



MEMBER'S EMERGENCY GRANT APPLICATION

Application Date _____ SJCLT File No. (Office Use Only) _____

Instructions: Please complete this application to the best of your ability.

QUALIFYING PURPOSE/GRANT REQUEST (include description, estimate of repair and amount of claim):

Natural disaster:

Description: _____

Estimated loss: _____ Amount of claim: _____

For homeowners, emergency home repairs:

Description: _____

Estimated loss: _____ Amount of claim: _____

Automobile repair to primary household vehicle:

Description: _____

Estimated loss: _____ Amount of claim: _____

Sudden, unexpected and uncovered medical expense:

Description: _____

Estimated loss: _____ Amount of claim: _____

Replacement of essential household items lost through vandalism, theft or disaster:

Description: _____

Estimated loss: _____ Amount of claim: _____



MEMBER/APPLICANT INFORMATION

Applicant: _____ Email: _____

Physical Address: _____

Mailing Address (if different): _____

Telephone Number: _____ Home Mobil Work

INCOME

Instructions: Please check all that apply and provide requested information.

Work status: Unemployed since _____ Employed _____ hrs. /week since _____

Leave of absence since _____, reason _____

This work is: Seasonal (describe) _____ Year-Round _____

Provide information for all household members.

Member Number	Type and Source of Income Include all sources such as: salaries, alimony, child support, unemployment benefits, SSI, welfare, disability, pension/retirement, annuities, family, friends, loans, Section 8, etc.	Monthly Income (Net, after taxes, alimony, etc.)
(Example) Head	(Example) Part time job (20 hours per week) with Recreation Providers Co.	(Example) \$ 1,050.00
1 (Head)		\$
2		\$
3		\$
4		\$
5		\$
		Total: \$

Other expected income, such as a new job about to start (describe). Please attach proof of employment such as a work offer letter from new employer.



CERTIFICATION

Please check all that apply:

- I have been a member of SJCLT for at least 24 months?
- I am not currently a member of the SJCLT board, staff, loan committee, or SJCLT vendor
- I am a former member of the SJCLT board, staff, loan committee, or SJCLT vendor, however it has been at least 120 days since leaving that position
- I have not received any other grants or loans from SJCLT
- I understand that if awarded a grant I am not eligible to apply for another emergency grant for 2 years from award of the grant or 6 months from denial of the loan

I CERTIFY that all information provided in this form or submitted to Saint Joseph Community Land Trust, Inc., is true and correct to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, Saint Joseph Community Land Trust, Inc., may rescind any grants and take other appropriate action.

Applicant's Signature _____ Date _____

Notice: *Two forms of identification shall be required from successful applicants prior to issuance of a check for approved grants.*

Saint Joseph Community Land Trust Grant Committee Use

Date: _____

Approved grant amount: \$ _____

Conditions: _____

Denied

Comments: _____