

Executive Order 2020-12 Prugraman Salappe Ayudon I Taotao
(EXTENDED by Executive Order 2020-15)

Residents who are already recipients of public welfare benefits or have already applied do not need to submit an application for *Prugraman Salappe Ayudon I Taotao*. Those who may be eligible and are not currently receiving public assistance or who have not applied for public assistance may submit an application.

Individuals applying for this program will be given a one-time payment of \$300 per eligible person not to exceed \$1,200 per household. Factors that determine the household payment are as follows:

- Household Size
- Heads of Household 18 years of age or older
- Residency on Guam for at least 6 months
- Gross monthly income equal to or below 165% of the federal poverty level

Household Size	Not to Exceed Gross Monthly Income of:
1	\$ 1,718
2	\$ 2,326
3	\$ 2,933
4	\$ 3,541
5	\$ 4,159
6	\$ 4,757
7	\$ 5,364
8	\$ 5,972
9	\$ 6,580
10	\$ 7,188
11	\$ 7,796
12	\$ 8,404
13	\$ 9,012
14	\$ 9,620
15	\$ 10,228

WHAT TO SUBMIT WITH YOUR APPLICATION:

- **Application:** Bring/email your completed “*Disaster Relief Cash Assistance Program*” application.
- **Identity:** Driver’s License, Guam Identification Card or Passport, etc.
- **SSN:** Social Security card for each household member or receipt of application for a number.
- **Proof of 6-month Residency:** (Examples: Landlord Statement/GHURA Contract/Statement of Living Arrangement (if living with individuals other than your family)/Mayors Verification.
- **Earned Income:** Current months check stub(s) and the past 2 months check stubs, Employment Verification, filed gross receipts/1040 Form, and/or statement of Self-Employment earnings.
- **Unearned Income:** Award letters from Social Security, VA or Retirement Income. Court Order or statement from the absent parent for child support received. Statement signed by friends or relatives about money you receive. Interest statement from Trust Funds, C3A Annuity Card, Alimony records.

Applications can be emailed to publicassistance@dphss.guam.gov or submitted to the drop box located at **Castle Mall in Mangilao, Room 15** between the hours of **8am-5pm, Monday through Friday, excluding holidays.**

Last day to apply for this program **HAS BEEN EXTENDED UNTIL JUNE 12, 2020.**
If you need further clarification, please contact our office(s) @ 735-7344/7256.



DISASTER RELIEF CASH ASSISTANCE PROGRAM APPLICATION FORM

TO BE COMPLETED BY THE OFFICIAL STAFF ONLY :

Date of Application : _____

Document Number : _____

Eligible Household Size : _____

Date Processed : _____

Processed by : _____
 Print Name

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK

Name of Applicant

Last	First	MI	Social Security Number	Date of Birth
Mailing Address		City	State	Zip Code
Home Address			Home Phone	Work Phone
Email Address			Cell Phone	Alternate Phone

HOUSEHOLD MEMBERS

LIST YOURSELF AND ALL PERSONS WHO LIVE WITH YOU. THE ELIGIBILITY SPECIALIST WILL DETERMINE WHO QUALIFIES FOR ASSISTANCE.				CITIZENSHIP	ETHNICITY	RELATIONSHIP (to head of household)	PREGNANT (Check Mark)	DISABLED (Check Mark)	HIGHEST GRADE LEVEL COMPLETED	CURRENTLY PARTICIPATING IN:					ELIGIBLE?
										MEDICAID	SNAP	MIP	CASH	CHILD CARE	
1. Your Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
2. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
3. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
4. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
5. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
6. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
7. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
8. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
9. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
10. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N

INCOME CODES

USE THESE CODES TO COMPLETE INCOME INFORMATION.

EARNED INCOME CODES

Civil Service (Federal) Employment ----- FG
 Government of Guam Employment ----- GG
 Military Earnings ----- MA
 Private Enterprise Income ----- PE
 Other ----- OT

UNEARNED INCOME CODES

Alimony and Child Support ----- AY
 Civil Service (Federal) Retirement ----- FR
 Dividends and Interest ----- DI
 Foster Care Payments ----- FO
 GHURA Subsidy (Utilities) ----- GH
 Government of Guam Retirement ----- GR
 Life Insurance Benefits ----- LI
 Lump Sum Payments ----- LP
 Military Exchange Retirement ----- MX
 Money From Friends, Relatives, Etc. ----- MO
 Payments For Property Sold ----- PP
 Property Rent Payments ----- PR
 Scholarship, Fellowship, Loan ----- SC
 Social Security Benefits ----- SS
 Striker's Benefits ----- ST
 Supplemental Security Income (SSI) ----- SI
 Veteran's Pension ----- VA
 Welfare Payments (Including GA) ----- PA

EARNED INCOME

PLEASE BRING TWO (2) RECENT EMPLOYMENT CHECK STUBS, USE THE CODES LISTED ABOVE TO INDICATE THE TYPE OF EARNED INCOME. DESCRIBE ANY INCOME LISTED AS "OT" (OTHER). FOR HOW OFTEN PAID, SPECIFY IF DAILY, WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME (Last, First, M.I.)	TYPE OF EARNED INCOME		DATE EMPLOYED	HOW OFTEN PAID	GROSS AMOUNT
	CODE	PLACE OF EMPLOYMENT			
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

SELF-EMPLOYMENT INCOME

PLEASE BRING MOST RECENT 1040 TAX FORM AND 12 MOST RECENT GROSS RECEIPT TAX FORMS.

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME (Last, First, M.I.)	TYPE OF SELF-EMPLOYMENT	DATE EMPLOYED	HOW OFTEN PAID	GROSS AMOUNT
				\$
				\$
				\$

UNEARNED INCOME

USE THE CODES IN PAGE 3 TO INDICATE THE TYPE OF UNEARNED INCOME. DESCRIBE ANY INCOME LISTED AS "OT" (OTHER). FOR HOW OFTEN PAID, SPECIFY IF DAILY, WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME (Last, First, M.I.)	TYPE OF UNEARNED INCOME		HOW OFTEN PAID	GROSS AMOUNT
	CODE	DESCRIBE OTHER		
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
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				\$
				\$
				\$
				\$

EMPLOYMENT HISTORY

PLEASE REPORT THE LAST EMPLOYMENT FOR EACH MEMBER OF THE HOUSEHOLD.

EMPLOYEE NAME (Last, First, M.I.)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED		REASON FOR LEAVING	MONTHLY GROSS INCOME
		FROM MONTH/YEAR	TO MONTH/YEAR		
					\$
					\$
					\$
					\$
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YOUR CERTIFICATION

BEFORE SIGNING THIS APPLICATION, GO BACK AND CHECK THAT YOU HAVE ANSWERED EACH QUESTION. MAKE YOU SURE UNDERSTAND EACH QUESTION AND YOUR ANSWERS ARE CORRECT AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE.

Signature (OR MARK) of Applicant

Date

Witness if Signature is 'X'

Date

Signature (OR MARK) of Spouse

Date

CERTIFICATION BY THE PROCESSOR

I CERTIFY THE APPLICANT IS ELIGIBLE BASED ON THE INFORMATION PROVIDED IN THE APPLICATION.

Processor Signature

Date

Printed Name