

**YWCA Mount Desert Island
Application for Assistance – The Benni Fund**

Name _____

Address _____

Contact No. _____ **Email** _____

Amount of funding requested \$ _____ Date needed _____

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

Number of people currently in your household _____

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

Did you lose your job? Y N Were you laid off from your job? Y N

If yes, was it due to the COVID-19 Pandemic? Y N

Do you have a rehire date? Y N If yes, when?? _____

Where did you work? _____ Position held _____

Were you paid a salary or hourly? _____ Last date you worked _____

Do you have other income? Y N If yes, monthly amount \$ _____

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

Are you receiving unemployment benefits? Y N If not, did you apply? Y N

Monthly expenses: Rent \$ _____ Utilities \$ _____

(Have you requested a deferment of these? Y N)

Phone/mobile _____ Internet _____

Vehicle expenses _____ Other _____

Groceries _____

(Have you been able to access food from Food Pantry?)

Special Circumstances: _____

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)