

## The Benni Fund Application for Assistance

**NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The Benni Fund policy can be found on our website [ywcamdi.org](http://ywcamdi.org). You must read and understand the policy before applying for assistance.

- 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 incomplete or unreadable forms**
- All information is for internal use only and will not be shared
- Please indicate that you have read and understand the policy by initializing and dating here \_\_\_\_\_
- If you have any questions, please contact **Jackie at (207) 288-5008 or [jackie@ywcamdi.org](mailto:jackie@ywcamdi.org)**

**REASON FOR REQUEST:** \_\_\_\_\_

**AMOUNT OF FUNDING REQUESTED:** \$ \_\_\_\_\_

**DATE NEEDED:** : \_\_\_\_\_

### 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? \_\_\_\_\_

**The Benni Fund** was established in March 2020 to continue honor our former Executive Director Benni McMullen. The Benni Fund relies on donations for funding. Our goal is to assist as many women as possible, therefore we may need to cap the number of monetary distributions to one family.

**Please feel free to reapply**, all applications are reviewed as a case by case basis.

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### EMPLOYMENT:

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

Name and address of current employer	
Position held	
How long in position	
Weekly earnings	

### 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)

Have you applied for unemployment benefits? (please circle one: YES NO)  
If NO, please explain:

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### OTHER INCOME:

Do you receive any additional income to your household? YES or NO

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

*Please breakdown if receiving funds from multiple sources*

Amount	Source
\$	
\$	
\$	

### OTHER BENEFITS:

**Have you applied for any benefits** offered by your EMPLOYER, LOCAL BANK, or THE STATE?  
(please circle all that apply)

- If YES, which benefits? \_\_\_\_\_

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**Did you receive any compensation?** If Yes, please list:

Date	Amount	Organization
	\$	
	\$	
	\$	
	\$	

**Have you been denied benefits?**

- If so, by whom: \_\_\_\_\_

**Will you reapply?** (please circle one: YES NO) **Please explain:** \_\_\_\_\_

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

Rent	\$	
Utilities	\$	Have you applied for a deferment for any UTILITY? (YES or NO) If YES, did you receive a deferment for any UTILITY? (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:	\$	

**PLEASE LIST ANY SPECIAL CIRCUMSTANCES WE SHOULD KNOW:**

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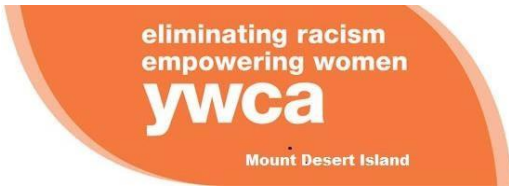
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Thank you for reaching out to us. **How did you hear about The Benni Fund?**

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**Have you previously received funding from The Benni Fund?** (please circle one: YES NO)  
If YES, please list amounts and dates you have received.

Amount	Month	Year
\$		
\$		
\$		

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*(For internal use only)*

Before sending, please look over the application and be sure that you have answered each question.  
**Unreadable or Incomplete applications will be returned**, which may delay distributions of funds.

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](mailto:jackie@ywcamdi.org)

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