

## **Inez Sprague Memorial Fund**

**Bank of America, N.A., Trustee**

Narragansett Housing

PO Box 388

Narragansett, Rhode Island 02882

401-782-0674

### **Town of Narragansett Heat Assistance Fund**

The Narragansett Housing Authority (NHA) is responsible for the delivery of the Inez Sprague Fund to assist residents of the Town of Narragansett with basic necessities.

The NHA will utilize funds appropriated to the Inez Sprague Basic Needs Program by the Town of Narragansett to assist residents of the Town of Narragansett who are in financial need of heating assistance.

\*If the family is struggling to keep the heat turned on; the financial assistance required to remediate the immediate situation will be negotiated and referral to long term utility assistance and budgeting will be provided.

Applications are available at the NHA office located at the Narragansett Town Hall, 2<sup>nd</sup> floor. The process for application review will be a layered system in which applications and supporting documents are received by the Basic Needs Fund Coordinator for review. The Coordinator will screen the applications for verification of residency and proof supporting the heating assistance request. The Coordinator will then research to ensure that no other funding source is available to avoid duplication of service and ensure that the family is assisted with their crisis. If no other source is deemed viable, the Coordinator will forward eligible applications to the Executive Director. The Executive Director will review submitted applications and make every effort to assist all applicants in resolving their crisis. The final determination of award to the applicants will be made by the Executive Director.

Approved applications will be returned to the Coordinator for payment invoicing to the Town Manager's office. All applications, documentation and payment invoicing will be kept on file at NHA for accounting of the allotted funds.

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## Town of Narragansett Heat Assistance Fund

Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail \_\_\_\_\_

1. What is your present gross monthly income?

\_\_\_\_\_

2. Are you or any other member of your household elderly or disabled?

\_\_\_\_\_

yes

no

3. Do you now owe your current landlord (mortgage) any overdue rent monies?

\_\_\_\_\_ if yes, what is the amount due? \_\_\_\_\_

yes

no

4. List all members of your Household Beginning with yourself:

Name	Relationship	Birthdate	Lives in Home Y/N

5. Income - List **all** household income (ex. Retirement, child support, alimony, TDI, workers compensation, unemployment, social security, TANF, etc....)

Household Member	Source	Gross monthly amount

6. LIABILITIES / MONTHLY EXPENSES (ex. Credit cards, car payments, auto insurance, student loans, cell phones, personal loans, childcare etc...)

Household Member	Source	Gross monthly amount

7. Are you current on all utility payments? \_\_\_ Yes \_\_\_ No  
 Please provide proof – copy of current bills from utility companies if requesting assistance

8. Please provide a brief reason for your application and attach documentation of need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS**

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration.

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Proof of Narragansett residency: \_\_\_\_\_.

Gross Monthly Income: \_\_\_\_\_

Elderly/Disabled Household: \_\_\_\_\_

Proper documentation attached: \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

**Authorization Signature:** \_\_\_\_\_

**Authorized Amount:** \_\_\_\_\_



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Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail \_\_\_\_\_

#### **Documentation to be attached to application:**

\_\_\_\_\_ Completed application request

\_\_\_\_\_ Proof of Narragansett residency

\_\_\_\_\_ Copy of most recent heating bill or service provider information to include account number with vendor

\_\_\_\_\_ Copy of past two months of income – all sources

\_\_\_\_\_ Signed Authorization for Release of Information

\_\_\_\_\_ Copy of license / photo id

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ (SS#) \_\_\_\_\_  
(DOB) \_\_\_\_\_ hereby authorize the Narragansett  
Housing Authority (NHA) to obtain and/or release all records, reports and any  
other information pertinent to my possible participation in the Inez Sprague  
Foundation Heating Assistance Program through the Narragansett Housing  
Authority.

Agencies that I authorize NHA to release information to and obtain information  
from sources related to the request for financial support. Information requests  
are limited to the application submitted to NHA regarding residency and financial  
support.

By signing this release, I am granting unlimited communication that will be  
terminated upon acceptance or denial of funds request.

\_\_\_\_\_  
Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
NHA Representative

\_\_\_\_\_  
Date