



# UBI Application Form

Apply online at: [www.getubi.org](http://www.getubi.org)

Fill out and submit this form to apply for the Universal Basic Income (UBI) Pilot. To be eligible for this program, you must reside in the U.S., be older than 18, have experienced economic hardship related to COVID-19 and have a household income at or below 250% of the Federal poverty level.

PERSON 1				
APPLICANT'S LEGAL NAME - LAST		APPLICANT'S LEGAL NAME - FIRST		DATE OF BIRTH (mm/dd/yy)
ADDRESS WHERE YOU LIVE		APT. NUMBER	CITY	STATE ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		GENDER Female Male Non-binary	
DO YOU NEED AN INTERPRETER?	WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?		WHAT IS YOUR PREFERRED WRITTEN LANGUAGE?	
DID YOU MOVE TO THE U.S. WITHIN THE LAST YEAR?	DATE MOVED TO U.S. WITHIN THE LAST YEAR (MM/DD/YY)		COUNTRY MOVED FROM WITHIN THE LAST YEAR	

## Do you know your annual household pre-tax income?

If you do, you only need to fill out Page 1 of this application and sign it and date it on Page 2. You do not need to fill out the other income or household member sections of this form. However, you must submit documents verifying this income.

ANNUAL HOUSEHOLD PRE-TAX INCOME AMOUNT:	
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## Has anybody in your household experienced economic hardship because of the COVID-19 pandemic?

Check all that apply.

<input type="checkbox"/>	HOURS OR WAGES WERE REDUCED DUE TO COVID-19
<input type="checkbox"/>	FURLOUGHED DUE TO COVID-19
<input type="checkbox"/>	LAID OFF DUE TO COVID-19
<input type="checkbox"/>	UNEMPLOYED FOR MORE THAN 90 DAYS
<input type="checkbox"/>	LEFT WORK TO CARE FOR SELF OR OTHERS IN HOUSEHOLD
<input type="checkbox"/>	LOST CHILDCARE OR HOME AID SUPPORT
<input type="checkbox"/>	LEFT WORK BECAUSE OF COVID-19 MEDICAL COMPLICATIONS
<input type="checkbox"/>	HOUSEHOLD MEDICAL EXPENSES GREW DUE TO COVID-19
<input type="checkbox"/>	HOUSEHOLD INCOME REDUCED DUE TO DEATH OF HOUSEHOLD MEMBER
<input type="checkbox"/>	BUSINESS REVENUE DECLINED SIGNIFICANTLY (BUSINESS OWNER OR SELF-EMPLOYED)
<input type="checkbox"/>	OTHER

I have looked over my answers and believe they are all true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT:	
DATE:	
AGENCY SIGNATURE:	
DATE RECEIVED:	

**Do you receive income?**      Yes      No

If yes, please check the box for each type of income that you received during the last year and fill in the dollar amount that you received of each. You must provide proof of this income when you submit this application.

	JOB (Salary, Wages, Commission or Tips))	\$ _____
	SELF-EMPLOYMENT	\$ _____
	UNEMPLOYMENT	\$ _____
	SOCIAL SECURITY BENEFITS	\$ _____
	RETIREMENT	\$ _____
	CHILD OR SPOUSAL SUPPORT	\$ _____
	PENSION BENEFITS	\$ _____
	INVESTMENT INCOME	\$ _____
	CAPITAL GAINS	\$ _____
	RENTAL OR ROYALTY	\$ _____
	FARMING OR FISHING	\$ _____
	ALIMONY RECEIVED	\$ _____
	TAXABLE SCHOLARSHIP	\$ _____
	CANCELLED DEBT	\$ _____
	COURT AWARDS	\$ _____
	GAMBLING, PRIZES OR AWARDS	\$ _____
	JURY DUTY PAY	\$ _____
	OTHER	\$ _____

**Do you live with any of these people?**

Please check all that apply.

	YOUR SPOUSE
	YOUR CHILDREN
	OTHER FAMILY MEMBERS THAT DEPEND ON YOU
	YOUR DOMESTIC PARTNER

**If you do live with any of these people, please provide information about each of these additional household members on the following pages.** Then sign and date this form on Page 1, provide documentation to verify all listed income, and submit your application. You will get confirmation once your application has been received. If we have additional questions or need additional documentation, we will contact you. Once all final information has been received, you will be notified within 30 days as to whether or not you are eligible for UBI benefits.

**If you don't live with any of these people, then you don't need to fill out any more pages of this form.** Just sign and date the form on page 1, provide any documents necessary to prove your income and submit your application. You will get confirmation once your application has been received. If we have additional questions or need additional documentation, we will contact you. Once all final information has been received, you will be notified within 30 days as to whether or not you are eligible for UBI benefits.

If you live with your spouse, your children, your domestic partner, or any other family members that are dependent on you, please provide information about those additional household members below.

HOUSEHOLD MEMBER 1		
LEGAL NAME - LAST	LEGAL NAME - FIRST	RELATIONSHIP TO APPLICANT
DID THEY MOVE TO THE U.S. WITHIN THE LAST YEAR?	DATE MOVED TO U.S. WITHIN THE LAST YEAR (MM/DD/YY)	COUNTRY MOVED FROM WITHIN THE LAST YEAR

**Do they receive income?**      Yes      No

If yes, please check the box for each type of income they received during the last year and fill in the dollar amount that they received of each. You must provide proof of this income when you submit this application.

	JOB (Salary, Wages, Commission or Tips))	\$ _____
	SELF-EMPLOYMENT	\$ _____
	UNEMPLOYMENT	\$ _____
	SOCIAL SECURITY BENEFITS	\$ _____
	RETIREMENT	\$ _____
	CHILD OR SPOUSAL SUPPORT	\$ _____
	PENSION BENEFITS	\$ _____
	INVESTMENT INCOME	\$ _____
	CAPITAL GAINS	\$ _____
	RENTAL OR ROYALTY	\$ _____
	FARMING OR FISHING	\$ _____
	ALIMONY RECEIVED	\$ _____
	TAXABLE SCHOLARSHIP	\$ _____
	CANCELLED DEBT	\$ _____
	COURT AWARDS	\$ _____
	GAMBLING, PRIZES OR AWARDS	\$ _____
	JURY DUTY PAY	\$ _____
	OTHER	\$ _____

If you live with your spouse, your children, your domestic partner, or any other family members that are dependent on you, please provide information about those additional household members below.

HOUSEHOLD MEMBER 2		
LEGAL NAME - LAST	LEGAL NAME - FIRST	RELATIONSHIP TO APPLICANT
DID THEY MOVE TO THE U.S. WITHIN THE LAST YEAR?	DATE MOVED TO U.S. WITHIN THE LAST YEAR (MM/DD/YY)	COUNTRY MOVED FROM WITHIN THE LAST YEAR

**Do they receive income?**      Yes      No

If yes, please check the box for each type of income they received during the last year and fill in the dollar amount that they received of each. You must provide proof of this income when you submit this application.

	JOB (Salary, Wages, Commission or Tips))	\$ _____
	SELF-EMPLOYMENT	\$ _____
	UNEMPLOYMENT	\$ _____
	SOCIAL SECURITY BENEFITS	\$ _____
	RETIREMENT	\$ _____
	CHILD OR SPOUSAL SUPPORT	\$ _____
	PENSION BENEFITS	\$ _____
	INVESTMENT INCOME	\$ _____
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	JURY DUTY PAY	\$ _____
	OTHER	\$ _____