

Town of Bolton

Financial Assistance Application

The Town of Bolton will consider one-time requests for a financial assistance grant. These funds may only be used for critical items or services that cannot otherwise be covered under other available programs. Grants are funded through donations to the Resident Assistance Fund. All requests are subject to approval and available funds.

All applicants must reside in the Town of Bolton and have established residency for a minimum of one year.

Those applying for rental or mortgage assistance cannot be in arrears more than one month and must show the ability to resume regular payments. Property tax expenses are ineligible for this program.

Those applying for fuel assistance will need to first apply with ACCESS Community Action Agency in Willimantic. We are unable to provide same-day emergency fuel deliveries.

Recipients of this program immediately become ineligible for reapplication for a minimum of one year.

Eligibility

Income guidelines are adjusted annually and reflect total household membership, regardless of age or relationship. Available savings, current household expenses and requests for past assistance will be considered when determining eligibility for assistance at this time.

Household	1	2	3	4
Annual	\$45,505	\$59,507	73,509	87,511
Monthly	\$3,792	\$4,958	\$6,125	\$7,292

Bolton Social Services Staff

Carrie Concatelli, MSW, Director

Mary Beth Dufresne, Program Coordinator/Administrative Assistant

Pam Wentworth, Administrative Assistant

Town of Bolton

Financial Assistance Application

Date: _____

Name: _____

Address: _____

Phone Number: _____

What is your request for assistance? _____

Have you received any past assistance from the Town? _____

What have you done or plan to do to improve your financial situation? _____

Household Members

Name	Date of Birth

Income

Income	Take Home Amount	How Often
Alimony		
Child Support		
Disability		
Employment Wages		
Friends/Family Contributions		
Rental Income		
Retirement/Pension/Annuity		

Self-Employment		
Social Security		
SNAP (Food Stamps)		
TANF, SAGA, SSI		
Worker's Compensation		
Unemployment		
Veterans Benefits		
Other (Please specify)		

Please provide staff with proof of each identified income source.

Savings

Type of Account	Recent Balance
Checking	
Savings	
Other (Please specify)	

Please provide staff with proof of each account.

Expenses

Type of Expense	Amount Per Month
Mortgage or Rent	
Property Tax	
Home/Rental Insurance	
Car Insurance	
Car Payment	
Electricity	
Heating	
Phone	
Cable	
Internet	
Credit Cards	
Child Care	
Loans	
Other (Please specify)	

Please provide staff with proof of each expense.