



**Women & Family Life Center COVID-19 Cash Assistance Application**

The purpose of this application is to identify individuals that have suffered financial hardship due to the direct impact of COVID-19. Applicants who meet the eligibility requirements^ will be considered for the following assistance:

- 1) In partnership with the Branford Community Foundation and the Guilford Foundation, individuals who live or work in Guilford/Branford who demonstrate need directly due to COVID-19.
- 2) In partnership with the United Way of Greater New Haven, individuals who live in Branford and East Haven who demonstrate need directly due to COVID-19.
- 3) Individuals who live or work in any of the 16 shoreline towns that we serve who demonstrate need directly due to COVID-19.

^Examples include but are not limited to: an individual tested positive and can't work, loss of work or reduced work hours, loss of childcare, need to care for a loved one, etc.

**1. Date of Application:** \_\_\_\_\_

**2. First & Last Name:** \_\_\_\_\_

**3. Email:** \_\_\_\_\_

**4. Phone # (where we can contact you):** \_\_\_\_\_

**5. Household composition:**

**# of adults:** \_\_\_\_\_

**# of children (birth through high school):** \_\_\_\_\_

**6. Physical Address (work or home, please circle one):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Mailing Address (including zip code)--where you are receiving mail:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Please provide proof that home or work address is located in Guilford/Branford by providing any one of the following:** copy of a piece of mail, pay stub, driver's license, manager's phone number or landlord's phone number for verification.

9. Employer Phone Number: \_\_\_\_\_

10. Employer Name/Address: \_\_\_\_\_

\_\_\_\_\_

11. Which of the following programs have you used at Women & Family Life Center, if any?  
Please Circle. *Involvement in a program is not required for this application.*

Guided Assistance Program (GAP)  
Financial Consult  
Lawyer Time  
Other (Please List):

Restart and/or Adapt  
None

12. Amount of money requested: \_\_\_\_\_ (\$500.00 maximum per individual)

13. Specific purpose for request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Specific date money is needed: \_\_\_\_\_

15. How will you use this cash assistance and what impact will it have on you and/or your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please email this application to [info@womenandfamilylife.org](mailto:info@womenandfamilylife.org) OR drop it off or mail it to our Center at: Women & Family Life Center, 96 Fair Street, Guilford, CT 06437.

This application will be reviewed by staff of Women & Family Life Center. A staff member will contact you to set up a phone call to go over your application. Funds will be disbursed directly to the payee, unless otherwise arranged with the approval of the above involved parties. This fund is made possible by our following partners:



GUILFORD  
FOUNDATION

BRANFORD  
Community Foundation



United Way  
of Greater New Haven  
uwgnh.org