

Town of Wayne

P.O. Box 400; 48 Pond Road
Wayne, ME 04284
Phone: (207) 685-4983 Fax: (207) 685-3836
<http://www.waynemaine.org>

Ladd Special Fund Application

Name: _____ Date: _____

Address: _____

Phone: _____

Household Income (see GA application sec. 4) \$ _____

Household Expense (see GA application sec. 6) \$ _____

Amount Request: \$ _____

A family may be eligible for a grants (loan) up to a maximum of \$1,200 per year. Each disbursement the applicant must apply to determine eligibility, need and qualifying expense.

Assistance Request:

Please check all boxes you are requesting assistance. Please attach bill, statement, contract, proposal and/ or estimate to application.

- Auto Repair** (auto must be families primary form of transportation)
- Basic Needs** (food, prescriptions, personal supplies)
- Clean-up unsafe living condition** (hoarding, bugs)
- Durable Medical Equipment** (walker, wheeler chair, hospital bed, body lift)
- End of Life Expenses** (burial, cremation, funeral)
- Heating** (oil, propane, wood)
- Home modifications** (handicapped accessibility ramp, grab bar)
- Home repair** (replace or repair primary household appliance such as boiler, furnace, refrigerator, stove, water heater, well etc. or home repair to due to storm damage)
- Housing Assistance** (mortgage, rent)
- Insurance** (deductible)
- Medical Bills** (hospital, doctor)
- Property Taxes** (Wayne only)
- Utility** (electrical, telephone)

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Demonstrate Immediate Critical Need and Explanation for the Request.

Applicant Signature: _____

Office Use Only

Approved: _____ **Case #:** _____ - _____ - _____

Denied: _____ (state below why denied)

Comments:

Referral Handout Given: Y/N

Administrators Signature: _____

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Accounts Payable Check Request Form

Vendor Name: _____

Vendor Number: _____

Description: Ladd Special Fund
Case #: _____ - _____ - _____

Amount: _____

Date: _____ Administrator: _____

Accounts Payable Check Request Form

Vendor Name: _____

Vendor Number: _____

Description: Ladd Special Fund
Case #: _____ - _____ - _____

Amount: _____

Date: _____ Administrator: _____

Accounts Payable Check Request Form

Vendor Name: _____

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Description: Ladd Special Fund
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