

## **How to Apply for Temporary Financial Assistance**

Thank you for applying to the Islesboro Community Fund for Temporary Financial Assistance. The Fund reviews requests for assistance related to education, medical, food security, utilities, housing, family and transportation. The Fund provides its assistance to the specified third parties on behalf of the successful applicant. Please provide copies of the bills with the application. The Fund does not accept requests for reimbursements. The Fund does not accept requests for assistance related to pets or animals. **An application for temporary financial assistance must be filled out each time a request is made.**

Please follow the instructions below:

- 1) Please fill out the eight parts of the application below.
- 2) Please submit your completed application with the billing statements and invoices for which you need temporary financial assistance.
- 3) Please mail a hard copy of the application form and supporting documents to the address below:

Islesboro Community Fund  
P.O. Box 166  
Islesboro, ME 04848

### **Help filling out the application**

If you need help filling out the application, please contact a director and they will help you fill out the application. You can also contact us through the website and we will arrange to help you fill out an application.

### **Electronic filing**

You may also submit your completed application and supporting documents by email to the following address: [islesborocommunityfund@gmail.com](mailto:islesborocommunityfund@gmail.com).

### **Deadline**

The deadline is the last day of the prior month. For example, if financial assistance is needed in February, the form must be submitted by January 31.

### **Confidentiality**

The information in this application is confidential.

Thank you.

**1: Applicant information**

Today's date: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Spouse / partner name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Physical address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Applicant email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No \_\_\_ Part time Employer: \_\_\_\_\_

Is your spouse / partner employed? \_\_\_ Yes \_\_\_ No \_\_\_ Part time Employer: \_\_\_\_\_

If you answered "No", are you actively seeking employment? \_\_\_ Yes \_\_\_ No

If you answered "No", please explain: \_\_\_\_\_

Have you ever received assistance from the Islesboro Community Fund? \_\_\_ Yes. \_\_\_ No

**2: Household information**

Household member	Relationship to applicant	Age

**3: Reason for your financial hardship:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4: Amount of this request**

Need	Amount
<b>Total amount of this request:</b>	

**5: Please share anything else you feel may assist us in reviewing your application:**

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**6: Please explain how you plan to recover from the financial hardship you are facing:**

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**7: Please read and initial the following:**

\_\_\_ I understand and acknowledge that completing this application does not mean that the request will be approved.

\_\_\_ I understand and acknowledge that this application is confidential and that I will not share with the general public any communications or outcomes related to it.

\_\_\_ I understand and acknowledge that the information in this application will be shared securely only with the Board of Directors of the Islesboro Community Fund to determine eligibility.

**8: Signature of applicant or person filling out the application:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

FOR INTERNAL USE ONLY	
<b>Eligibility determination</b>	
<input type="checkbox"/> Residing on island	<input type="checkbox"/> Not residing on island
<input type="checkbox"/> Application signed by direct beneficiary	<input type="checkbox"/> Billing statements / invoices submitted with application
<input type="checkbox"/> Within Fund mission	<input type="checkbox"/> Outside of Fund mission
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Referred to third party professional: _____	Date: _____
Director initials: _____	Date: _____