

**CHESTER-ANDOVER FAMILY CENTER**  
**Request for Emergency Financial Assistance**

Applicant Name \_\_\_\_\_ Town of Residence \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Number in Family \_\_\_\_\_

Amount of Request \_\_\_\_\_ Reason for Request \_\_\_\_\_

Name of Creditor \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Acct. No. \_\_\_\_\_

- **Attach a copy of creditor bill to this Form. For rent assistance, please attach statement from landlord including their name, address, phone number, and rent amount due.**
- **To be eligible for further financial assistance, recipients must meet with a representative from Neighborhood Connections [(802) 824-4343] to help you assess your financial situation, identify other sources of support, and create a plan for financial stability.**

**A Neighborhood Connections representative will be available to meet with you at CAFC between 10-2 p.m. on the third Tuesday of each month. The volunteer assisting you with this request can set up an appointment for you.**

- **I have received a Neighborhood Connections brochure and have been advised to meet with their representative for assistance in budgeting and in applying for other sources of assistance. I give permission to Chester-Andover Family Center to communicate with Neighborhood Connections on my behalf. I understand the permission may be cancelled by me in writing at any time.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

CAFC Representative Receiving Request \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
Action Taken by Financial Assistance Committee \_\_\_\_\_

Initials of two Committee members \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_

Date Check Mailed to Creditor \_\_\_\_\_ Check No. \_\_\_\_\_

Treasurer Signature \_\_\_\_\_