



# TOWN OF BRENTWOOD

## **RESIDENT RELIEF FUND APPLICATIONS PROCESS AND INSTRUCTIONS:**

The Town of Brentwood Resident Relief Fund is to assist individuals living in Brentwood, Maryland with emergency bills. Residents must demonstrate an economic hardship and financial need. The intent of the program is to assist low-to-moderate income households in the Town of Brentwood who are presumed to be suffering financial hardship.

Assistance from the Resident Relief Fund is capped at **\$2,500** per household and will be used to address emergency bills including, but not limited to: rent, mortgage, and utilities.

*Mayor and Council reserve the right to revise this program at any time.*

### **All applicants must do the following:**

1. Complete the attached application. Requested information not provided will cause delays in approval of an application.
2. Ensure all required attachments are included with the application.

It's recommended that all applicants have a valid email address to assist in the communication of the information related to the application.

### **How To Submit Your Application:**

Email the completed application along with the attachments to [help@brentwoodmd.gov](mailto:help@brentwoodmd.gov)

Fax: (301) 927-0681

Mail: Town of Brentwood  
4300 39<sup>th</sup> Place  
Brentwood, MD 20722

Call Town Hall at (301) 927-3344 or email [help@brentwoodmd.gov](mailto:help@brentwoodmd.gov) with any questions regarding the application.



# TOWN OF BRENTWOOD

## RESIDENT RELIEF FUND APPLICATION

Eligibility: The Town of Brentwood Resident Relief Fund is to assist individuals living in Brentwood, Maryland with emergency bills. Residents must demonstrate an economic hardship and financial need. The intent of the program is to assist low-to-moderate income households in the Town of Brentwood who are presumed to be suffering financial hardship.

### Resident Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Contact Information:

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

### *Please attach documentation to verify residency*

Proof of residency may include government issued identification, insurance card, vehicle registration, credit card bill, utility bill, bank statement or mail from a federal, state or local government agency which displays your name and Brentwood residential address.

*Please indicate the type of assistance needed:*

\_\_\_\_\_ Rent

\_\_\_\_\_ Mortgage

\_\_\_\_\_ Utility

\_\_\_\_\_ Other (Provide a description to be considered for assistance)

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### *Please attach a copy of the bill indicating a past-due balance*



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Do you have documented proof of financial hardship? (Circle one) Y/N \_\_\_\_\_

What proof is included in the application? (Check all that apply)

\_\_\_\_\_ Letter from employer

\_\_\_\_\_ Unemployment benefits letter

\_\_\_\_\_ Other (Provide a description to be considered for assistance)

If no documents are available, please provide a written statement here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

*Checklist:*

*Proof Residency*

*Copy of bill indicating a past due balance*

*Copy of statement on creditor's letterhead indicating past due balance*

<b>Office Use Only:</b>	
Date Application Received: _____	
Approved: Yes or No (circle one)	Amount Approved: \$ _____
Approving Town Official: _____	Date Approved: _____



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Please use this blank page to provide additional information, if needed: