



Town of Amherst
Amherst Health Department
Resident Assistance Program

Resident Checklist

To qualify applicants must be a current Amherst resident, be income eligible (see application) and be willing to consult with a social service program. This program provides only one-time assistance.

1. Complete the following two forms:
 - a. **Application** form.
 - b. **Release of Information Authorization** form

2. Provide **Proof of Income** for all adults in your household. For example: 2 paystubs, social security or SSDI statements, transitional assistance payments, child support payments, etc. Originals are not necessary.

3. Specify what funds you are requesting and provide proper documentation. Include any other information that you believe documents your situation.

 Rent. Provide a **Notice to Quit, an Eviction Notice**, or other communication from your landlord that shows how much rent is overdue.

 Utilities. Provide a **Shut-off Notice** or other communication from the utility company that shows the amount of money owed.

4. Provide a **social service program or agency letter or email** that you have been working with. In order to receive assistance, we ask you to consult with a social service program that can help you avoid financial problems in the future. We can provide referrals to programs if needed.

5. Meeting with staff is by appointment only; we are not available for drop-ins.
Please leave a message on our voice mail, all phone calls will be returned. Thank you for your patience.

Amherst Health Department
Bangs Community Center
70 Boltwood Walk, Amherst, MA 01002
Phone: 413-259-3077 FAX: 413-259-2404

If approved:

- a. A pledge letter will be sent as soon as possible directly to the landlord or utility company that indicates the amount of funding.
- b. A check will be sent within approximately 2 to 3 weeks to the landlord or utility company.

June 13, 2019

Town of Amherst
Amherst Health Department
Resident Assistance Program

Resident Application

First	Middle Initial	Last	Date of Application
Gender	E-mail		Phone Number
Date of Birth	Home Address		

Please list all members of your household, including yourself. If you or other household members are receiving any form of income, please provide verification.			
Name	Employment Income (Monthly Gross)	Other Income such as Unemployment or SSI/SSDI benefits (Monthly)	Age
Your Name			
1)	\$	\$	
2)	\$	\$	
3)	\$	\$	
4)	\$	\$	
5)	\$	\$	
6)	\$	\$	
Total gross annual income	\$	\$	Total Income \$

<p>Non Cash Benefits Do you receive any of the following?</p> <p><input type="checkbox"/> Housing Subsidy</p> <p><input type="checkbox"/> SNAP Benefits</p> <p><input type="checkbox"/> Mass Health <input type="checkbox"/> Commonwealth Care</p> <p><input type="checkbox"/> Tuition Assistance</p> <p><input type="checkbox"/> Fuel Assistance</p>	<p>Disability If you are disabled and it is relevant to your request for emergency assistance, you may want to describe your disability. You are not required to do so.</p>
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[] Other _____

Please mark what best describes your financial needs.

Rental Arrears Security Deposit Utility Shut-off

Other: _____

How much funds will you need to help your situation?\$ _____

Do you have any funds to contribute, if yes how much?..... \$ _____

Are there other resources that are helping you with funds, if yes how much?..\$ _____

How much funds are you requesting from the Town of Amherst?..... \$ _____

What are the circumstances of your situation and what caused it?

Please explain how our program will help your circumstances.

What additional steps do you plan to take to address the situation?

Please list the other agencies/social service provider helping you to reach your goal?

Agency/Organization	Date of Meeting	Amount of Assistance	Outcome
1.)			
2.)			
3.)			

I, _____ certify that the information I have given in this application is true and correct. I have signed under the pains and penalties of perjury. I understand that a photocopy of this signature is as valid as the original.

Signature

Date

Town of Amherst
Amherst Health Department
Resident Assistance Program

Release of Information Authorization

Today's Date _____

I, _____ hereby give my permission to the Town of Amherst staff to discuss and/or furnish written information regarding myself and household members. I also authorize the staff to speak on my behalf to acquire pertinent information regarding my household.

I understand that I may withdraw this permission at any time upon my written request.

Otherwise, this permission will expire one year from the date I sign this form

Signature of applicant: _____ Date: _____

Town of Amherst Staff _____ Date: _____

May we contact you in six months to understand how our program may have assisted you?

Yes No