

**ISLESBORO COMMUNITY FUND
APPLICATION FOR TEMPORARY FINANCIAL ASSISTANCE**

Name: _____ Date _____
Mailing address: _____
Telephone number(s): _____
Email address: _____

Who lives with you? (names, ages, relationship to you):

Where do you work now? _____ [] Fulltime [] Parttime

Where does your spouse/partner work now? _____ [] Fulltime
[] Parttime

Describe the reason for your money problems:

Please list your financial needs in order of priority. Please provide as much detail as possible.

For example: Central Maine Power: \$xxx.xx. Islesboro Health Center \$xx.xx)

Have you received assistance from the Community Fund before? Please provide amount and when the assistance was provided.

Have you ever requested assistance from any other local charitable organization during the last 6 months? If so, from whom, the amount, and the reason?

May we contact that organization?

YOUR FINANCIAL PROFILE:

(This is confidential, and it is not necessary to be exact, but we want to understand your annual income and expense totals to understand your need and to know what other forms of assistance are available.)

MONTHLY or ANNUAL INCOME (household):

MONTHLY EXPENSES:

Rent or mortgage:

Property taxes:

Home insurance:

Heat:

Electricity:

House Maintenance:

Car payments:

Car Insurance:

Education:

Medical/Dental:

Health Insurance:

Credit Card Payments:

Other:

Other:

TOTAL MONTHLY EXPENSES:

DEBTS:

Home mortgage balance:

Home equity loan balance:

Car loan balance:

Other loan balance:

Credit card balances:

TOTAL DEBT:

Please tell us anything else you feel might assist us in reviewing your application: