

## **City of District Heights Gift Card Program**

The City of District Heights Mayor and City Commissioners, through the funding of the CARES ACT, are distributing \$200 Gift Cards to City of District Heights residents who have experienced hardship due to COVID-19 (limited to one per household). The distribution is on a first come, first serve basis and while supplies last.

### **Program Requirements:**

**Must be a City of District Heights Resident** (proof of residency required in the form of a driver's license or any other form of photo ID showing City address). Each address will be verified to ensure the address provided is within the City limits.

**Must provide a signed application in-person at the City of District Heights Clerks office** attesting to the fact that you have faced a financial hardship due to the COVID-19 Pandemic. We encourage you to have your application printed & signed prior to arrival to reduce your wait time. **Applications can not be accepted online or via mail, only in-person at the City Clerks office located at 2000 Marbury Drive, District Heights, MD 20747 from 10AM to 4 PM, Monday through Friday.**

### **How to Apply:**

#### **Collect Documents**

- State of Maryland issued picture ID card with a City of District Heights address
- A signed application that shows you/the resident has been affected by COVID-19
- Gift Card applications can only be presented in person at the City Clerk's office located at 2000 Marbury Drive, District Heights, MD 20747 from 10AM to 4PM Monday through Friday.

## **Review Rules**

- Only one gift card per household.
- Must have faced financial hardship due to the COVID-19 Pandemic.
- Must have a State issued ID showing an incorporated City of District Heights address. (For seniors, or the elderly that do not drive, the following can also be used; a Social Security letter with a City of District Heights address, Medicare letter with a City of District Heights address, utility statement in their name with a City of District Heights address, but only if they do not have a valid Maryland issued photo ID.

**You can download the Application from the City's Website at [www.districtheights.org](http://www.districtheights.org).**



**APPLICATION FOR THE CITY OF DISTRICT HEIGHTS GIFT CARD PROGRAM**

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

1. I am completing this Application with the City of District Heights (“City”) and hereby request to participate in the City’s COVID-19 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 providing one (1) Gift Card per household in an amount not to exceed Two Hundred Dollars (\$200.00).
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 assistance pursuant to the Program.

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

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

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

**District Heights, MD Zip: 20747 Age:** \_\_\_\_\_

I am a resident of the City of District Heights (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.) \_\_\_\_\_

**Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.**

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

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**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:** \_\_\_\_\_      **CARD SET(1 or 2)** \_\_\_\_\_