



TOWN OF BRENTWOOD

RESIDENT RELIEF FUND APPLICATION PROCESS AND INSTRUCTIONS:

The Town of Brentwood Resident Relief Fund is to assist individuals living in Brentwood, Maryland with emergency financial assistances. Residents must demonstrate hardship due to loss of employment in calendar year 2025. The intent of the program is to assist households in the Town of Brentwood who are presumed to be suffering financial hardship due to job loss.

Assistance from the Resident Relief Fund is capped at \$700 per household which includes a gift card worth \$150 for eligible applicants. The fund will be used to address emergency bills including, but may not be limited to: food, rent, mortgage and utilities.

Mayor and Council reserve the right to revise this program at any time.

All applicants must do the following:

1. Complete the attached application. Requested information not provided will cause delays in approval of an application.
2. Ensure all required attachments are included with the application.

It's recommended that all applicants have a valid email address to assist in the communication of the information related to the application.

How To Submit Your Application:

Email completed application along with the attachments to help@brentwoodmd.gov.

Fax: (301) 927-0681

Mail: Town of Brentwood
4300 39th Place
Brentwood, MD 20722

All applications will be reviewed within 7 days of receipt. Completed applications will be submitted for approval by the Resident Relief Fund committee designated by Mayor. Approved applications will be funded be within 5 days.

Please note that payouts through this program will be paid directly to the creditor with the exception of a gift card awards which will go directly to the approved applicant.

Call Brentwood Municipal Town Center at (301) 927-3344 or email help@brentwoodmd.gov with any questions regarding the application.



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RESIDENT RELIEF FUND APPLICATION

Eligibility: The Town of Brentwood Resident Relief Fund is to assist individuals living in Brentwood, Maryland with emergency bills. Residents must demonstrate a financial need. The intent of the program is to assist households in the Town of Brentwood who are presumed to be suffering financial hardship due to loss of employment in calendar year 2025. Assistance from the Resident Relief Fund is capped at \$700 per household, which includes a gift card of \$150 to qualified applicants.

Resident Information:

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information:

Telephone: _____ Cell: _____

Email: _____

Please attach documentation to verify residency

Proof of residency may include government issued identification, insurance card, vehicle registration, credit card bill, utility bill, bank statement or mail from a federal, state or local government agency which displays your name and Brentwood residential address.

Please indicate the type of assistance needed:

_____ Rent

_____ Mortgage

_____ Utility

_____ Other (Provide description to be considered for assistance)

***Please attach a copy of bill indicating a past due balance
Make sure the account number is clearly visible on you bill***



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Do you have documented proof of financial hardship? (Circle one) Y/N

What proof is included in the application? (Check all that apply)

- Letter from employer
- Unemployment benefits letter
- Other (Provide description to be considered for assistance)

If no documents are available, please provide a written statement here:

Applicant Signature: _____

Date: _____

Checklist:

Proof Residency

Copy of bill indicating a past due balance

Copy of statement on debtee/creditor's letterhead indicating past due balance

Office Use Only:

Date Application Received: _____

Approved: Yes or No (circle one) Amount Approved: \$ _____

Approving Town Official: _____ Date Approved: _____



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Please use this blank page to provide additional information, if needed: