



Emergency Relief Fund
 Financial Assistance Application:
 (413) 442-3181



Thank you for partnering with us during this challenging time. The Emergency Relief 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, medical bills, or other emergencies. This is a one-time support for short-term assistance (generally up to \$500) and is not meant to be accessed more than once by a single household. If you have received Neighbor to Neighbor funds from our 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: _____

CNN Case #: _____ Date Submitted: _____ Funding Source: _____

1. Name: _____

2. Address: _____ City _____ Zip Code _____

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

4. Email address: _____

5. Gender: Male Female Self-describe: _____

6. Marital Status: Single Married Divorce Widow Separated

7. Veteran: Yes No 8. Disabled: Yes No 9. Senior: Yes No

10. Race: _____ 11. Ethnicity: _____

12. Housing: Renter Homeowner Living with Others Homeless

13. Education Level: _____

14. Please briefly share why you are requesting assistance and what your most urgent need is at this time.

Intake Completed: _____ CNN Approved: _____ Disbursement Approved: _____
 Payment Completed: _____

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

	Name	Age
1		
2		
3		
4		
5		
6		
7		

16. Are you receiving any income or benefits at this time? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> SSI / SSDI | <input type="checkbox"/> TAFDC / EAEDC |
| <input type="checkbox"/> Child Support Payments | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> SNAP / WIC | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> Retirement / Pension | <input type="checkbox"/> Fuel Assistance |

17. What is your estimate Monthly Gross Income (before taxes)? \$ _____

18. Type of Request (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Rental Payment | <input type="checkbox"/> Car loan payment |
| <input type="checkbox"/> Mortgage Payment | <input type="checkbox"/> Car repair payment |
| <input type="checkbox"/> Insurance Payment | <input type="checkbox"/> Medical bill |
| <input type="checkbox"/> Utility Bill (electric/gas/internet) | <input type="checkbox"/> Other: _____ |

19. Amount of funding you are requesting:

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

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 Emergency Relief 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. Completed W9
 - c. Landlord Name: _____
 - d. Landlord Email: _____
 - e. 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 connecting@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: _____