



The Community Foundation for Greater New Haven Elizabeth White Fund for Lyme Disease

Instructions

Applicants must complete the attached application and provide all requested supportive documents. Any household or family who is at or below 85% of the State Median Income or is participating in state or Federal Assistance programs should consider applying.

Required documents:

- Proof of State/Federal assistance (HUSKY, MSP, SNAP, Energy assistance etc.).
- Current Tax Return
- Most recent (2 months) bank statements for all bank accounts
- Proof of all income

Applications can be mailed to:

Lyme Connection
C/o Karen Gaudian
400 Main Street
Ridgefield, CT 06877



The Community Foundation for Greater New Haven
Elizabeth White Fund for Lyme Disease
APPLICATION FOR ASSISTANCE

Please submit application to:
Lyme Connection
C/o Karen Gaudian
400 Main Street
Ridgefield, CT 06877

YOU MUST BE A CT RESIDENT TO APPLY

Families who are at or below 85% of the State Median Income level or
participate in State or Federal assistance programs should consider applying.

NAME _____ DOB _____ DATE _____

PHONE _____ EMAIL _____

ADDRESS _____ How Long at Address _____

HOUSEHOLD VIEW:

Married _____ Single _____ Divorced _____ Widowed _____

Number of People living with you: Adults _____ Children _____

Name and of Employer _____ Date Employed _____

Address of Employer _____ Employer Phone Number _____

Are you/family member disabled? _____

Date of Disability _____

OTHER ASSISTANCE:

- SNAP Energy Assistance SAGA WIC Renters Rebate HUD backed Housing Section 8 TANF Husky/Medicaid MSP

PLEASE SUBMIT THE FOLLOWING DOCUMENTS FOR THE LAST 2 MONTHS:

- Pay stubs Unemployment benefits Verification of all income Bank statements for all accounts Most recent tax return Proof of State or Federal assistance

PLEASE COMPLETE THE FOLLOWING:

EXPENSES		INCOME	
Rent/Mortgage		Employment	
Homeowners/rental Insurance		SS	
Electricity		SSD/SSI	
Heat		Alimony/Child Support	
Cable		Pension	
Auto		Stocks	
Auto Insurance		Unemployment	
Food		Family/Friends	
Health Insurance		Other	
Medical Bills (outstanding)			
Other			
TOTAL		TOTAL	

Please provide any additional information you would like to include on reverse side. Use additional paper if needed.

Email Karen at RLDTF@comcast.net with any questions