



TOWN of LINCOLN
Council on Aging & Human Services
c/o Town Offices
16 Lincoln Road
Lincoln, Massachusetts 01773
Phone (781) 259-8811

2025 Emergency Assistance Program

Checklist

To qualify, applicants must be a current Lincoln resident, be receiving or be eligible to receive one of the non-cash benefits listed on the application (page 2) and be willing to consult with a Town social service worker. Individual residents may receive up to \$3,027 per year or \$6,055 in a lifetime.

1. Complete the **Application** form.
2. Provide **Proof of Eligibility** for one of the non-cash benefits on the application. If you do not have any of these benefits, your income must be at or below 50% of the 2024 Area Median Income (AMI) \$57,100 for a household of 1, \$65,300 for a household of 2, \$73,450 for a household of 3, \$81,600 for a household of 4, and more for larger households.
3. Include any other **Documentation of your Emergency** situation.
4. Complete the **section below**.

For what are you seeking funds (e.g. rent, car payment, dental work, etc.), (include the amount sought)?

Funds are not guaranteed. Each application is reviewed by the Emergency Assistance Committee. Once your completed application is received, you can expect a response from the Emergency Assistance Committee in as little as one week. However, if approved for assistance, it may take as many as three weeks for funds to be disbursed.

Please return your completed application the Lincoln Council on Aging & Human Services, c/o Town Offices, 16 Lincoln Road, Lincoln, MA 01773.



TOWN of LINCOLN
Emergency Assistance Program
Application

Date of Application: _____

Name:

First **MI** **Last**

E-mail **Preferred Pronoun(s)** **Date of Birth**

Phone Numbers:

Home **Cell**

Home Address (and Mailing Address if different)

Please list <u>all</u> members of your household, including yourself. If you or other household members are receiving any form of income, please provide verification.			
Name	Employment Income (Monthly Gross)	Other Income i.e. Unemployment, SSI/SSDI (Monthly Gross)	Age
Your Name	\$	\$	
1)	\$	\$	
2)	\$	\$	
3)	\$	\$	
4)	\$	\$	
5)	\$	\$	
Total	\$	\$	Total Monthly Income \$

Non Cash Benefits	Disability
Do you receive any of the following? <input type="checkbox"/> Housing Subsidy <input type="checkbox"/> WIC <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> Property Tax Exemption <input type="checkbox"/> MassHealth <input type="checkbox"/> Commonwealth Care <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Daycare Voucher <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Parks & Rec Scholarship <input type="checkbox"/> Other _____	If you are disabled and it is relevant to your request for emergency assistance, you may want to describe your disability. You are not required to do so.



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**Are there other resources (e.g., family, friends, church, etc.) that are helping you with funds?
If yes, how much?**

What are the circumstances of your emergency and what caused it?

Please explain how our program will help your circumstances.

What additional steps do you plan to take to address the situation?

Please list the other agencies/social service provider helping you reach your goal.

Agency/Organization	Date of Meeting	Amount of Assistance	Outcome
1.			
2.			
3.			

I, _____ certify that the information I have given in this application is true and correct. I have signed under the pains and penalties of perjury. I understand that a photocopy of this signature is as valid as the original.

Signature: _____ Date: _____



TOWN of LINCOLN
Emergency Assistance Program
Application
Release of Information Authorization

Today's Date: _____

I, _____ hereby give my permission to the Town of Lincoln staff to discuss and/or furnish written information regarding myself and household members. I also authorize the staff to speak on my behalf to acquire pertinent information regarding my household.

I understand that I may withdraw this permission at any time upon my written request.

Otherwise, this permission will expire one year from the date I sign this form.

Signature of applicant: _____ Date: _____

Town of Lincoln staff: _____ Date: _____

It is very important that we understand how well our program works. May we contact you in six months to understand how our program may have assisted you? Yes No