

## 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	5	6
Annual	\$39,791	\$51,996	\$65,230	\$76,465	\$88,669	\$100,933
Monthly	\$3,315	\$4,333	\$5,352	\$6,372	\$7,389	\$8,411

#### **Bolton Social Services Staff**

Carrie Concatelli, MSW, Director

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**

<b>Name</b>	<b>Date of Birth</b>

**Income**

<b>Income</b>	<b>Take Home Amount</b>	<b>How Often</b>
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.**