



Town of Fairfield COVID-19 RECOVERY FUND

Criteria for Assistance:

This fund has been established by the Town of Fairfield to provide limited, one-time assistance to Fairfield residents who continue to be adversely impacted by the Covid-19 pandemic.

Requests may exceed the funding; consequently, financial assistance will be granted on a first come, first served basis.

Applications may be submitted via email, USPS (regular mail), or in person. Supporting documentation will be required in order to process the application (see next page).

Applicants must also demonstrate that they have exhausted any other assistance funds or available resources for which they may be eligible. The application and review committee may refer applicants to other resources as appropriate.

Applicants must be current on all tax obligations to the Town of Fairfield at time of application.

Financial assistance will be considered for housing and essential household costs such as utilities; child care; auto loans and expenses; medical bills and health care expenses; other bills upon request and explanation, excluding credit card debt; business and investment losses, or any other expenses/losses unrelated to the pandemic or deemed inappropriate by the application and/or review committee.



Required Documentation:

- Income documentation from employment for all household members
- Documentation regarding any other sources of income, e.g. SSI, disability, child support, alimony, inheritance, SNAP, unemployment, PUA, etc.
- Residency verification
- Three most recent bank and income statements (**Please bring ALL pages of bank statement/s even if a page is blank**)
- **2021 W-2 or 1099 Tax forms**
- Additional asset documentation - e.g. investments, life insurance policies, retirement accounts, stocks/bonds, CDs, etc. (**Please bring ALL pages of statement/s even if a page is blank**)
- Documentation of a completed or pending application for UniteCT funds if requesting assistance with housing-related costs such as rent, utilities or mortgage payments. UniteCT is administered through CHFA (Connecticut Housing Finance Authority). **To apply, call 1-844-864-8328 or apply online at www.bit.ly/UniteCT**

PLEASE NOTE: COVID-19 Recovery Funds will be paid directly to Bill/s on the applicant's behalf (for example, to the applicant's landlord, mortgage lender, daycare provider, or utility company). Along with current bills, invoices, receipts and other supporting documentation, clients must obtain a W-9 and Tax ID number for all Bill/s in question.



Consent for Release/Exchange of Confidential Information

I, _____, of _____
(Name of Applicant) (Address)

authorize the Town of Fairfield Social Services Department on behalf of the COVID-19 Recovery Fund Committee to obtain, disclose, and exchange information with any agency and/or entity that may be able to verify and support this application for assistance.

I understand that my records are protected under the Federal & State Confidentiality Regulations and cannot be discharged without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this contract at any time. Consent pertains only to this application for COVID-19 Recovery Funds unless otherwise noted, in which case consent expires one year from the signed date below.

Print Name of Applicant Signature of Applicant Date

Print Name of Social Worker Signature of Social Worker Date



Application

Date: _____

Date Received (ToF Use): _____

Applicant's Name: _____

DOB: _____

Co-Applicant's Name: _____

DOB: _____

Address: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Own or Rent: _____

Years at this Address: _____

Previous Address (if less than 5 years at address above):

Years at Previous Address: _____

Names and Ages of All Household Members (list yourself first):

NAME	RELATIONSHIP	DOB

Current Employment Information (Include all employed household members)

HOUSEHOLD MEMBER NAME	EMPLOYER	DOB



INCOME	MONTHLY AMOUNT	EXPENSES	MONTHLY AMOUNT
Employment	\$	Rent/Mortgage	\$
Unemployment	\$	Food	\$
Workmen's Comp	\$	Electric	\$
Social Security	\$	Home Fuel (Gas/Oil/Propane)	\$
Disability SSI/SSDI	\$	Water	\$
State Cash Assistance	\$	Cell Phone	\$
SNAP	\$	Home Phone	\$
Child Support	\$	Cable TV/Internet	\$
Alimony	\$	Car Payment(s)	\$
Pension(s)	\$	Car Insurance	\$
Family/Friends Support	\$	Car Gasoline	\$
Property/Rental Income	\$	Child Care	\$
Additional Income (friends/relatives, etc.)	\$	Health Insurance	\$
Veterans Benefits	\$	Medical Expenses Out Of Pocket	\$
		Life Insurance Policy	\$
		Credit Cards Combined	\$
TOTAL:		TOTAL:	

Household Income	Amount
Employment (monthly)	
Unemployment (monthly)	
DSS	
SS	
Pension	
Workers Comp	
Child Support	
Other	
TOTAL:	



Asset(s)

Source	Current Dollar Value	Account Holder
Checking Account(s)	\$ _____ \$ _____	_____ _____
Saving Account(s)	\$ _____ \$ _____	_____ _____
Pension	\$ _____	_____
Individual Retirement Accounts/CDs/Bonds	\$ _____ \$ _____ \$ _____	_____ _____ _____
Other Assets (i.e. Real Estate, Property, Motor Vehicle(s), etc.)	\$ _____	\$ _____

Amount of Financial Assistance you are requesting: _____

Financial assistance/resources you have already applied for, or have already received (please list all previous applications for assistance, and the specific amounts received):

Resource	Amount Requested	Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Please describe **why** you are requesting financial assistance at this time, and the way in which you and/or your household members have been adversely impacted by the Covid-19 pandemic:

Please describe below the purpose for the funds you are requesting (if possible, please itemize costs):

Bill #1 Name: _____

Bill #1 Address: _____

Reason for request from Bill #1:

Bill #2 Name: _____

Bill #2 Address: _____

Reason for request from Bill #2:

Bill #3 Name: _____

Bill #3 Address: _____

Reason for request from Bill #3:



Please attach additional sheets if necessary. All applications will be followed up with a phone call/email for further discussion.

If you receive a COVID Recovery Grant, please describe steps you will take to manage your budget, expenses and debt in the future:

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge. I further authorize the Town of Fairfield as well as its participating partners and lenders to obtain credit reports and to make inquiries as necessary to verify the information contained in this application. The undersigned agrees that any funds provided pursuant to this application will be utilized exclusively for the purpose(s) set forth in this application, as may be amended. I understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Printed Name of Applicant

Signature of Applicant

Date