



How to Apply for Temporary Financial Assistance

Thank you for applying to the Islesboro Community Fund for temporary financial assistance. Please follow the instructions below:

- 1) Please complete the Temporary Financial Application Form.
- 2) Please mail a hard copy of the application form to the address below:

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

Electronic filing

You may also submit your application by email to the following address:
islesborocommunityfund@gmail.com.

Deadline

To apply for Temporary Financial Assistance, the deadline is the last day of the prior month. For example, if financial assistance is needed in February, the Application Form must be submitted by January 31.

Thank you.



Temporary Financial Assistance Application Form

General Information

Name: _____ Date: _____

Address: _____

Email: _____ Telephone: _____

Occupation: _____ Part Time: _____ Full Time: _____

Individual(s) Living with You (Names, Ages, Relationship):

Occupation of Spouse / Partner: _____ Part Time: _____ Full Time: _____

Please describe the reason for your financial hardship:

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

(Example: Central Maine Power \$XXX, Islesboro Health Center \$XXX):

Have you ever received assistance from the Islesboro Community Fund? Please share the amount and when the assistance was provided.

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

May we contact that organization? _____

Financial Profile

This is confidential, and it is not necessary to be exact. To understand your need and other forms of assistance available, please share your income and total expenses.

Monthly or Annual Household Income: _____

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: _____

TOTAL MONTHLY EXPENSES: _____

Debts:

Home mortgage balance: _____

Home equity loan balance: _____

Car loan balance: _____

Other loan balance: _____

Credit card balances: _____

TOTAL DEBT: _____

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