



# TOWN OF MARBLEHEAD

## ABBOT HALL

188 Washington Street  
Marblehead, MA 01945  
781-631-0000 FAX: 781-631-0587

## REQUEST FOR FINANCIAL ASSISTANCE APPLICATION

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In order to determine your eligibility for the program, you must submit **copies** (not originals) of the documentation listed below. Applications will not be processed without copies of the necessary documentation. Should you have any questions regarding the application, please contact Selectmen's Office, Administrative Aide, 781-631-0000.

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### PLEASE SUBMIT COPIES OF THE FOLLOWING DOCUMENTS:

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- ☐ Income Documentation
- ☐ Completed Application

<u>Employed:</u>	Sixteen (16) weeks of pay stubs for <u>all</u> members of the household over the age of eighteen, who are working.
<u>Self-employed:</u>	Certified tax returns from the past two years.
<u>Unemployed:</u>	Copy of unemployment checks or letter from unemployment office stating start date and amount of assistance.
<u>Social Security:</u>	Copy of most recent check or letter from Social Security Office stating amount of benefits.
<u>Public Assistance:</u>	Copy of check as well as letter from welfare office stating amount of assistance.
<u>Pension/Disability:</u>	Copy of latest check and letter from company or Social Security stating amount of benefits.
<u>Rental Income:</u>	Copy of 2 months' rent receipts.
<u>Full Time Students:</u>	Letter from school stating current enrollment status.

- ☐ All Savings Passbook or Savings Statement for the past 6 months
- ☐ All Checking Account Statements for the past 6 months

## INSTRUCTIONS

Please complete **all** items on this application. If the information requested does not apply to you, please write "not applicable" or "n/a."

## APPLICANT(S) INFORMATION

Applicant Name: _____	Co-Applicant Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Marital Status: _____	Marital Status: _____

Are you a United States citizen? ☐ Yes ☐ No

Date of birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Number of persons in household \_\_\_\_\_

Are you a United States citizen? ☐ Yes ☐ No

Date of birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

(List names, ages and relationship below)

**Name:**

**Age:**

**Relationship:**

_____
_____
_____
_____

_____	_____
_____	_____
_____	_____
_____	_____

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**INCOME INFORMATION:**

**Gross Annual Household Income** includes all wages, prior to deductions, net income from the operation of a business or profession, SSI, AFDC, pensions, rental income, interest income, alimony and child support and other earnings. Include the total of all adult (over the age of 18) household members, excluding dependents who are full-time students. Please provide sixteen (16) consecutive weeks of pay stubs from both full and part time employment. Self-employed individuals may submit copies of previous year's tax returns. This office may verify all other income sources, such as SSI, AFDC, Pensions, etc.

**Estimated Yearly Gross Household Income:**      \$\_\_\_\_\_

## SOURCES OF INCOME

### A. EMPLOYMENT INFORMATION

Please complete this section for **ALL** household members age 18 and over. You must include both **full** and **part** time employment. **(Please list additional employers on a separate sheet.)**

1. Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Start Date of Employment: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
Annual Earnings (including overtime, bonuses & tips): \_\_\_\_\_
2. Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Start Date of Employment: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
Annual Earnings (including overtime, bonuses & tips): \_\_\_\_\_
3. Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Start Date of Employment: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
Annual Earnings (including overtime, bonuses & tips): \_\_\_\_\_

### B. OTHER SOURCES OF INCOME

Include the total monthly gross income for all adult household members, excluding dependents who are full time students.

<u>SOURCE</u>	<u>AMOUNT RECEIVED PER MONTH</u>	<u>AMOUNT RECEIVED PER YEAR</u>
Social Security:	\$ _____	\$ _____
S.S.I. Benefits:	\$ _____	\$ _____
Pension:	\$ _____	\$ _____
V.A. Benefits:	\$ _____	\$ _____
Retirement:	\$ _____	\$ _____
Disability:	\$ _____	\$ _____
Welfare:	\$ _____	\$ _____
Worker's Compensation:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Alimony:	\$ _____	\$ _____

Child Support:	\$	_____	\$	_____
Rental Income:	\$	_____	\$	_____

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## ASSETS

An asset is a cash or non-cash item that can be converted to cash. Assets that must be reported include: savings accounts and the average six months balance of checking accounts; stocks, bonds, savings certificates, money market funds and other investment accounts (IRA, Keogh, etc.); contributions to company retirement or pension funds that can be withdrawn without retiring or terminating employment; lump-sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements and other claims; personal property held as an investment; cash value of life insurance policies.

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### A. SAVINGS ACCOUNT (S):

Institutions(s): \_\_\_\_\_  
Account Number (s): \_\_\_\_\_  
Amount: \_\_\_\_\_

### B. CHECKING ACCOUNT (S):

Institutions(s): \_\_\_\_\_  
Account Number (s): \_\_\_\_\_  
Amount: \_\_\_\_\_

### C. AUTOMOBILE

Automobile (s):  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_

### D. REAL ESTATE

Real Estate: Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**E. OTHER ASSETS** *(Please list any additional assets on a separate sheet)*

Household Member	Asset Description	Cash Value	Income from Assets
<b>TOTALS</b>		<b>\$</b>	<b>\$</b>

**LIABILITIES**

Please list all installment loans, credit accounts, auto loans, school loans, personal loans, etc.

Household Member	Name of Creditor	Account Number	Current Balance	Monthly Payment

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**REASON FOR REQUEST**

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Please briefly describe the reason for this request and how you intend to use any monies you might receive from the trust funds

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What is the cost of the above purpose?    \$ \_\_\_\_\_

**PLEASE BE ADVISED THAT ADDITIONAL INFORMATION MAY BE REQUIRED**

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**CONFLICT OF INTEREST STATEMENT**

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Applicant Name: \_\_\_\_\_ Co-Applicant  
Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

I/We certify that my/our answers to the following questions are true and accurate to the best of my/our knowledge and belief and I/we understand that the word "you" includes the undersigned and the applicant for the assistance and any principal thereof:

**SIGNATURES:**

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE RETURN COMPLETED APPLICATION TO:***

Town of Marblehead  
Abbot Hall  
Kyle Wiley, Administrative Aide  
188 Washington Street  
Marblehead, MA 01945