

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. The Fund does not accept requests for assistance related to pets or animals. **You must fill out an application to be eligible for temporary financial assistance.**

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.

Deadline

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.

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 | Date of birth |
|------------------|---------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

3: Reason for your financial hardship:

4: Amount of this request

| Need | Amount |
|--------------------------------------|--------|
| | |
| | |
| | |
| Total amount of this request: | |

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

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

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 | |
|--|---|
| Eligibility determination | |
| <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: _____ |