

**Town of Brookfield**  
**BROOKFIELD RECOVERS GRANT REQUEST**  
**One-time COVID 19 RESPONSE**

*Required: Attach documentation showing loss of Income due to Covid 19 is impacting basic needs.*

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Requests a grant of \$ \_\_\_\_\_ to be paid to : \_\_\_\_\_

**Household Members:** Number in Household: \_\_\_\_\_ Please complete for each household member including yourself:

NAME	Relationship	DOB	If employed, where?	Date of Employment change due to Covid 19	Current Monthly Income	Prior Monthly Income

**Documentation Required with Request:**

- ☐ 3 most current bank statements for *all* household members for all accounts
- ☐ If bank statements *do not* reflect income, provide documentation of income received
- ☐ If *self-employed* and income is *not* reflected in personal accounts, provide bank statements for business account(s) and/or income tax returns
- ☐ Invoice from Landlord for rent owed and/or utilities account history or mortgage statement
- ☐ W-9 from Landlord, Oil Company, etc.
- ☐ If there is any additional information that would help us understand your situation, please note this on back.

Client Signature Confirms loss of income due to Covid – 19 is affecting basic needs and that this information is true and accurate.

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

*For Office Use Only:*

Client ID # \_\_\_\_\_

Assistance Granted Y/N \_\_\_\_\_

Amount \_\_\_\_\_

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

Check # \_\_\_\_\_