



## **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](mailto:abrown@vermontel.net) (802-353-1182)
  - Karen Bruyn: [kwbruyn@gmail.com](mailto:kwbruyn@gmail.com) (802-672-5341)
  - Robert Fishman: [rjf254@gmail.com](mailto:rjf254@gmail.com) (802-672-1201)
  - Jen Flaster: [jenflaster@me.com](mailto:jenflaster@me.com) (802-672-5074)
  - Al Poirier: [arpcolby@yahoo.com](mailto: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):**

\_\_\_\_\_

**Mailing Address (if different):**

\_\_\_\_\_

**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?):

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**Other Assistance**

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

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

Yes \_\_\_\_ No \_\_\_\_

If YES, how much and from what source?

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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.**