



**OFFICE USE** (Info & Official's Initials)

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# Town of Barrington

SPENCER TRUST

## Emergent Fund Request Form

*(Applications accepted on a rolling basis)*

The Town's Emergent Fund program makes grants available to low- to moderate-income Barrington residents whose household has a demonstrated financial need due to an unexpected one-time expense or loss of income. Requests are funded on a first come, first-served basis not to exceed \$1,000 per household during each six-month application period. Eligible households may receive assistance totaling no more than \$1,000 per request, subject to available funding.

Requests may be referred to East Bay Community Action Program, which administers the Town's Crisis Fund and other assistance programs.

All income-eligible Barrington residents in owner- or rental-occupied units are welcome to apply.

**Application MUST be completed, dated and signed by all applicants - PLEASE PRINT.**

### **APPLICANT(S) AND HOUSEHOLD FAMILY MEMBER INFORMATION**

Date of Application: \_\_\_\_\_

#### **1. Applicant**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell No: (\_\_\_\_) \_\_\_\_\_ Home No: (\_\_\_\_) \_\_\_\_\_ Work No: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

#### **2. Co-Applicant**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell No: (\_\_\_\_) \_\_\_\_\_ Home No: (\_\_\_\_) \_\_\_\_\_ Work No: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**3. Number of Residents in Household:** \_\_\_\_\_

#### **4. Total Annual Household Income \* (Wage, Disability, Social Security, Annuities, etc.)**

\$ \_\_\_\_\_ per year (Refer to Household Composition Table)

**(SEE REVERSE FOR ADDITIONAL ITEMS)**

\* Proof of income documentation required from applicant unless waived by Town. Requirement may be waived if income has been verified elsewhere. This includes the following:

- Residents in income-restricted affordable rental housing units.
- Residents receiving tax exemptions from the Town in which the applicant submitted income documentation.
- Applicants receiving support from EBCAP through the Town's Crisis Fund within the past 12 months.

## 5. Household Composition

List the head of your household and all members who live in your home. Give the relationship of each family member to Head of Household):

	Full Name	Relationship	Age	Annual Income
1.		Head of Household		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## 6. Describe your Emergent Need.

## 7. Have you received Funds from East Bay Community Action Program's Crisis Fund in the past 6 months?

☐ Yes    ☐ No    If Yes, please specify the AMOUNT: \$ \_\_\_\_\_  
and PURPOSE: \_\_\_\_\_

## 8. Have you had a Loss of Income or Unexpected Expense in the last 6 months?

Yes ☐    No ☐

Please specify: \_\_\_\_\_

*I, the undersigned, certify that the information provided on this inquiry form is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that filling out this inquiry form DOES NOT guarantee that my household will receive assistance under this program.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Please Print): \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Name (Please Print): \_\_\_\_\_

**INCOME VERIFICATION CHECKLIST (IF REQUIRED BY TOWN)**

- ☐ One (1) month bank statements – from all household members who have bank accounts
- ☐ One (1) month pay stubs – from all household members who have received paychecks in the past year
- ☐ Social Security payment statements
- ☐ Pension/retirements income statements
- ☐ Copy of latest Federal tax return
- ☐ Other sources as applicable – (ie: disability, etc.)

In order to protect your accounts, please provide us with **photocopies, not originals and no information sent via email.** We are more than happy to work with you and assist in providing photocopies.

Please **“black out” social security numbers and bank account numbers.**  
The financial information must be legible and unchanged.

Return the completed Emergent Fund Request Form  
and all supporting documents to:

**Barrington Town Hall**  
**ATTN: Karen Griffith, Spencer Trust Administrator**  
**283 County Road, Barrington, RI 02806**  
**Ph: (401) 247-1900, ext. 384**  
**Email: [spencertrust@barrington.ri.gov](mailto:spencertrust@barrington.ri.gov)**