



# Request for Assistance- COVID Response

Funded by American Rescue Plan Act



|          |                          |
|----------|--------------------------|
| Name:    | Date:                    |
| Address: |                          |
| Phone #  |                          |
| Email:   |                          |
| DOB:     | Identification provided: |

Demographic Information - List all occupants residing within the dwelling unit(s).  
Demographical information for reporting purposes only.

| Name | Gender | Age | Race/<br>Ethnicity | Disabled?<br>Yes/No | FT<br>Student<br>Yes/No | Household<br>Status |
|------|--------|-----|--------------------|---------------------|-------------------------|---------------------|
|      |        |     |                    |                     |                         |                     |
|      |        |     |                    |                     |                         |                     |
|      |        |     |                    |                     |                         |                     |
|      |        |     |                    |                     |                         |                     |
|      |        |     |                    |                     |                         |                     |
|      |        |     |                    |                     |                         |                     |
|      |        |     |                    |                     |                         |                     |
|      |        |     |                    |                     |                         |                     |

|                              |
|------------------------------|
| For Town Use Only            |
| Date Received _____          |
| <b>Application No.</b> _____ |
| Received by _____            |

**Request type:**

|   |                 |                    |                                  |
|---|-----------------|--------------------|----------------------------------|
| <b>ARPA HOPE (Housing) Please select one:</b> |                 |                    | Monthly Mortgage \$: _____       |
| Security Dep<br>\$                            | Back Rent<br>\$ | Current Rent<br>\$ | 1 <sup>st</sup> Month Rent<br>\$ |

|  |                   |                    |
|--|-------------------|--------------------|
| <b>ARPA Good Samaritan (General- Non-Housing) Please select one:</b> |                   |                    |
| Electric: \$   | Heating: \$       | Phone/Internet: \$ |
| Car Payment: \$  | Car Insurance: \$ | Car Repair: \$     |
| Small Home Repair: \$  | Other: \$         |                    |
| Medical: \$  |                   |                    |

Grant Amount Request \$ \_\_\_\_\_ [not to exceed \$1000]

|   |
|---|
| Service Provider or Landlord Name:              |
| Make check payable to: _____<br>Attn. to: _____ |
| Mailing Address:                                |
| Account or Reference #:                         |
| Phone #:  |
| Email:  |

Please explain how COVID impacted your ability to pay this expense. \*Supporting documentation may be required.

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Have you received any other COVID related funds from the State of CT (i.e., Unite CT) or local funds from this or any other Town/State program? Please provide assistance type, date, and amount.

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Plan Moving Forward for Self-Sustainability. Are you able to manage your regular monthly expenses? Please explain:

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You are requesting assistance through a special fund supported by the American Rescue Plan. These funds are for the specific purpose to assist people in our community who have been effected by COVID. These funds allocated through New Milford Social Services are for individuals or heads of household under the age of 60.

You must read the last page and sign for your application to be complete  
**FINANCIAL ASSISTANCE FROM NEW MILFORD SOCIAL SERVICES**

**Please read carefully, initial each box and sign below:**

- You are applying for assistance from an emergency program of New Milford Social Services. It is funded by the American Rescue Plan. All requests are subject to the availability of funds and application approval.
- Applicants must provide proof of New Milford residence and sufficient documentation about the impacts of COVID-19 to their household. Documentation requirements will depend on individual circumstances and must substantiate the impact of COVID-19. Income verification, bank and other statements may be requested for all members of the household.
- These are programs of last resort, meaning that other available resources (local, State, or Federal) have been explored and utilized first.
- Requests are for emergency circumstances, not recurring in nature. (For example: this program cannot be utilized repeatedly for mortgage/rent and/or utility shut-offs.) It is hoped that applicants will be able to set up and adhere to any relevant payment plans associated with this request for assistance.
- Clients eligible for these emergency funds are those who strive to help their financial situation by taking advantage of available resources, education, and/or have a financial plan in place to manage expenses within the means of their current personal income.
- If assistance is approved, checks will be issued to the Landlord or service provider/vendor directly. It is important that you provide any and all details in order for your account to be properly identified.
- I understand that these funds are through a Federal program of the American Rescue Plan Act in which all or parts of documents and forms submitted to this local municipality may be subjected to Federal review or audit and Freedom of Information Act regulations.

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**I have read the above information or have had it read to me in a language I understand.**

**I affirm that all information provided is true to the best of my knowledge.**

**I HEREBY CERTIFY that all information on this application and accompanying documents are true and correct to the best of my knowledge. I also understand that provision of false, fraudulent or misleading information will result in denial of any further requests for financial assistance and is punishable by federal law as cited in 188 USC 1001.**

I, \_\_\_\_\_,

**AUTHORIZE *New Milford Social Services* to release information as is pertinent to my request for assistance through these Emergency Funds.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# ARPA Good Samaritan/HOPE FUND Application Checklist



This document list is for applications to the **ARPA Good Samaritan and ARPA Hope funds**, administered by New Milford Social Services. Proof of ID and residency are REQUIRED for each application submitted. Income documents and additional supporting forms may be asked as proof to the applicant’s claim of a negative financial impact from the COVID-19 pandemic. Each application will be carefully considered for approval based on a thorough completion of each application packet. **General grants may not exceed \$1000.**

## → Proof of IDENTITY (must include photo) (Choose One)

- CT License
- CT State ID
- Passport
- Other \_\_\_\_\_

## → Proof of INCOME (All that Apply)

- Income Tax Return (last two years)
- Last 4 weeks paystubs (minimum)
- Child Support or Alimony
- SSI or SSDI monthly income
- Bank Statements (**only if requested by reviewer**)
- Other \_\_\_\_\_

## → Proof of RESIDENCY (Choose One)

- Electric Bill
- Rental Lease Agreement
- Mortgage Statement
- Other \_\_\_\_\_

## → Additional Documentation (As it Pertains to Application Request)

- Proof of New or Current Rental Agreement
- Proof of Rental Arrearage
- Mortgage Statement
- Proof of Mortgage Arrearage
- Invoice for Repair and/or Service
- Car Payment or Insurance Statement
- Medical Bill(s)
- Other \_\_\_\_\_

### RECENT PARTICIPATION (Between 2020 and 2022)

- Unite-CT (approved Yes or No)
- Mortgage Program Payment Plan
- SNAP (currently receiving Yes or No)
- Energy Assistance
- Operation Fuel
- Holiday Programs
- Scholarships (MVPSOS, Rec-On, Y.A.)
- Other:

\_\_\_\_\_

### Please Return Application and Documents

to: **New Milford Social Services**  
**2 Pickett District Road**  
**New Milford CT, 06776**

**Via Mail, Drop-off or In-Person**

**(8:30am-4pm)**

**Via Fax: 860-355-6019**