



# Wellfleet SPAT

Shellfish Promotion and Tasting, Inc.

*Devoted to sustaining the shellfish and aquaculture industries.*

## Application for Assistance

The purpose of the Wellfleet Shellfish Harvester Relief Fund is to assist Wellfleet Shellfishermen and women and their families who are experiencing financial emergencies which deprive them of basic human needs. (housing assistance, utility bills, car payment)

*Year-Round Residency in Wellfleet is Required.*

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

*Please provide a copy of a government-issued photo identification, Town of Wellfleet Commercial Shellfish License or a State Issued Propagation Permit for a Wellfleet grant.*

Is the Majority of your income from shellfish 66% *Please check one*  Yes  No

Application Type - *Please check one*  Individual (Limit \$600)  Family (Limit \$900)

Number of people in your household    Adults \_\_\_\_\_ Children \_\_\_\_\_ Seniors \_\_\_\_\_

Head of Household Age \_\_\_\_\_

Where are/were you last employed? \_\_\_\_\_

Number of hours typically worked per week if, or when, employed? \_\_\_\_\_

When were you last employed? \_\_\_\_\_

Are you currently collecting unemployment benefits? - *Please check one*  Yes  No

If laid off or furloughed, have you been given a return date yet? \_\_\_\_\_

**Are you receiving assistance from other sources?**

**If yes, please indicate which organization(s) - *Please check all that apply.***

**St. Vincent de Paul**

**Lower Cape Outreach**

**Other (Please List)** \_\_\_\_\_

***Applicants may utilize fund twice in a calendar year  
subject to the availability of remaining funds.***

\_\_\_\_\_  
*Please sign and date application*

**Applicants should contact Lower Cape Outreach  
Council to apply for assistance via:**



Lower Cape Outreach Council

19 Brewster Cross Road

Orleans, MA 02653

508-240-0694

spatfund@lcoutreach.org