

The Benni Fund Application for Assistance

NAME: _____

Address: _____

Contact phone: _____

Email PRINT CLEARLY: _____

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 incomplete 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 currently employed? (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)

Have you applied for unemployment benefits during the past 12 months? (please circle one: YES NO)

If NO, please explain:

THE BENNI FUND was established in March 2020 in memory of our former Executive Director, **Benni McMullen**, and relies solely on donations for funding. Our goal is to assist as many women as possible in a rolling 12-month period.

ALL APPLICATIONS ARE REVIEWED ON A CASE-BY-CASE BASIS.

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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 additional income from multiple sources

Amount	Source
\$	
\$	
\$	

OTHER BENEFITS:

Have you applied for any benefits offered by your EMPLOYER, LOCAL BANK, or THE STATE during the past 12 months? (please circle all that apply)

If YES, which benefits? _____

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

Date	Amount	Organization
	\$	
	\$	
	\$	
	\$	

Have you been denied benefits during the past 12 months?

If so, by whom: _____

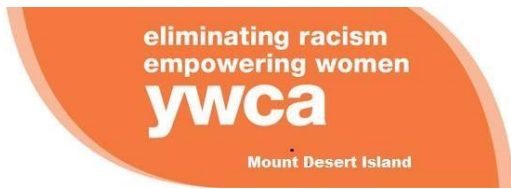
Will you reapply for benefits? (please circle one: YES NO) **Please explain:** _____

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)
Phone/Cell	\$	If YES, did you receive a deferment for any UTILITY? (YES or NO)
Internet	\$	
Groceries	\$	Have you been able to access food from a FOOD PANTRY? (YES or NO)
Vehicle	\$	
<i>Other</i>	\$	Describe <i>Other</i> expenses:
TOTAL:	\$	

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PLEASE LIST ANY SPECIAL CIRCUMSTANCES WE SHOULD KNOW:

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

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		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