

The Benni Fund Application for Assistance

NAME: _____

Address: _____

Contact phone: _____

Email: _____

AMOUNT OF FUNDING REQUESTED: \$ _____ Date needed: _____

NOTE:

- In order to be considered for assistance, you will need to answer every question; if the question does not apply, simply write N/A
- Please print clearly; we will return uncompleted or unreadable forms
- All information is for internal use only and will not be shared
- If you have any questions, please contact **Jackie at (207) 288-5008** or **jackie@ywcamdi.org**

HOUSEHOLD:

Number of people currently living in your household, including yourself: _____

Do you have children living with you? (please circle one: YES NO)

If yes, what are their ages? _____

EMPLOYMENT:

Are you employed now? (please circle one: YES NO)

Name and address of current Employer:	
Position held:	
How long in Position:	

If you are not employed:

Name and address of last Employer:	
Date last employed:	
How long employed here:	
Reason for leaving:	

Are you receiving unemployment benefits? (please circle one: YES NO)

If you answered NO, please explain:

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OTHER BENEFITS:

Have you applied for any other benefits offered by your employer, local bank, or offered by the state? (please circle one: YES NO)

- If YES, which benefits? _____
- From whom: _____

Did you receive any compensation? If Yes:

Date	Amount	Organization
	\$	
	\$	
	\$	
	\$	

Have you been denied benefits?

- If so, by whom: _____

Will you reapply? (please circle one: YES NO) Please explain: _____

OTHER INCOME:

Do you have other income, such as child support, state or federal unemployment, disability? (please circle all that apply: YES NO)

If YES, what is the total monthly amount: \$ _____ Source: _____

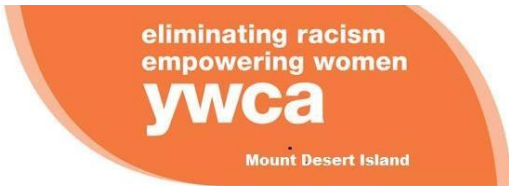
Please breakdown if receiving funds from multiple sources

Amount	Source
\$	
\$	
\$	
\$	

MONTHLY EXPENSES: *If the expense does not apply, simply write N/A*

Rent	\$	
Utilities	\$	Have you received a deferment for any of these? (YES or NO)
Phone/Cell	\$	
Internet	\$	
Groceries	\$	Have you been able to access food from a food pantry? (YES or NO)
Vehicle	\$	
Other	\$	Describe:
TOTAL:	\$	

The Benni Fund was created in April 2020 to assist those affected financially by Covid-19. 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.



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PLEASE LIST ANY SPECIAL CIRCUMSTANCES WE SHOULD KNOW:

Have you previously received funding from The Benni Fund? (please circle one: YES NO)
If YES, how much funding have you received to date, and when did you receive funding? If you have received multiple distributions, please list all amounts and dates of distributions.

Amount	Month	Year
\$		
\$		
\$		
\$		
\$		

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)

When you have completed and signed the application:

- Mail to YWCA MDI, 36 Mt Desert St., Bar Harbor, ME 04609 or
- Scan completed application and email to jackie@ywcamdi.org