____

Email: _____

What Training are you taking?

What company do you work for?

Did this company close or partially close due to COVID? Yes ___ No ___

Did your household lose work or wages due to COVID? Yes ___ No ___

List Names of All Household Members	Relationship	Age	Citizenship
	Self		

Indicate the Race of All Household Members	Number of Persons	Are these members Hispanic?
White		
African-American/Black		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & African-Am/Black		
Multi-Racial		

Circle Your Household Annual Income (\$) (Federal Fiscal Year 2021)					
1 PERSON HOUSEHOLD	2 PERSON HOUSEHOLD	3 PERSON HOUSEHOLD	4 PERSON HOUSEHOLD	5 PERSON HOUSEHOLD	6 PERSON HOUSEHOLD
0 – 20,450	0- 23,350	0 -26,250	0-29,150	0-31,500	0-35,580
20,451- 34,050	23,351-38,900	26,251 -43,750	29,151-48,600	31,501-52,500	35,581-56,400
34,051-54,450	38,901-62,200	43,751-70,000	48,601-77,750	52,501-84,000	56,401-90,200
54,451-above	62,201-above	70,001-above	77,751- above	84,001-above	90,201-above

I certify that this information is correct.

Signature: _____ Date: _____