



UBI Application Form

Apply online at: 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:	