



Town of Lexington
Human Services Department
39 Marrett Rd | Lexington, MA 02421 | 781-698-4840

Application for Emergency Financial Assistance

Applicant: Complete Part 1 and email the document to humanservicesoffice@lexingtonma.gov. A social worker from the Human Services Department will contact you to complete the remainder of the application.

Part 1: Demographics and Reason for Need (to be completed by applicant):

Applicant Name: _____ Date: _____

Address: _____

Phone(s): _____ Email: _____

List all people in Household with Dates of Birth (note additional members in Comments section):

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Length of Residency in Lexington: _____ in Years/Months

Residency Type: Owns Rents (Market Rate) Rents (Affordable/Subsidized) Homeless

Amount Requested: \$ _____ (Subject to funding limits)

Requested For (e.g. rent, utility; must be specific):

Describe Why Financial Assistance is Needed at This Time:

Other Funding Sources Already Utilized/Sought:

Comments: _____

I understand that a full review of my financial need will be conducted by Human Services Department Staff before a decision is made about my application, and documentation will be required of me to verify the information I have shared herein. I authorize the Human Services Department to share information about my situation to the review team and approving authority. I understand that my identity will be kept confidential from the approving authority in order to maintain my privacy. I further authorize the Human Services Department to communicate with the entity collecting payment, as necessary, to complete this funding request. I certify that all information provided in this form is true and accurate.

Signature: _____ Date: _____

Note verbal consent if completed over phone

For Staff Completion Only

Part 2: Assessment of Eligibility and Financial Need (to be completed by Human Services Social Worker with applicant):

Verification of Identity & Residency: Yes No How Verified: _____

Monthly Income Information:

Employment Income (incl. self-employment) _____

Disability/Assistance Income (SSDI, AFDC/TAFDC, EAEDC) _____

Retirement Income/Source(s): _____

Other Pensions and Retirement Allowances (Incl. Spousal benefit, etc.) _____

Unemployment _____

Veteran's Benefits/Pension _____

Worker's Compensation _____

Net Profit from Business/Interest/Dividends _____

Rental Income _____

Alimony/Child Support _____

Other: _____

Total Monthly Income: _____

Monthly Expenses:

Rent/Mortgage _____

Insurance/Taxes _____

Groceries/Food _____

Cable/Internet _____

Car (incl. payment, insurance, maintenance, gas) _____

Utilities (Electricity, Heat - Oil Gas Electric) _____

Water/Sewer _____

Phone (Cell, home) _____

Child Support _____

Other (transportation, fitness, misc.): _____

Other (transportation, fitness, misc.): _____

Total Monthly Expenses: _____

Liquid Asset Account Balance(s) - Savings/Deposit, Investments, etc: _____

Client appears to meet qualifications for the following programs/subsidies: (**Refer to Individual Program Guidelines for qualifications)

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Emergency Financial Assistance | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> SNAP |
| <input type="checkbox"/> Bus Pass/Taxi Vouchers | <input type="checkbox"/> Water/Sewer/Tax | <input type="checkbox"/> Rec. Scholarship | <input type="checkbox"/> Holiday/Sand |

Is Client Requesting Emergency Financial Assistance? Yes No

Amount Requested: _____

Reason for Request:

Other Funding Sources Available?

Yes

No – Explain:

Previous Human Service Fund Recipient?

Yes*

No

*If yes, when, amount, and reason:

Documentation of Income provided (as requested):

Income Tax Return

Bank Statements

Statement/letter from SS, UI, etc.

Other: _____

None (document reason): _____

Documentation of Expenses provided (as requested):

Overdue bills/notices

Bank Statements

Other: _____

None (document reason): _____

Emergency Assistance Guidelines Reviewed with Client: Yes No

Staff Initials: _____

- Applicant must be a current Lexington resident.
- Funds are limited and are meant for emergencies only. Completion of this form is not a guarantee of approval.
- Federal Fuel Assistance Income Guidelines are used as a basis to assess eligibility for financial assistance. Other factors, such as expenses and individual need, are also taken into consideration.

Acknowledgement/Consent Statement Signed (in Part 1): Yes No – list reason: _____

Staff Recommendation:

Plan for Managing Future Needs:

SIGNATURES:

Client Signature (note verbal if completed by phone)

Date

Staff Signature

Date

APPROVAL:

Melissa Interest, LICSW, Director of Human Services

Date

Review Team Staff Signature/Initials

Date

Approving Authority Signature/Initials

Date