



Town of Brewster
2198 Main Street Brewster, MA 02631

Application for Brewster Good Neighbor Fund

Applicant: Complete Part 1 and email the document to neighborfund@brewster-ma.gov
Brewster Town Staff will contact you to complete the remainder of the application.

Part 1: Demographics and Reason for Need (to be completed by applicant):

Applicant Name: _____ **Date:** _____

Address: _____

Phone(s): _____ **Email:** _____

List ALL people in Household

Name	Relation	DOB

Length of Residency in Brewster: _____ **in Years/Months**
Residency Type: ___ Owns ___ Rents (Market Rate) ___ Rents (Affordable/Subsidized) ___ Homeless
Amount Requested: \$ _____ (Subject to funding limits)
Requested for (e.g. rent, utility; must be specific) Must provide documentation. Money will go directly to vendor(s).

Describe Why Financial Assistance is Needed at This Time: _____

Other Funding Sources Already Utilized/Sought: _____

Comments: _____

I understand that a full review of my financial need will be conducted by Brewster Town Staff before a decision is made about my application, and documentation will be required of me to verify the information I have shared herein. I authorize the Town of Brewster to share information about my situation with the Review Team and Brewster Good Neighbor Fund Committee (BGNFC). I understand that my identity will be kept confidential from the BGNFC in order to maintain privacy. I further authorize the Town of Brewster to communicate with the entity collecting payment, as necessary, to complete this funding request. I certify that all information provided in this form is true and accurate. I understand that any false information on this application or statements given are punishable by law and will lead to cancellation of the application.

Signature: _____ **Date:** _____

For Staff Completion Only

Part 2: Assessment of Eligibility and Financial Need (to be completed by Brewster Town Staff with applicant):

Verification of Identity & Residency: Yes No How Verified: _____

Household Monthly Income Information:

Employment Income (incl. self-employment) _____

Disability/Assistance Income (SSDI, AFDC/TAFDC, EAEDC) _____

Retirement Income/Source(s): _____

Other Pension & Retirement Allowance (SS, distributions, pensions) _____

Unemployment _____

Veteran's Benefits/Pension, including 115 benefits _____

Worker's Compensation _____

Net Profit from Business/Interest/Dividends _____

Rental Income _____

Alimony/Child Support _____

Income from ALL other Household members, over the age of 18 _____

Other: _____

Total Monthly Income: _____

Monthly Expenses:

Rent/Mortgage _____

Insurance/Taxes _____

Groceries/Food _____

Cable/Internet _____

Car (incl. payment, insurance, maintenance, gas) _____

Utilities (Electricity, heat - Oil Gas Electric _____

Water _____

Phone (Cell, home) _____

Child Support _____

Other (transportation, fitness, misc.): _____

Total Monthly Expenses: _____

Liquid Asset Account Balance(s) –

Savings, Checking, Investments, CDs, IRAs, 401k, Annuities, Stocks, etc.:

Client appears to meet qualifications for the following programs/subsidies:

Food Pantry Fuel Assistance SNAP

Property Tax exemption Free/reduced lunch Mass Health

Amount Requested: _____

Reason for Request: _____

Other Funding Sources Available: Yes No – Explain

Previous Emergency Fund Recipient? Yes No
If yes, when, amount, and reason: _____

Documentation of Income/Assets provided:
 Income Tax Return Bank Statements Statement/letter from SS, SSDI, UI, etc.
 1099's Insurance policies Other: _____
 None (document reason): _____

Emergency Assistance Guidelines Reviewed with Client: Yes No Staff initials: _____

- Applicant must be a Brewster resident.
- Funds are limited. Completion of this form is not a guarantee of approval.
- Income Limits are used as a basis to assess eligibility for financial assistance. Other factors, such as expenses and individual need are also taken into consideration.

Acknowledgement/Consent Statement Signed (in Part 1): Yes No – list reason _____

Staff Recommendation:

Plan for Managing Future Needs:

SIGNATURES:

Client Date

Staff Signature Date

APPROVAL:

Brewster Council on Aging Director Date

Approving Authority Signature Date

Treasurer/Collector Date