



Neighbor to Neighbor Fund

Financial Assistance Application: 2020

(413) 442-3181



Thank you for partnering with us during this challenging time. The Neighbor to Neighbor funds are available to any community members who need strategic help to achieve a measure of stability. Funds can cover overdue housing costs, utilities, transportation, or medical bills. This is a one-time support for short-term emergencies (up to \$1,000) and is not meant to be accessed more than once by a single household. If you have received Neighbor to Neighbor funds from any agency in the last 6-months you are not eligible for financial assistance at this time.

Please complete this entire intake form to guarantee a quick turn-around time.

Who is completing this form? Client ___ Volunteer ___ Community Navigator ___ Staff ___

Interviewer Name: _____

Date Submitted: _____

1. Full Name: _____

2. Address: _____ City _____ Zip Code _____

3. Phone number: (_____) - _____ - _____

4. Email address: _____

5. Please briefly share why you are requesting assistance and what your most urgent need is at this time. Do you need assistance because of COVID-19?

6. List the names and ages of all household members.

	Name	Age
1		
2		
3		
4		
5		
6		
7		

Date Received: _____ Date Processed: _____ Outcome: _____

7. Are you or anyone in your household currently able to work? **YES / NO**

8. If **YES**, how many hours? _____

9. What is your occupation? _____

10. If **NO**, are you eligible for unemployment benefits? **YES / NO**

11. Have you received any unemployment benefits at this time? **YES / NO**

12. Are you receiving any other type of income or benefits at this time? Please check all that apply.

- SSI / SSDI
- Child Support Payments
- SNAP / WIC
- Retirement / Pension
- TAFDC / EAEDC
- Alimony
- Veterans Benefits
- Fuel Assistance

13. Please provide an estimate of your monthly household income & expenses.

Gross (before taxes) Monthly Household Income	\$
Monthly rent / mortgage cost	\$
Monthly utility costs	\$
Monthly loan payments (Car / Education / Personal)	\$
Monthly insurance payments (Car / Home / Renters)	\$
Other:	\$
Other:	\$

14. Type of Request (check all that apply)

- Rental Payment
- Mortgage Payment
- Insurance Payment
- Utility Bill (electric/gas/internet)
- Car loan payment
- Car repair payment
- Insurance payment
- Medical bill

Other: _____

15. Amount of funding you are requesting:

Type of request	Amount of request
1.	\$
2.	\$
3.	\$

Date Received: _____ Date Processed: _____ Outcome: _____

Optional Demographics:

17. Gender: Male Female Self-describe_____

18. Race: _____

19. Housing: Renter Homeowner Living with Others Homeless

Documentation & Disclosures

All applications will be received on a rolling basis until funds are gone. Application processing time varies based on request. Any information provided is kept confidential and only used to administer Neighbor to Neighbor Funds in Berkshire County, MA. Any reports shared outside of our organization will not include your personal private information. If approved, you will receive confirmation of the amount paid and the date of submission. All funds are paid directly to the vendor upon approval.

Required Documents:

1. Valid Photo I.D.
2. Proof of Address
3. If you are seeking **rental or housing assistance:**
 - a. Copy of Lease / rental agreement
 - b. Landlord Name: _____
 - c. Landlord Email: _____
 - d. Landlord Phone #: _____
4. If you are seeking help with **utilities or past-due bills:**
 - a. Copy of most recent bill / statement (full-page)

Please read this entire application carefully and confirm everything is complete and accurate. Return a signed copy of this form and all supporting material (PDF, JPEG, PNG). **to bfrederick@berkshirehabitat.org**

All information presented above is true to the best of my knowledge. I understand that by signing below I am giving permission to Central Berkshire Habitat for Humanity to review my application in order to coordinate the most effective and efficient services to my household. I understand that this permission is given pursuant to Section 2 of Chapter 66A of Massachusetts General Law, the Fair Information Practice Act. This consent automatically expires one year from date signed or when services are terminated, whichever occurs first.

SIGN and Date HERE:

Full Name: _____ Date: _____

Date Received: _____ Date Processed: _____ Outcome: _____