



**Town of Brewster**  
2198 Main Street Brewster, MA 02631

**Application for Brewster COVID Relief Fund**

Applicant: Complete Part 1 and email the document to [covidrelieffund@brewster-ma.gov](mailto:covidrelieffund@brewster-ma.gov)  
Brewster Town Staff 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**

Name	Relation	DOB

**Length of Residency in Brewster:** \_\_\_\_\_ 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)** Must provide documentation. Money will go directly to vendor(s).

**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 Brewster Town 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 Town of Brewster to share information about my situation with the Review Team and Brewster COVID Relief Fund Committee (BCRFC). I understand that my identity will be kept confidential from the BCRFC in order to maintain privacy. I further authorize the Town of Brewster 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. I understand that any false information on this application or statements given are punishable by law and will lead to cancellation of the application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Completion Only**

**Part 2: Assessment of Eligibility and Financial Need (to be completed by Brewster Town Staff with applicant):**

**Verification of Identity & Residency:**  Yes  No How Verified: \_\_\_\_\_

**Household Monthly Income Information:**

Employment Income (incl. self-employment) \_\_\_\_\_  
Disability/Assistance Income (SSDI, AFDC/TAFDC, EAEDC) \_\_\_\_\_  
Retirement Income/Source(s): \_\_\_\_\_  
Other Pension & Retirement Allowance (SS, distributions, pensions) \_\_\_\_\_  
Unemployment \_\_\_\_\_  
Veteran's Benefits/Pension, including 115 benefits \_\_\_\_\_  
Worker's Compensation \_\_\_\_\_  
Net Profit from Business/Interest/Dividends \_\_\_\_\_  
Rental Income \_\_\_\_\_  
Alimony/Child Support \_\_\_\_\_  
Income from ALL other Household members, over the age of 18 \_\_\_\_\_  
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 \_\_\_\_\_  
Phone (Cell, home) \_\_\_\_\_  
Child Support \_\_\_\_\_  
Other (transportation, fitness, misc.): \_\_\_\_\_  
**Total Monthly Expenses:** \_\_\_\_\_

**Liquid Asset Account Balance(s) – Savings, Checking, Investments, CDs, IRAs, 401k, Annuities, Stocks, etc.:**

\_\_\_\_\_

**Client appears to meet qualifications for the following programs/subsidies:**

Food Pantry  Fuel Assistance  SNAP  
 Property Tax exemption  Free/reduced lunch  Mass Health

Amount Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Other Funding Sources Available:  Yes  No – Explain  
\_\_\_\_\_  
\_\_\_\_\_

Previous Emergency Fund Recipient?  Yes  No  
If yes, when, amount, and reason: \_\_\_\_\_  
\_\_\_\_\_

Documentation of Income/Assets provided:  
 Income Tax Return  Bank Statements  Statement/letter from SS, SSDI, UI, etc.  
 1099's  Insurance policies  Other: \_\_\_\_\_  
 None (document reason): \_\_\_\_\_

Emergency Assistance Guidelines Reviewed with Client:  Yes  No Staff initials: \_\_\_\_\_

- Applicant must be a Brewster resident.
- Funds are limited and are meant for emergencies only. Completion of this form is not a guarantee of approval.
- Income Limits 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 Date

\_\_\_\_\_  
Staff Signature Date

**APPROVAL:**

\_\_\_\_\_  
Brewster Council on Aging Director Date

\_\_\_\_\_  
Approving Authority Signature Date

\_\_\_\_\_  
Treasurer/Collector Date