



Hidalgo County COVID Condolence Program Coronavirus Relief Fund Reimbursement Request

SECTION 1	APPLICANT INFORMATION	
SECTION 1	Applicant Name:	Deceased Name and MR#
	Mailing Address:	Contact Phone: (Area code and Number)

SECTION 2	CORONAVIRUS RELIEF FUND EXPENDITURE FORM		
SECTION 2	Date of Death:	Account Number: 0-1287-441-42-115-096-0340	
	Type of Category Expense	Description of Expense	Amount
	Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency due to funeral expenses incurred.	Hidalgo County COVID Condolence Program - Funeral Expense	\$ 2,000.00

SECTION 3	CERTIFICATION/PROMISSORY AGREEMENT	
SECTION 3	<p>The undersigned hereby certifies under penalty of perjury that the information provided in this request for reimbursement from the Coronavirus Relief Fund is true, complete, and accurate and the expenditures reported are in compliance with the Hidalgo County Condolence Program. I further understand that as the person identified herein requesting services as a result of the death of a family member due to COVID-19, that failure to provide complete and accurate supporting documentation may require that I pay back and reimburse the County of Hidalgo, Texas any monies not used for the reimbursement of funeral expenses in compliance with the Hidalgo County Condolence Program. I understand that the monies received are federal funds provided as a direct result of the COVID-19 public health emergency and any misuse of these funds will require the forfeiture of said benefit. I am further aware that any false, fictitious, or fraudulent information provided may subject me to criminal, civil, or administrative penalties.</p>	
	Print Name:	SSN/TIN:
	Signature:	Date:

SECTION 4	Reviewed by:	
	Name & Title:	
	Date Reviewed:	