

**Town of Cottage City Emergency Fund Application**

**Date:**

**Name:**

**Telephone:**

**Address:**

**How long at this address?**

**Previous Address:**

**Number of people in the household: Adults ( ) Children ( )**

**What is the emergency you are currently facing?**

**How did you hear about the Cottage City Emergency Fund?**

**Have you or any family member received assistance from the Cottage City Emergency Fund before?**

**Are you currently employed?**

**By signing below, I acknowledge that the statements contained herein and information furnished by me in this application is true and accurate. I understand that if the information is found to be untrue or false, I will be disqualified for consideration. I understand that the intent of the Cottage City Emergency Fund is to provide one time assistance to qualified residents struggling with a temporary emergency.**

**Signature**

**Date**