



The Neighbor to Neighbor Fund of the Finger Lakes Area Community Endowment (FLACE) offers **one-time assistance** to **ONTARIO COUNTY** residents in **crisis**.

For consideration, please follow the application instructions listed in **RED** at the bottom of page 2 of this application. **ALL CLIENT INFORMATION WILL REMAIN CONFIDENTIAL.**

**CLIENT INFORMATION:**

Client Name: \_\_\_\_\_ Date \_\_\_\_\_

Client Address: \_\_\_\_\_ Town/City \_\_\_\_\_

Client is - Please check all that apply \_\_\_Disabled \_\_\_Retired \_\_\_Homeless \_\_\_Military Veteran \_\_\_Domestic Violence Victim

Names of other adults in Household: \_\_\_\_\_ Number of children under age 21 in household: \_\_\_\_\_

If another adult in the household, are they contributing toward expenses? \_\_\_\_\_ If not, why not? \_\_\_\_\_

- Identity and address has been verified by the caseworker; Verification will be provided on request of N2N.
- Caseworker attests that there is no "conflict of interest" in applying on the client's behalf – Initial here \_\_\_\_\_

**AMOUNT REQUESTED FROM NEIGHBOR to NEIGHBOR \$ \_\_\_\_\_**

**DESCRIPTION OF TOTAL NEED**

Please fill in amount for all that apply and **include all supporting documentation: invoices, eviction notices, past due notices, repair estimates, specific items/costs, etc. Missing documents will greatly delay help for your client.**

\$ \_\_\_\_\_ Security Deposit    \$ \_\_\_\_\_ Rent    \$ \_\_\_\_\_ Heat    \$ \_\_\_\_\_ Electric    \$ \_\_\_\_\_ Water  
\$ \_\_\_\_\_ Car Repair    \$ \_\_\_\_\_ Car payment    \$ \_\_\_\_\_ Insurance    \$ \_\_\_\_\_ Medical    \$ \_\_\_\_\_ Legal Assistance  
\$ \_\_\_\_\_ Other (describe) \_\_\_\_\_

How far delinquent is this bill?     Months     Days     Documentation Attached

Please detail current financial information about why the applicant cannot pay for these expenses . (List sources of income, recent changes to income, cause of change, is it temporary, etc.), and why the need is critical right now. Use Page 3 for additional details if necessary.

List **ALL** agencies you or your client have applied to for this crisis, and the outcome. Other agencies who may help are listed on our website. Use Page 3 if necessary.

- 1.
- 2.
- 3.

**TOTAL COST OF NEED:** \$ \_\_\_\_\_ (The entire debt/bill, not just what you are asking from Neighbor to Neighbor).

Amount secured from other agencies listed above: \$ \_\_\_\_\_

Amount Client can pay on their own: \$ \_\_\_\_\_

Amount sought from Neighbor-to-Neighbor Fund: \$ \_\_\_\_\_

If the client is approved for this request, and the grant does not cover the entire bill, how will the balance of the bill be paid? (must show full coverage)

Is there an agreement with the vendor to suspend eviction/foreclosure/repossession/shut off if we approve funds?  
\_\_\_\_ YES \_\_\_\_ NO. If no, please confirm with the vendor before applying.

**INFORMATION REGARDING THE AGENCY COMPLETING FORM (Forms should NOT be completed by the client.)**

Name of Agency: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Phone # (with ext.): \_\_\_\_\_

Email: \_\_\_\_\_

Agency (Finance Office) Address (**Where we should send a check**, if approved):

Agency's Relationship to client: \_\_\_\_\_

How long has the applicant been assisted by your agency? \_\_\_\_\_ Years \_\_\_\_\_ Months

How is your agency working with this client to prevent future crises? \_\_\_\_\_

**INSTRUCTIONS TO AGENCY REPRESENTATIVE COMPLETING THIS FORM:**

- Fully completed applications (including supporting documentation) are due by 1:00on Wednesday to be considered that week. Incomplete applications, and those missing documentation will not be accepted.
- Name the file in this format: LASTNAME.firstname.date (example SMITH.John.03.17.2024)
- Approved funds will be sent to the agency to be distributed to the vendor for payment. Funds will never go to the client.
- Refer to [neighbortoneighborfund.org](http://neighbortoneighborfund.org) for information on current maximum grant size and items not eligible for funding.
- Email applications/questions to [N2NOntario@gmail.com](mailto:N2NOntario@gmail.com).

**Please use this page if you need more room to explain the client's situation.**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide additional details about the client's situation if needed.