

City of Bay Village Dept. of Community Services Application for Emergency Funds and Assistance

The Dwyer Emergency Fund provides limited assistance for Bay Village residents who are experiencing an “emergency” defined as a critical need for medical care, food, shelter, protection, special counseling, and under some circumstances- assistance with utilities.

To be eligible for assistance, applicants must reside in Bay Village. The Emergency Fund is set up to be utilized, but not limited to the following:

- Residents who are temporarily out of work
- Residents who are experiencing financial hardships
- Families referred by Bay Family Services or local churches
- Residents on fixed incomes
- Residents overwhelmed by medical bills

A maximum assistance of \$250 per household may be awarded. This assistance is available on a **one time emergency basis only**. Referrals will be made to other agencies for ongoing assistance and long term needs. Residents already receiving assistance from other agencies may not qualify for emergency assistance. **Requests not meeting this criteria must be approved by the Community Services Advisory Board.**

Emergency funds will be awarded on the basis of financial need and circumstances. Applicants’ income must be at or fall below the levels below, or show evidence of other hardship.

Size of Household	Total Household Income 12 Months
1	up to \$22,540
2	up to \$30,485
3	up to \$38,430
4	up to \$46,375
5	up to \$54,320
6	up to \$62,265
7	up to \$70,210
8	up to \$78,155

Residents must provide adequate documentation verifying need and circumstances. The Department of Community Services reserves the right to refuse assistance to any applicant. All records will be kept confidential. You will be notified within one business day if your application has been approved.

To process your application, please provide the following documentation:

- A copy of last year’s tax return
- Copies of last two pay stubs
- (Or) copy of SSI/SSDI- checks or bank statement showing amount of automatic monthly deposit.

**City of Bay Village Dept. of Community Services
Dwyer Emergency Fund**

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Department of Community Services. In order to process, applications must be returned in a timely manner. All information must be presented with COMPLETED application. Incomplete applications will not be considered.

Please PRINT all information:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Single Married Widowed Divorced Number of Dependents _____

Please list the names, ages and employer of all persons in the household. Your household includes dependents you claim on your federal income tax return.

Name	Age	Employer/School	Birth Date

Please specify which type of assistance you are applying for:

In order to process this application, all requested information must be presented with the COMPLETED application. Incomplete applications will not be considered.

Have you ever received Emergency Assistance Funds? Yes No

If yes, what type of assistance and when? _____

Please itemize your HOUSEHOLD monthly income and expense items

INCOME

Your gross monthly income \$ _____
Spouse's gross monthly income \$ _____
Unemployment compensation \$ _____
Social Security compensation \$ _____
401 K/Retirement Funds \$ _____
Financial Assistance \$ _____
Food Stamps \$ _____
Spousal Support \$ _____
Child Support \$ _____
Other (please explain) \$ _____

EXPENSE

Rent/Mortgage \$ _____
Auto Loan \$ _____
Utilities \$ _____
Food \$ _____
Clothing \$ _____
Phone \$ _____
Medical \$ _____
Spousal Support \$ _____
Child Support \$ _____
Other (please explain) \$ _____

TOTAL: Monthly Income \$ _____

Monthly Expenses \$ _____

Do you share expenses with anyone else in your household? _____

Total number in household: _____

In order to process this application, all requested information must be presented with the COMPLETED application. Failure to provide the required documents will delay the processing of your application. Please attach copies, since originals will not be returned.

