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
or mail/drop-off to BAMS 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:__________________