



Plymouth Memory Tree Community Fund Inc.

Community Fund Grant Application

Introduction:

Plymouth Memory Tree Community Fund is a grant program for individuals and families in need who reside full-time in the Town of Plymouth, Vermont. Grants are available to both homeowners and renters. All funding decisions are made by the Plymouth Memory Tree Community Fund Board.

Grants are typically provided to cover rent, utilities, purchase of major appliances/hot water heater/furnace, short-term housing, loss of income, health related costs, repair and replacement of housing, transportation, heating fuel, or garbage disposal. The board's preference is to pay the provider of goods or services directly.

Completing the Form:

If you would like to apply for a grant, complete the form attached.

- Return the completed form to the Plymouth Memory Tree Community Fund at
PO Box 47, Plymouth, VT 05056
- If you would like help completing the form, or have any questions, you may email or call one of the following members of the PMT Board:
 - Anne Brown: abrown@vermontel.net (802-353-1182)
 - Karen Bruyn: kwbruyn@gmail.com (802-672-5341)
 - Robert Fishman: rif254@gmail.com (802-672-1201)
 - Jen Flaster: jenflaster@me.com (802-672-5074)
 - Al Poirier: arpcolby@yahoo.com

Statement of Confidentiality:

Any and all information given by applicants is held in confidence. The information will only be reviewed by PMT Board members, will be held in a secured location, and will not be released without written permission of the applicant. Please note that requests for more than \$1,000 will require submission of your most recent tax returns and pay stub or self-employment information (see page 3 of the application).

ALL APPLICANTS MUST COMPLETE THIS SECTION

Applicant Name:

Names of all other household members (and ages if under 18):

Physical Address. (must be in Plymouth):

Housing Status (if grant relates to your home):

Own Rent

Current Phone: _____

Cell Phone: _____

E-Mail Address: _____

What is your need? Describe your financial situation and how this grant, if approved, would be of assistance.

AMOUNT REQUESTED: \$ _____

Is there an immediate need for these funds? If yes, please explain:

Yes No

Name and address of company or person to whom grant funds should be sent:
(Attach invoice if available. If requesting reimbursement, attach receipt showing amount paid.)

Health Status:

Do you need assistance with accessing medications or medical attention?

Yes _____ No _____

If yes, do you have health insurance and prescription coverage?

Yes _____ No _____

Are you (or anyone in your household) a veteran?

Yes _____ No _____

Special needs of household members (example: does anyone use a wheelchair?):

Other Assistance

What services/resources/supports have you used so far:

Have you received any other financial assistance within the past 12 months?

Yes _____ No _____

If YES, how much and from what source?

May we notify other appropriate agencies or community organizations of your needs if they are beyond the ability of this relief fund?

Yes _____ No _____

Signed _____ Date _____

Thank you! We will get back to you shortly to acknowledge that we have received the application and to give you a date by which a funding decision will be made.

Please complete page 3 if you are applying for more than \$1000

Please complete this page if you are applying for a grant of more than \$1000. Please attach a copy of your most recent IRS1040, VT Tax Return, and pay stub from your employer. If self-employed, please supply revenue and expenses for the last six months.

Other Aid:

Are you or any household member connected with/receiving services from a state or local social services agency? (i.e. DHHS for food stamps or TANF; Mental Health or Area Agency for case management; other case management service?)

Yes _____ No _____

If Yes, What agency/programs?

Home Owner

Date Purchased _____

Assessed Value _____

Mortgage Owed _____

Monthly Mortgage Payment _____

Total Monthly Utilities _____

Car, Education Loan, (or any other recurring monthly expenses exceeding \$150) _____

Renter

Monthly Rent _____

Total Monthly Utilities _____

Car, Education Loan, (or any other recurring monthly expenses exceeding \$150) _____

Do you have any special needs related to housing?

Employment Status (all members of household):

Thank you!

The PMT will get back to you shortly to acknowledge that we have received the application and to give you a date by which a funding decision will be made.