

# Brockton Together Fund



If you are a **Brockton resident** in need of financial help due to Covid-19, please complete this form. We will respond within 7 business days of receipt. Submitting this form does not guarantee that you will receive funds.

Please send completed form to [BTfhelpline@bamsi.org](mailto:BTfhelpline@bamsi.org)  
or mail/drop-off to BAMSI at 440 Belmont Street, Brockton, MA 02301

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Preferred language should we need to contact you:

English                       Portuguese/Português                       Haitian Creole/Kreyòl Ayisyen  
 Cape Verdean Creole/Criolo de Cabo Verde                       Spanish/Español                       Other \_\_\_\_\_

1. Are you currently employed?  Yes  No

If yes,  Full Time or  Part Time?

If no, have you applied for unemployment?  Yes  No

Please explain –

2. Current Monthly Income (wages, child support, SSI, SSDI, TAFDC, other): \_\_\_\_\_

3. How many people are in your Household (including yourself)?

Adults \_\_\_\_\_

Children (under 18) \_\_\_\_\_

4. Please indicate the area in which you MOST need assistance:

\_\_\_ Rent

Landlord Name \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_

How much do you owe? \_\_\_\_\_

\_\_\_ Mortgage

Mortgage Company \_\_\_\_\_

Mortgage Company's Phone Number \_\_\_\_\_

How much do you owe? \_\_\_\_\_

\_\_\_ Oil/Fuel and Utilities

Utility Company Name \_\_\_\_\_

Account Number \_\_\_\_\_

How much do you owe? \_\_\_\_\_

\_\_\_ Food

\_\_\_ Transportation Needs

\_\_\_ Other expenses related to basic needs (medication, formula, diapers, etc.)

\_\_\_ Other

I attest that the above information is true, to the best of my knowledge. You may be asked to provide documentation as proof of your current financial status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_