



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

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

**Internal
Ref #**

Modified Boxborough Emergency-Assistance Program

Application for Assistance

This program provides Boxborough households with short-term financial assistance for Boxborough residents who are in extreme financial need. 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 (i.e. emergency car repairs or transportation in order to get to work). Assistance is up to a total of \$500 in a twelve-month period or until funds are expended.

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

For more information, contact Wendy Trinks, the CSC, at 978-264-1735 or wtrinks@boxborough-ma.gov

APPLICANT INFORMATION

Applicant's Name

Applicant's Address

Applicant's Telephone No.

Applicant's Email Address

Amount Requested

Head of Household Date of Birth

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.

I have provided for all household members 18+:

- ☐ Income sources for 30-day time frame (Paystubs, SS Letter, Unemployment Letter, Pension etc.)
- ☐ Most recent checking and savings account statement for all banks
- ☐ W-9 from the Vendor to be paid

Household Size	1	2	3	4	5	6	7
Annual Income Limit	\$92,650	\$105,850	\$119,500	\$132,300	\$142,900	\$153,500	\$164,100
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.

CHECK OFF WHAT THE FUNDS WILL BE USED FOR:

- ☐ Rent/Mortgage
- ☐ Transportation/Vehicle Repair
- ☐ Utilities
- ☐ Other: _____

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

The 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"/> AB Community Compass | <input type="checkbox"/> SNAP | <input type="checkbox"/> St. Vincent DePaul |
| <input type="checkbox"/> Acton Food Pantry | <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Friend in Need |
| <input type="checkbox"/> Open Table | <input type="checkbox"/> Community Supper | <input type="checkbox"/> 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	\$92,650	\$105,850	\$119,500	\$132,300	\$142,900	\$153,500	\$164,100
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 _____