



COVER SUMMARY

1. Name _____
2. Address _____
3. Phone _____ Email _____
4. Date of occurrence _____
5. Brief description of occurrence or circumstances related to request for funding:

6. **AMOUNT REQUESTED: \$** _____

FINANCIAL INFORMATION

1. Expenses incurred from occurrence or circumstances related to request for funding*
 - a. Loss of income _____ (ie, salary, contract fees, other income)
 - b. Loss of property _____
 - c. Medical and/or professional services _____
 - d. Other _____
2. Existing revenue to handle occurrence – list sources
 - a. Health insurance _____
 - b. Property insurance _____
 - c. Personal resources (savings, other income, etc.) _____
 - d. Donations, funds raised from other sources _____
 - e. Other _____
 - f. TCBF _____

Signature _____ Date _____

ATTACHMENTS

*Please include supporting documentation for all expenses listed above. These can include but are not limited to: police, fire and/or damage reports; insurance claims (noting deductible, if relevant); medical reports; proof of income (contracts, pay stubs); estimates for required services; etc.

TCBF Board of Directors:

Amy Spalletta (President), Robert D. Murphy (Vice President), Karen Perlow (Treasurer), Ilyse Robbins (Clerk),
Olivia D'Ambrosio, Ginger Lazarus, Alex Lonati, Sarah Newhouse,
David Remedios, Brian Robinson, Cheryl Singleton, Alexandra Smith
email: TCBFBoston@gmail.com
TCBF, PO BOX 327, 411A Highland Ave, Somerville MA 02144

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Please also include: **A copy of your resume** and **names and contact information of three people** we could call for a reference: 2 professional, 1 personal



NARRATIVE (up to 2 pages, use additional sheet if necessary)

Please write a detailed description of the loss/damage sustained including any subsequent repercussions on livelihood, living space, ability to work, etc. Please let us know how you would apply resources already available, if any, toward handling the loss/damage and to what use you would put TCBF funding.

Please send all materials to:

Email – TCBFBoston@gmail.com

Mail – TCBF, PO BOX 327, 411A Highland Ave, Somerville MA 02144

The completed application, including all attachments, must be received within 45 days of the date the Application for Support form was emailed to you. An applicant may apply up to three times for the same need/occurrence and may only apply once per calendar year for the same need/occurrence.

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