



OFFICE USE (Info & Official's Initials)

Date Received: _____ By: _____

Town of Barrington

SPENCER TRUST

Emergent Fund Request Form

(Applications accepted on a rolling basis)

The Town's Emergent Fund program makes grants available to low- to moderate-income Barrington residents whose household has a demonstrated financial need due to an unexpected one-time expense or loss of income. Requests are funded on a first come, first-served basis not to exceed \$1,000 per household during each six-month application period. Eligible households may receive assistance totaling no more than \$1,000 per request, subject to available funding.

Requests may be referred to East Bay Community Action Program, which administers the Town's Crisis Fund and other assistance programs.

All income-eligible Barrington residents in owner- or rental-occupied units are welcome to apply.

Application MUST be completed, dated and signed by all applicants - PLEASE PRINT.

APPLICANT(S) AND HOUSEHOLD FAMILY MEMBER INFORMATION

Date of Application: _____

1. Applicant

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____

Cell No: (____) _____ Home No: (____) _____ Work No: (____) _____

Email: _____

2. Co-Applicant

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____

Cell No: (____) _____ Home No: (____) _____ Work No: (____) _____

Email: _____

3. Number of Residents in Household: _____

4. Total Annual Household Income * (Wage, Disability, Social Security, Annuities, etc.)

\$ _____ per year (Refer to Household Composition Table)

(SEE REVERSE FOR ADDITIONAL ITEMS)

* Proof of income documentation required from applicant unless waived by Town. Requirement may be waived if income has been verified elsewhere. This includes the following:

- Residents in income-restricted affordable rental housing units.
- Residents receiving tax exemptions from the Town in which the applicant submitted income documentation.
- Applicants receiving support from EBCAP through the Town's Crisis Fund within the past 12 months.

5. Household Composition

List the head of your household and all members who live in your home. Give the relationship of each family member to Head of Household):

	Full Name	Relationship	Age	Annual Income
1.		Head of Household		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

6. Describe your Emergent Need.

7. Have you received Funds from East Bay Community Action Program's Crisis Fund in the past 6 months?

Yes No If Yes, please specify the AMOUNT: \$ _____
and PURPOSE: _____

8. Have you had a Loss of Income or Unexpected Expense in the last 6 months? Yes No

Please specify: _____

I, the undersigned, certify that the information provided on this inquiry form is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that filling out this inquiry form DOES NOT guarantee that my household will receive assistance under this program.

Applicant Signature: _____ Date: _____

Applicant Name (Please Print): _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Name (Please Print): _____

INCOME VERIFICATION CHECKLIST (IF REQUIRED BY TOWN)

- One (1) month bank statements – from all household members who have bank accounts
- One (1) month pay stubs – from all household members who have received paychecks in the past year
- Social Security payment statements
- Pension/retirements income statements
- Copy of latest Federal tax return
- Other sources as applicable – (ie: disability, etc.)

In order to protect your accounts, please provide us with **photocopies, not originals and no information sent via email.** We are more than happy to work with you and assist in providing photocopies.

Please **“black out” social security numbers and bank account numbers.**

The financial information must be legible and unchanged.

Return the completed Emergent Fund Request Form
and all supporting documents to:

Barrington Town Hall
ATTN: Debra Page-Trim. Spencer Trust Administrator
283 County Road, Barrington, RI 02806
Ph: (401) 247-1900, ext. 365
Email: dpagetrिम@barrington.ri.gov