



Town of Amherst/Family Outreach of Amherst
American Rescue Plan Act (ARPA)
Resident Assistance Program

Resident Checklist

To qualify applicants must be a current Amherst resident, be income eligible (see application), and have had your income negatively affected by COVID-19. This program provides one-time only assistance.

1. Complete the following two forms:
 - a. **Application** form.
 - b. **Release of Information Authorization** form

2. Provide **Proof of Income** for all adults in your household. For example: 2 paystubs, social security or SSDI statements, transitional assistance payments, child support payments, etc. Originals are not necessary.

3. Specify what funds you are requesting and provide proper documentation. Include any other information that you believe documents your situation.
 - Rent. Provide a **Notice to Quit, an Eviction Notice**, or other communication from your landlord that shows how much rent is overdue.
 - Mortgage. Provide a **Late Notice**, or other communication from your bank/mortgage company that shows how much mortgage is overdue.
 - Utilities. Provide a **Shut-off Notice** or other communication from the utility company that shows the amount of money owed.

4. Meeting with staff is by appointment only; we are not available for drop-ins.
Please leave a message on our voice mail, all phone calls will be returned. Thank you for your patience.

Family Outreach of Amherst
401 Main St., Suite 12, Amherst, MA 01002
Phone: 413-548-1275 FAX: 413-549-6087

If approved:

- a. A pledge letter will be sent as soon as possible directly to the landlord or utility company that indicates the amount of funding.
- b. A check will be sent within approximately 2 to 3 weeks directly to the landlord, mortgage lender, or utility company.

June 22, 2022

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Resident Application

First	Middle Initial	Last	Phone Number
Date of Birth	Home Address		E-mail
Gender (optional)	Race/Ethnicity (optional)		

**Please list all members of your household, including yourself.
 If you or other household members are receiving any form of income, please provide verification.**

Name	Employment Income (Monthly Gross)	Other Income such as Unemployment or SSI/SSDI benefits (Monthly)	Age
Your Name			
1)	\$	\$	
2)	\$	\$	
3)	\$	\$	
4)	\$	\$	
5)	\$	\$	
6)	\$	\$	
Total gross annual income	\$	\$	Total Income \$

<p>Non Cash Benefits Do you receive any of the following? <input type="checkbox"/> Housing Subsidy <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> Mass Health <input type="checkbox"/> Commonwealth Care <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Fuel Assistance</p>	<p>Disability If you are disabled and it is relevant to your request for emergency assistance, you may want to describe your disability. You are not required to do so.</p>
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[] Other _____

Please mark what best describes your financial needs.

Rental Arrears Late Mortgage Utility Shut-off

Other: _____

How much funds will you need to help your situation?\$ _____

Are there other resources that are helping you with funds, if yes how much?..\$ _____

How much funds are you requesting from the Town of Amherst?\$ _____

What are the circumstances of your situation and how was it related to COVID-19?

Please explain how this program will help your circumstances.

Do you certify that no other state/federal programs are currently providing funds for these same expenses?

Yes

No If no, please explain further.

I, _____ certify that the information I have given in this application is true and correct. I have signed under the pains and penalties of perjury. I understand that a photocopy of this signature is as valid as the original.

Signature

Date

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Release of Information Authorization

Today's Date _____

I, _____ hereby give my permission to the Town of Amherst staff to discuss and/or furnish written information regarding myself and household members. I also authorize the staff to speak on my behalf to acquire pertinent information regarding my household.

I understand that I may withdraw this permission at any time upon my written request.

Otherwise, this permission will expire one year from the date I sign this form.

Signature of applicant: _____ Date: _____

Family Outreach of Amherst Staff _____ Date: _____

May we contact you in six months to understand how our program may have assisted you?

Yes No