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:

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>INCOME</th>
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</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td>Employment</td>
</tr>
<tr>
<td>Homeowners/rental Insurance</td>
<td>SS</td>
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<tr>
<td>Electricity</td>
<td>SSD/SSI</td>
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<tr>
<td>Heat</td>
<td>Alimony/Child Support</td>
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<tr>
<td>Cable</td>
<td>Pension</td>
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<tr>
<td>Auto</td>
<td>Stocks</td>
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<tr>
<td>Auto Insurance</td>
<td>Unemployment</td>
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<tr>
<td>Food</td>
<td>Family/Friends</td>
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<tr>
<td>Health Insurance</td>
<td>Other</td>
</tr>
<tr>
<td>Medical Bills (outstanding)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

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.