

Fairfield COVID-19 Relief Fund

Criteria for Assistance

The Fairfield COVID-19 Relief Fund was established to provide limited, one-time assistance to Fairfield residents who been adversely impacted by the COVID-19 pandemic. Intended use of funds must be directly related to the effects of the virus.

Financial aid will be considered for the following needs:

- Medical
- Housing
- Support Services
- Child Care
- Auto Loan/Lease
- Utilities
- Other items upon request and explanation

Funds are limited. It is anticipated that requests for assistance may be greater than the funds received. The ability to provide assistance will be based on the amount of money raised for this purpose, the validity of each request, and demonstrated need. Assistance will be granted on a first come, first serve basis.

Applications must be completed and submitted via email, mail or in person, with proof of residency (like a copy of a driver's license or other valid ID, a copy of a recent phone or utility bill, or a tax bill).

Applications shall also include any relevant financial information, such as income and asset verification, as well as verification that taxes are current as of March 1, 2020. Applications will be accepted until funds are exhausted, but not later than August 1, 2020.

Applicants must demonstrate that they have exhausted any other forms of assistance that might have been available. The review committee may suggest other opportunities for assistance to applicants to get them the help they are seeking.

Applicants should have been current on all tax obligations with the Town of Fairfield prior to March 1, 2020.

Applicants must provide, whenever possible, invoices, bills, receipts, or other documentation to support their requests.

Payments will be made to the vendor on behalf of the applicant. Applicants must obtain tax ID #'s and W9's for those vendors prior to payment being released.

Typical grants from this fund are expected to range from \$250 to \$2,500.

Funds cannot be used for the following purposes:

- To replace items or offset losses that are covered by insurance or another program
- For investment property or business losses
- For expenses or losses that are not directly related to the virus
- Other uses the committee deems inappropriate

Fairfield COVID 19 Relief Fund
Application for Assistance

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 additional Household Members: _____

Amount of Financial Assistance you are requesting: _____

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

costs): _____

If completing by hand, please feel free to use the back side of this sheet if you need more room.

Please list the other places you have applied for or attempted to get help from and the outcome

of those requests (please be prepared to show documentation): _____

Vendor #1 Name: _____

Vendor #1 Address: _____

Reason for request from this vendor: _____

Vendor #2 Name: _____

Vendor #2 Address: _____

Reason for request from this vendor: _____

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

Please complete the following chart and sign below to complete your application:

If you do not know the values or cannot complete any of the required fields, please enter a ZERO (0) or write N/A for non-applicable.

Household Income	Amount	
Employment (monthly)		
Unemployment (monthly)		
DSS		
SS		
Pension		
Workers Comp		
Child Support		
Other		
Assets	Amount	Name of Institution
Checking Balance		
Savings Balance		
Stocks/Bonds		
CD Balances		
IRA Balances		
Other		

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.

Print Name (Applicant)

Signature (Your printed name on this line will constitute a signature)

Date

Print Name (Co-Applicant)

Signature (Your printed name on this line will constitute a signature)

Date



Town of Fairfield
Bigelow Senior Center/Human and Social Services
100 Mona Terrace
Fairfield, CT 06824

Phone: 203.265.3170
Fax: 203.254.4758

Fairfield Human and Social Services Authorization for Release of Information

I _____, hereby give Fairfield Human and Social Services permission to disclose the information required in the application process for financial assistance from the COVID Relief Fund with the COVID Relief Fund application committee.

The confidentiality of this record is required under Chapter 899 of the Connecticut General Statutes as well as Title 42 of the United States Code. This material should not be transmitted to anyone outside of the COVID Relief Fund committee without that client's written consent or authorization as provided for in these statutes.

I understand that I may revoke this consent at any time unless it has already been executed. This consent, if not revoked, will expire when financial assistance by means of the COVID Relief Fund is either granted or denied.

Signature of Client

*If signing electronically your printed name
will constitute a signature*

Date