



## **Melrose Emergency Fund Application**

The Melrose Emergency Fund connects and provides Melrose residents in need with the resources, programs, and one-time financial assistance they require in order to strengthen our community. The Melrose Emergency Fund is governed by Mayor of Melrose and operated by the Melrose Council of Aging office.

### **Eligibility**

- All Melrose residents are welcome to apply.

### **Instructions**

- Complete this form and email or mail to the Melrose Council on Aging Office:

Melrose Council on Aging  
235 West Foster St.  
Melrose, MA 02476

[emergencyfund@cityofmelrose.org](mailto:emergencyfund@cityofmelrose.org)

- If requesting assistance with a bill, please include a copy of the bill with your application. If requesting housing assistance, please include a copy of your lease/mortgage.
- Within a week of our office receiving the application, a staff member from the Melrose Council on Aging will reach out to discuss your application.
- 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.

**CONFIDENTIAL****Melrose Emergency Fund Application**Date \_\_\_\_\_ ☐ First time applicant ☐ Repeat applicant

Name \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

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

What is the emergency you are currently facing? **Please be specific about what assistance you are seeking (past due bills, fuel assistance, rent, etc., including amount and how far past due).***If rent assistance is being requested, applicant will obtain letter and completed W-9 form from landlord.*

Have you ever applied for financial assistance any where else? If so, where? \_\_\_\_\_

Has anyone in your household ever applied for financial assistance? If so, where? \_\_\_\_\_

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? Yes/No

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

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**For office use**

Application/Interview Notes:

Outcome:

Date Received: \_\_\_\_\_

**STANDARD MONTHLY EXPENSES****Write in actual \$\$ amount 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.)

Child Care

**OTHER EXPENSES AND DEBTS NOT IDENTIFIED ABOVE****Write in actual \$\$ amount you pay monthly**

Cable/Internet

Loan

Clothing

Tobacco Products

Credit Cards

**INCOME AND ASSETS**

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

Address \_\_\_\_\_

How long have you worked on this job? \_\_\_\_\_ Weekly Net Wages \_\_\_\_\_ Gross \_\_\_\_\_

**For other adults in the home:**

Occupation \_\_\_\_\_ Present employer \_\_\_\_\_

Address \_\_\_\_\_

How long have you worked on this job? \_\_\_\_\_ Weekly Net Wages \_\_\_\_\_ Gross \_\_\_\_\_

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

**IDENTIFY ALL SOURCES OF INCOME (For all members of the household)**

Write in actual \$\$ amount received monthly

Transitional Assistance \_\_\_\_\_

Veterans Benefits \_\_\_\_\_

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

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

Alimony \_\_\_\_\_

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

SNAP Benefits \_\_\_\_\_

Unemployment \_\_\_\_\_

Retirement \_\_\_\_\_

Investments \_\_\_\_\_

Child Support \_\_\_\_\_

Other \_\_\_\_\_

**If home owner**, 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 \_\_\_\_\_ Describe \_\_\_\_\_

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

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

Melrose Emergency Fund administrator is 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.

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