



# **Melrose Emergency Fund Application – 2024**

## **PLEASE READ CAREFULLY**

The Melrose Emergency Fund was established to provide **one-time assistance** to residents in need in order to help stabilize their situations and strengthen the community.

The Fund is governed by the Mayor of Melrose, along with an advisory board, and operated by the Melrose Council on Aging Office; staff at the COA can also help connect applicants with other necessary programs and resources.

### **Eligibility & Limitations**

- All Melrose residents are welcome to apply.
- The Fund can consider paying the following:
  - Rent payments.
  - Utilities (electric, gas, phone, internet).
  - Other expenses as determined by the MEF Board.
- The Fund is unable to pay City bills of any kind.
- The Fund is unable to pay credit card bills of any kind.

### **Instructions**

- Complete the attached form and email or mail to the Melrose Council on Aging Office. Please include copies of all relevant documents (bills, lease, etc.). Applications cannot be considered without full documentation.
- Melrose Council on Aging  
235 West Foster St.  
Melrose, MA 02476  
[emergencyfund@cityofmelrose.org](mailto:emergencyfund@cityofmelrose.org)
- Within **one week** of our office receiving the application, a staff member from the Council on Aging will reach out to discuss your application and follow up on any details of the situation. We will do our best to provide a timeline for future steps.
  - Following that discussion, we will contact you to let you know whether your request was approved. Distribution of funds will occur during the next city billing cycle, approximately 2-3 weeks.
  - Requests that total over \$1,000 will be reviewed at the Melrose Emergency Fund monthly board meeting and may take longer than one month from receipt of application to distribute funds if approved.
  - For payments that are approved, a W9 tax form from the payee will be required.

## **CONFIDENTIAL**

### **Melrose Emergency Fund Application**

Date \_\_\_\_\_

☐ First time applicant

☐ Repeat applicant

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Number of bedrooms at this address \_\_\_\_\_ Email address \_\_\_\_\_

How long at this address? \_\_\_\_\_ Previous address \_\_\_\_\_

Number of people in the household: Adults (       ) Children (       ) Applicant's DOB \_\_\_\_\_

Please describe the emergency and the relevant circumstances that led to it. **Please be specific about what assistance you are seeking (past due bills, fuel assistance, rent, etc., including amount and how far past due).**

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Have you received financial assistance from any other sources? If so, where from? \_\_\_\_\_

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Has anyone in your household received financial assistance? If so, where from? \_\_\_\_\_

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How did you hear about the Melrose Emergency Fund? \_\_\_\_\_

Have you received assistance from Melrose Emergency Fund before? \_\_\_\_\_

Are you or is anyone in your immediate family a veteran? \_\_\_\_\_

If so, please give name and approximate dates of service: \_\_\_\_\_

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**STANDARD MONTHLY EXPENSES****Write in actual dollar amounts you pay MONTHLY**

Rent or Mortgage ☐ *\*check if subsidized* \_\_\_\_\_

Real Estate Taxes \_\_\_\_\_

Utilities (gas, electric) \_\_\_\_\_

Telephone (land line or cell) \_\_\_\_\_

Food \_\_\_\_\_

Health Insurance \_\_\_\_\_

Medical/Dental \_\_\_\_\_

Car Maintenance (gas, insurance, repairs) \_\_\_\_\_

Car Payments \_\_\_\_\_

Transportation (MBTA, etc.) \_\_\_\_\_

Childcare \_\_\_\_\_

Cable/Internet \_\_\_\_\_

Loan(s) \_\_\_\_\_

Clothing \_\_\_\_\_

Tobacco Products \_\_\_\_\_

Credit cards \_\_\_\_\_

Others (if any) \_\_\_\_\_

**TOTAL:** \_\_\_\_\_**INCOME AND ASSETS**

Applicant's Occupation \_\_\_\_\_ Present employer \_\_\_\_\_

Address \_\_\_\_\_

How long have you worked on this job? \_\_\_\_\_ Weekly net wages \_\_\_\_\_

If unemployed, since when? \_\_\_\_\_ Reason \_\_\_\_\_

**For other adults in the home (if any)**

Applicant's Occupation \_\_\_\_\_ Present employer \_\_\_\_\_

Address \_\_\_\_\_

How long have you worked on this job? \_\_\_\_\_ Weekly net wages \_\_\_\_\_

If unemployed, since when? \_\_\_\_\_ Reason \_\_\_\_\_

### Vehicles

Owned ☐ Financed ☐ Leased ☐ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

### REGULAR SOURCES OF INCOME

Write in actual dollar amounts you receive MONTHLY

Transitional assistance \_\_\_\_\_

Veteran's benefits \_\_\_\_\_

Social Security \_\_\_\_\_

Disability (SSDI) \_\_\_\_\_

Alimony \_\_\_\_\_

Rental Income \_\_\_\_\_

SNAP (food) assistance \_\_\_\_\_

Unemployment \_\_\_\_\_

Retirement \_\_\_\_\_

Investments \_\_\_\_\_

Child support \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

If homeowner, address of real estate in which equity is held:

\_\_\_\_\_

Assessed value \_\_\_\_\_ When acquired \_\_\_\_\_

Name and address of **mortgagee** \_\_\_\_\_

Amount of mortgage \_\_\_\_\_ Monthly mortgage payment \_\_\_\_\_

If you have tenants, total income from property \_\_\_\_\_

Have you sold or transferred any real estate? ☐ No ☐ Yes Dates \_\_\_\_\_

Is homeowner current on all city real estate taxes? ☐ No ☐ Yes

How much is in your **checking account**? \_\_\_\_\_ Bank: \_\_\_\_\_

How much in your **savings account**? \_\_\_\_\_ Bank: \_\_\_\_\_

Do you have a retirement account? If so, value \_\_\_\_\_

Describe any other source of income:

#### FAMILY INFORMATION

Names of the household members—including applicant	Age	Relation to applicant	Employer or School Attended	Net weekly wages

What is your marital status? \_\_\_\_\_

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By signing below, I acknowledge that the statements contained in this application and information furnished by me are true and accurate.

Melrose Emergency Fund administrators are authorized to verify any and all information contained within this application.

I understand that the intent of the Melrose Emergency Fund is to provide **one time assistance** to qualified residents struggling with a **temporary** emergency.

In the event that the information given is found to be false or untrue, I understand that this application will be disqualified for consideration. This application will be kept on record and will be subject for review.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I further authorize the Melrose Emergency Fund Administrator to discuss details of my case with representatives of other agencies in order to determine if I qualify for additional help; these agencies may include the Melrose Housing Authority, Mystic Valley Elder Services, Melrose-Wakefield Hospital, and other external agencies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE****Application/Interview Notes:****Outcome:****Date Received:**