

Town of Groton
Commissioners of Trust Funds
Community Emergency Relief Fund

Type and Date of Event for which you require help: _____

Name _____ SS# _____ Date of Birth _____

Current Address _____ Telephone _____

Occupation _____ Employer _____ Telephone _____

Business Address _____ Years Employed _____

Income (please report all including assistance/support) \$ _____

Spouse/Partner _____ SS# _____ Date of Birth _____

Current Address _____ Telephone _____

Occupation _____ Employer _____ Telephone _____

Business Address _____ Years Employed _____

Income (please report all including assistance/support) \$ _____

Children

_____ Date of Birth _____ SS# _____

_____ Date of Birth _____ SS# _____

_____ Date of Birth _____ SS# _____

_____ Date of Birth _____ SS# _____

Other Dependents or anyone else living at your address:

Please list what damages (physical, loss of employment, loss of property, etc.) you suffered due to this event? (Please use additional paper if necessary)

Please list in priority order the areas that you are looking for assistance:

Please indicate all assistance that you have received due to this event:

| | | | |
|--------------------------|-------|-----------------------|-------|
| U.S./State Government \$ | _____ | Private donations \$ | _____ |
| American Red Cross \$ | _____ | Public fundraisers \$ | _____ |
| Local churches \$ | _____ | Unemployment \$ | _____ |
| Other: \$ | _____ | | |

Signature: _____

Date: _____

Signature: _____

Date: _____