



**Town of Boxborough, Massachusetts**  
 Community Services Department  
 29 Middle Road, Boxborough, MA 01719

**Telephone:** 978-264-1735  
**Fax:** 978-264-3127  
 www.boxborough-ma.gov

## **Boxborough Emergency-Assistance Program**

### **Application for Assistance**

This program provides Boxborough households with short-term financial assistance for emergency needs using grant funding from the Federal American Rescue Plan Act (ARPA). The Community Services Coordinator (CSC) is available to help fill out the application if needed.

The assistance is primarily intended to cover the costs of rent, utilities and other emergency situations (e.g., medical, dental expenses and transportation). Assistance is up to a total of \$1,000 in a twelve-month period.

Once reviewed and approved by an oversight team, the funds will be paid directly to the service provider (e.g., landlord, utility, medical professional). They will not be paid to you.

**For more information, contact Wendy Abetz, the CSC, at 978-264-1735 or [wabetz@boxborough-ma.gov](mailto:wabetz@boxborough-ma.gov)**

#### **APPLICANT INFORMATION**

Applicant's Name	.....	
Applicant's Address	.....	
Applicant's Telephone No.	.....	
Applicant's Email Address	.....	
Amount Requested	.....	

#### Head of Household Age

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 20-29 years | <input type="checkbox"/> 65-74 years        |
| <input type="checkbox"/> 30-39 years | <input type="checkbox"/> 75-84 years        |
| <input type="checkbox"/> 40-49 years | <input type="checkbox"/> 85-94 years        |
| <input type="checkbox"/> 50-64 years | <input type="checkbox"/> 95 years and above |

Number of adults		Number of children (18 or less)	
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#### **INCOME AND ASSET REQUIREMENTS**

The total income of the applicant and all other members of the applicant’s household over the age of eighteen (18) must not exceed 80% of the Area Median Income (AMI), adjusted for family size as published by the U.S. Department of Housing and Urban Development (HUD). In addition, the total liquid assets (e.g., cash, checking, savings); of a household must not exceed \$1,000 for a one-person household or \$3,000 for a household with two or more persons. The income and asset limits are given in the table below.

Household Size	1	2	3	4	5	6	7
Annual Income Limit	\$78,300	\$89,500	\$100,700	\$111,850	\$120,800	\$129,750	\$138,700
Liquid Asset Limit	\$1,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000

Total Annual Household Income  
(Please share the number only)

The team reserves the right to ask for additional financial documentation.

Is the current household below the annual income limit shown in the table above?  Yes

Is the current household below the liquid asset level shown in the table above?  Yes

If you are above the income limit and/or the asset limit, please explain below any extreme circumstances that we should consider.

### ASSISTANCE NEED

Grant will be used to pay for:

- |  |  |
|--|--|
| <input type="checkbox"/> Rent<br><input type="checkbox"/> Utilities<br><input type="checkbox"/> Mortgage<br><input type="checkbox"/> Condo/Home-Owner Association fees | <input type="checkbox"/> Medical<br><input type="checkbox"/> Dental<br><input type="checkbox"/> Transportation/Vehicle Repair<br><input type="checkbox"/> Other: _____ |
|--|--|

Please describe the individual or household need for funding and how financial assistance will address severe economic hardship.

The ARPA funds are limited. Consequently, we wish to ensure that you are aware of and have sought support from other organizations. Have you sought support and/or received assistance from the resources listed below in the past twelve months?

- |  |  |
|--|--|
| <input type="checkbox"/> Acton Boxborough United Way<br><input type="checkbox"/> Acton Food Pantry | <input type="checkbox"/> St. Vincent DePaul<br><input type="checkbox"/> Friend in Need |
|--|--|

Community Supper

Community Support Fund

Are there other available resources (federal, state) that you have investigated?  Yes

If so, please list them below.

**INCOME & ASSET ATTESTATION**

Household Size	1	2	3	4	5	6	7
Annual Income	\$78,300	\$89,500	\$100,700	\$111,850	\$120,800	\$129,750	\$138,700
Liquid Asset Limit	\$1,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000

- I do hereby attest, under the pains and penalties of perjury, that my household income is below the income level (see above table) for a household of my size.
- I do hereby attest, under the pains and penalties of perjury, that my liquid assets are under \$1,000 for a single household or under \$3,000 for a household of two or more.
- I understand that any false statements above may allow the Town to seek reimbursement for any funds granted.
- I hereby authorize the Community Services Coordinator for the Town of Boxborough to discuss any and all matters regarding this application with the oversight team.
- I understand all decisions by the Town are final.
- Head of Household's Name Printed \_\_\_\_\_
- Head of Household's Signature \_\_\_\_\_
- Date \_\_\_\_\_