

Please fill out this application and send it back to:

Emmanuel Episcopal Church

DB RFF email

37 West Main St., Norwich, NY 13815

DB RFF email

EMERGENCY FUND
GRANT APPLICATION

← check one box →

★ HEATING ASSISTANCE
PROGRAM APPLICATION

Name: _____

Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Children living with you: ___yes ___no Ages: _____ Others in household: _____

*What is the amount of help you need? \$ _____

★ What do you use for heat? _____ ★ Usual vendor for fuel? _____

What is the reason for this request? _____

Can you contribute anything towards this request or repay the grant later? ___yes ___no

What is your source of income? _____

What, if any, Public Assistance help do you receive? Rent assistance, food stamps, HEAP, SSI, SSD, etc.

Are you a member of any church?

Have you ever used this fund before? _____

How did you hear about our grant? _____

Case Worker Name and Phone Number: _____

***Please note that money cannot and will not be distributed to you. It will be sent to the person (i.e. NYSEG) or agency that requests these funds for your needs. This application may take several days to be approved due to our need to verify information.**

I, _____ verify that the above information is accurate and complete.

(Sign here please)

Notified of status: _____

Once this application is received, it will be reviewed and the necessary verifications will be obtained. You will then receive a phone call regarding the outcome. Call 607-334-8803 to leave a message if you have questions.

APPROVALS: CT LB RI GB JE CM DL LW

PAYEE	CHECK #	AMOUNT	DATE PAID	CHURCH ACCT.
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