

eliminating racism
empowering women
ywca

Mount Desert Island

In order to be considered for assistance, you will need to answer every question. All information is for internal use only and will not be shared. If you have any questions, feel free to call (207) 288-5008. It will be helpful if you provide information about special circumstances. The Benni Fund was created in April, 2020, to assist those affected financially by Covid-19. Since it is new to us, we are trying to assist as many women as possible; therefore, we may find we must cap the number of distributions to one family. Please feel free to reapply but we cannot guarantee a distribution.

Application for Assistance – The Benni Fund

Name _____

Address _____

Contact No. _____ Email _____

(Circle Y or N)

Number of people currently living in your household _____

Do you have children living with you? Y N What are their ages? _____

Are you employed now? Y N Name of Employer _____

Position held _____

If no, what is the last date you worked? _____

Name of Employer _____

Reason for leaving _____

Are you receiving unemployment benefits? Y N If no, why? _____

Have you applied for any other benefits offered by your employer, local bank, or offered by the state? Y N If yes, what? _____

Do you have other income (child support, state or federal unemployment, disability)? Y N

If yes, total monthly amount \$ _____

Monthly expenses: Rent \$ _____ Utilities \$ _____

(Have you received a deferment for these? Y N)

Phone/mobile _____ Internet _____

Vehicle expenses _____ Other _____

Groceries _____

Have you been able to access food from Food Pantry? Y N

Please list any special circumstances we should know:

Amount of funding requested \$ _____ Date needed _____

Have you previously received funding from The Benni Fund? Y N If yes, when? _____

How did you hear about The Benni Fund? _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature

Date

(For internal use only)