

ARCHBISHOP'S ANNUAL APPEAL

Emergency Assistance Fund

Basic Human Needs

The **Emergency Assistance Fund** is funded through the Archbishop's Annual Appeal and distributed by the Archdiocese of Hartford.

This is a confidential direct line of assistance via our Pastors to our Parishioners. This fund allows the Archdiocese of Hartford the ability to provide assistance to individuals, **referred by their Parish Pastor**, for basic human needs. These needs might include food, clothing, utilities, medical, rental assistance, or car repairs.

The Emergency Assistance Fund provides direct assistance to Parishioners through their Parish Pastor

Connecticut Statistics:

- 10.1% of Connecticut families are living in poverty
- 12.9% of Connecticut families with children under the age of 18 are living in poverty

Current Unemployment

- 3.4% in Connecticut and 4.1% in the U.S.

Source: Bureau of Labor Statistics, Sept. 2024

Pastors, if you have questions please call:
800-781-2550
appeal.archdioceseofhartford.org



ARCHDIOCESE of HARTFORD

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Parish Referral Form

APPLICANT:

Please complete this form and attach a copy of the bill, as ALL APPROVED GRANTS WILL ONLY BE PAID TO CREDITOR. Return this form in a sealed envelope marked "CONFIDENTIAL" to your Parish Pastor or Priest.

Max amount per request is \$2,500.
One request per household
in 18 month period will be considered.

This section to be completed by Pastor or Priest

Name: _____ Date: ____/____/____

Authorization Signature: _____

Parish Name: _____

Address: _____

Phone: _____

This request is being made for a current parishioner of the parish.

Attach a copy of the bill and W9, when required, to authorized form and submit by one of these options:

Fax: 860-242-0266 **Email:** AAAEAF@aohct.org

Mail: Archbishop's Annual Appeal, Archdiocese of Hartford,
467 Bloomfield Ave., Bloomfield, CT 06002

Name of Individual Referred: _____ Date of Referral: ____/____/____

Street Address / Apt. Number: _____

City / State / Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Marital Status: Married Single Divorced Widow(er) Household Size: _____

Employed: Yes No If yes, where: _____ Total Household Income: _____

Source of Income (check all that apply): Employment Unemployment Compensation Benefits (SS, SSI, SSD, pension, etc.)

Current Student: Yes No Have you received assistance from your parish or the Fund in the past? Yes No If so, when? _____

Reason for Request: (please check , fill out information, and attach copies of invoices/statements.)

Rent (please include a copy of your lease)

Number of months past due: _____ Amount of monthly rent: \$ _____ Amount Requested: \$ _____

Mortgage (please include copy of mortgage statement)

Number of months past due: _____ Amount of monthly mortgage: \$ _____ Amount Requested: \$ _____

Utility assistance

Electricity Supplier: Amount requested: \$ _____ Account #: _____ (Attach a copy of billing statement.)

Gas Supplier: Amount requested: \$ _____ Account #: _____ (Attach a copy of billing statement.)

Heating Fuel: Amount requested: \$ _____ Account #: _____ (Attach a copy of billing statement.)

Other assistance:

Automobile repair, explain: _____

Medical: _____

Other: _____

Assessment/Determination:

This portion to be completed by Archdiocese of Hartford Representative.

Authorized Archbishop's Annual Appeal signature _____

Authorized Archdiocese of Hartford signature: _____

Date of determination and Parish Pastor/Priest notified: _____