



**Town of Acton**  
Human Services Building  
30R Sudbury Rd.,  
Acton, MA 01720

**Telephone:** 978-929-6651  
[www.actonma.gov/community-resources](http://www.actonma.gov/community-resources)  
[lducharme@actonma.gov](mailto:lducharme@actonma.gov)

## **Acton Emergency Assistance Program Application**

1. This program provides Acton households with short-term financial assistance for emergency needs using grant funding from the American Rescue Plan Act (ARPA). The Community Services Office is available to answer any questions and help with completing the application
2. This program is intended to provide emergency assistance for rent, mortgage, utilities (electric, natural gas, oil or propane) and childcare.
3. Childcare grants can be used at any Department of Early Education and Care (DEEC) licensed programs, NARA summer camp, Boys and Girls Club of Assabet Valley and Acton Boxborough Community Education.
4. The program will provide a grant of up to a total of \$1,000 in a twelve-month period.
5. Where this program has a rolling timeframe, assistance will be awarded on a first come first served basis. However, the Town reserves the right to alter that basis for exigent circumstances.
6. Once approved, the funds will be paid directly to the vendor (e.g., landlord, utility company etc.) and not the applicant.

**For more information, contact the Community Services Office at 978-929-6651  
or [lducharme@actonma.gov](mailto:lducharme@actonma.gov)**

### **APPLICANT INFORMATION**

Applicant's Name .....

Applicant's Address .....

Applicant's Telephone No. ....

Applicant's Email Address .....


**INCOME REQUIREMENTS**

If your present gross household income falls within the **American Rescue Plan Act (ARPA)** income eligibility guidelines for low- and moderate-income households (see the following income eligibility chart), you may qualify for a grant. Those with incomes above ARPA limits will not qualify for funding under this program. Additional income documentation and proof of residency in Acton must accompany this application.

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

Number of adults: \_\_\_\_\_

Number of children: \_\_\_\_\_

Household Size	1	2	3	4	5	6	7
Maximum Income Limit	61,110	69,810	78,520	87,230	94,250	106,740	120,360

Is the current household below the annual income limit shown in the table above?  Yes

**ASSISTANCE NEED**

**Grant will be used to pay for:**

- Extension of ARPA childcare grant** (By checking this box, it indicates there has been no change in my income. Please skip the rest of application and sign and date).
  
- Rent**
  
- Utilities**
  
- Mortgage**
  
- Childcare**

Please describe the individual or household need for funding and how financial assistance will address severe economic hardship.

- Lost a job or collected unemployment benefits

- Had to miss work, or stop working, to take care of someone with health or medical needs
  
- Had to miss work, stop working, or work fewer hours because my child's school or daycare was closed, or my child had online school
  
- Had higher bills/expenses than usual (Ex. medical bills, transportation costs, childcare costs, funeral costs, rent, utilities, food, clothing)
  
- Other financial problems

Briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPORTING DOCUMENTATION**

**Proof of Address:**

- Recent bank statement with applicant's name and residential address

**OR**

- Recent utility bill with applicant's name and residential address

**Income Verification:** Please check all that apply

- 2 paystubs within the past 60 days per person, per job. If self-employed, provide 2022 tax return (1040 or 1040EZ)
  
- A letter from your employer, on company letterhead, stating annual gross wages
  
- Documentation of child support (court order, DOR printout, bank statement)
  
- If receiving benefits, such as unemployment, social security, or disability: documentation of benefit amount

I certify that \_\_\_\_\_ does not have any income as this date.

**TRUTH STATEMENT**

I certify that all information given for the purpose of obtaining assistance under the Acton Emergency Assistance Program is true, and that I'm not receiving funding for the same purpose from another source. In addition, I give the Town of Acton permission to verify my family's income.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_