



Applicant Name (First and Last): _____

Address _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ *Please check your preferred contact method.*

Number of Family Household Members: _____

Are you not working at this time due to: Furlough Layoff Unemployed

Employer: _____

By requesting this assistance, I acknowledge my Branford residency and my need status due to the COVID-19 pandemic event. Upon acceptance, I understand the gift cards will be mailed to the above address.

By signing below, I hereby certify the information in this application is truthful and accurate and I accept the program guidelines.

Applicant Signature

Date

For Internal Use Only: _____

<i>Gift Certificate #</i>	<i>Restaurant</i>	<i>Amount</i>
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