

## COMMUNITY FUND GRANT APPLICATION

In order to be considered for a grant you must submit this completed form along with the documents listed at the end of the application.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Grant Information

Reason

What unexpected hardship is causing you to apply for assistance? (We encourage you to attach a separate, detailed description of your hardship including any relevant dates, costs and/or contributing difficulties.) \_\_\_\_\_

Applied?

Have you applied for a grant from **In This Together** in the past?

No  Yes (if Yes, when?) \_\_\_\_\_

\$\$ Received

Have you received any other grants and/or personal fundraising money or monetary gifts in regard to this specific hardship?  No  Yes (if Yes, how much and when did you receive it?) \_\_\_\_\_

Duration

How long do you anticipate your hardship will last? \_\_\_\_\_

Insurance

Do you have insurance to help with this financial burden?  No  Yes (if Yes, do you anticipate that your insurance will cover all, some or none of the expenses?) \_\_\_\_\_

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### Work

If you are employed, are you currently missing work due to your hardship?

No  Yes (if yes, how many hours a week, on average, are you missing) \_\_\_\_\_

### Benefits

Are you currently receiving Social Security benefits?

No  Yes (if yes please include a recent determination letter.)

### Family

Do you have any dependents?  No  Yes (if yes, how many?) \_\_\_\_\_

### Income

What is your annual gross family income? \_\_\_\_\_

### Documents

Please attach **two of the three** following documents:

- Letter from your bank indicating the current balance in your accounts
- Two recent pay stubs (if working or recently stopped working due to your hardship)
- Social Security determination letter (if disabled or retired)

### Documents

Please also attach **one or more** of the following documents that apply to your specific hardship.

Please identify which documents you are attaching:

- FMLA certification
- Insurance claim
- Medical bill
- Letter from licensed professional (ex. social worker, lawyer, case worker)
- Other \_\_\_\_\_

I certify that all the information herein is complete and accurate.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please mail your application and documents to:

In This Together  
135 Maine Street, Ste A271  
Brunswick, Maine 04011