

# South Brunswick Social Services

## Application for Emergency Financial Assistance

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

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

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

Telephone Number: \_\_\_\_\_

Total Monthly income: \_\_\_\_\_

Total Monthly Expenses: \_\_\_\_\_

Bill you are requesting emergency assistance with: \_\_\_\_\_

Total amount due: \_\_\_\_\_

Shut off/Eviction Date: \_\_\_\_\_

Please explain how/why you are in arrears with this bill:

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All requests will be reviewed at the monthly Social Services Advisory Board meeting. You will be notified in writing of the decision. All decisions are final.

**\*\*Please include last 3 months of bank statements and the bill you are requesting assistance with\*\***

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### Office Use Only

Date received: \_\_\_\_\_ Documentation submitted: \_\_\_\_\_

Approved: \_\_\_\_\_ Amount of assistance approved \_\_\_\_\_

Denied: \_\_\_\_\_ Denial letter sent: \_\_\_\_\_