



A Florida NOT FOR PROFIT CORPORATION 501(c) (3)
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For Office use only:

App # _____ Check # _____ Date: _____

Notes: _____

COVID-19 Assistance Application

**Please submit the following with this application:
Copies of lease (first and last page only) and 3 months of your most recent bank statements.**

We only assist with rent at this time.

Name: _____ Email: _____ Date: _____

Address: _____ Phone #: _____

Landlord name: _____ Phone #: _____ Email: _____

Address where check is to be mailed: _____

How many people live at this location: _____ Total Rent: _____ Your Share of rent: _____

Landlord's will be notified by SSF should assistance be granted. We are required to report all payments to the IRS. Please call your Landlord to update them about your situation and to let them know we will be calling them.

Employer: _____ Supervisor: _____

Phone #: _____ Email: _____

Describe the reason you are needing assistance (attach additional pages if needed):

I, the undersigned applicant, attest that the above information contained herein to be true and factual.

I GIVE SISTER SEASON FUND FULL RELEASE AND MY PERMISSION TO CONTACT ALL OF THE ABOVE TO MAKE INQUIRIES REGARDING THIS APPLICAITON. I HAVE INFORMED ALL OF THE ABOVE THAT SSF MAY BE IN TOUCH AND TO RELEASE ALL INFORMATION NEEDED. THIS INCLUDES ITEMS COVERED UNDER THE HIPPA ACT.

Signature: _____ Date: _____

What other agencies have you contacted?

