



AMERICAN RESCUE PLAN ACT BUSINESS ASSISTANCE FUND APPLICATION

PART I

Applicant Information (required) _____

Company Name: _____

Owner Name: _____

Business Address: _____

Contact Number: _____

Email: _____

Tax ID Number: _____

Are you in Good Standing?

- Town of Brentwood, MD Yes or No _____
- 2021 State of Maryland Yes or No _____

PART II

Type of assistance needed (Check All that Apply)

- Hiring _____
 - Payroll _____
 - Debt Assistance _____
 - Other (provide statement) _____
- _____
- _____

Part III—Complete this section ONLY if you need assistance with paying an outstanding debt?

- Debt Type (check all that apply):
 - Mortgage _____
 - Rent _____
 - Utilities _____
 - Other (provide statement) _____
- _____
- _____

Additional Documentation Required for Debt Assistance

Copy of bill indicating the balance due: Y/N

Copy of statement on debtee/creditors letterhead indicating past due balance: Y/N

Statement from landlord Y/N

Eviction Notice: Y/N



AMERICAN RESCUE PLAN ACT BUSINESS ASSISTANCE FUND APPLICATION

Provide supporting documentation for all requests. Please do not provide personal identifiable information for employees.

Part IV—Complete this section for all other requests for assistance (request under this section may or may not be approved but will be reviewed for eligibility under the spending compliance guidelines). Please provide all supporting documentation regarding your request.

Please list or provide a statement for other assistance requested:

Applicants Signature: _____

Date: _____

Please email the completed application to: residentrelieffund@brentwoodmd.gov

Please email any questions regarding the application to info@brentwoodmd.gov or call Town Hall at (301)927-3344. For urgent assistance contact the Treasurer, Shelley Dorsey at (240) 468-1673.

Office Use Only:

Application Received By and Date: _____

Approved By Date: _____

Comments: _____
