

## Wayland Community Fund Application

This application will be used to determine your financial eligibility for assistance from the Wayland Community Fund. In order to receive assistance the applicant must prove residency in Wayland for the duration of one year and also demonstrate that he/she does not have sufficient financial resources from any other source to pay for respective necessities of life.

This committee has the right to request verification to substantiate the information that you provide on this application. When we have complete information you will receive notice of our decision as soon as possible.

If you have any questions please call the Fund Committee at 508-358-3624.

|   |       |                             |                        |
|---|-------|-----------------------------|------------------------|
| _____   |       | _____                       |                        |
| Date  |       | Date(s) of Prior Request(s) |                        |
| <hr/>   |       |                             |                        |
| Last Name   |       | First Name                  | Middle Name or Initial |
| <hr/>   |       |                             |                        |
| Street Address  |       |                             |                        |
| <hr/>   |       |                             |                        |
| Home Telephone  |       | Work Phone                  | Cell Phone             |
| <hr/>   |       |                             |                        |
| E-mail Address: _____   |       |                             |                        |
| How long have you lived in Wayland? _____                                 |       |                             |                        |
| Date of Birth: _____  |       | Marital Status: _____       |                        |
| How did you hear about the Wayland Community Fund? _____                  |       |                             |                        |
| Please provide the full name and information about all household members: |       |                             |                        |
| Name  | DOB   | Relationship to Applicant   | Occupation             |
| _____   | _____ | _____                       | _____                  |
| _____   | _____ | _____                       | _____                  |
| _____   | _____ | _____                       | _____                  |
| _____   | _____ | _____                       | _____                  |
| _____   | _____ | _____                       | _____                  |

Please explain briefly why you are seeking financial assistance at this time.

If you are requesting that the Wayland Community Fund pay any bills on your behalf, please list the name, address, and phone number of any person or company to whom these payment would be sent. Also please list the exact amount that you owe, and attach a copy of the bill.

**Assets:** Please list all bank accounts, certificates of deposit, credit union accounts, money market accounts, stocks, bonds, or mutual funds for you as well as your spouse.

| <u>Household Member</u> | <u>Type of Asset</u> | <u>Current Value</u> |
|-------------------------|----------------------|----------------------|
|                         |                      |                      |
|                         |                      |                      |
|                         |                      |                      |
|                         |                      |                      |
|                         |                      |                      |
|                         |                      |                      |

**Income:** List all types and sources of income for each household member. Include salary, wages, business income, dividend or investment income, pensions, unemployment compensation, disability compensation, social security/SSI/SSDI, AFDC/welfare/transitional assistance, alimony and child support, veteran's benefits, etc.

| <u>Household Member</u> | <u>Type or Source of Income</u> | <u>Amount per month</u> |
|-------------------------|---------------------------------|-------------------------|
|                         |                                 |                         |
|                         |                                 |                         |
|                         |                                 |                         |
|                         |                                 |                         |
|                         |                                 |                         |
|                         |                                 |                         |
|                         |                                 |                         |
|                         |                                 |                         |
|                         |                                 |                         |

Total Monthly Income: \_\_\_\_\_

Do you receive any other government or private assistance, such as Food Stamps, Fuel Assistance, subsidized housing, access to a food pantry, etc.?

**Real Estate:** Do you or your spouse own a home, vacation property, rental property, time-sharing property, undeveloped land, or business property in Massachusetts or out of state?

**Motor Vehicles:** Do you own a car, van, truck, mobile home, motorcycle, aircraft, or boat?

| Name of Owner | Year, Make & Model | Fair Market Value | Amount Owed |
|---------------|--------------------|-------------------|-------------|
|---------------|--------------------|-------------------|-------------|

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|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Estimated Monthly Expenses**

| Type of Obligation | Amount Paid Monthly | Amount Owed |
|--------------------|---------------------|-------------|
|--------------------|---------------------|-------------|

|                                     |  |  |
|-------------------------------------|--|--|
| Auto Loan                           |  |  |
| Car Insurance                       |  |  |
| Gasoline/Vehicle Maintenance        |  |  |
| Homeowners Insurance                |  |  |
| Child Care                          |  |  |
| Clothing                            |  |  |
| Credit Cards                        |  |  |
| Child Support/Alimony               |  |  |
| Education                           |  |  |
| Food                                |  |  |
| Home Repair/Maintenance             |  |  |
| Legal Fees                          |  |  |
| Medical/Dental Expenses             |  |  |
| Prescriptions/Medical Supplies      |  |  |
| Health Insurance                    |  |  |
| Mortgage                            |  |  |
| Rent                                |  |  |
| Taxes (specify)                     |  |  |
| Telephone                           |  |  |
| Cable                               |  |  |
| Internet                            |  |  |
| Telephone/Cable TV/Internet Package |  |  |
| Gas                                 |  |  |
| Oil                                 |  |  |
| Electricity                         |  |  |
| Water                               |  |  |
| Other (specify)                     |  |  |
| Other (specify)                     |  |  |
| Other (specify)                     |  |  |

Total monthly family expenses: \_\_\_\_\_

Total current amount due/overdue: \_\_\_\_\_

I certify that the information provided is complete and accurate to the best of my knowledge.

I authorize the Wayland Community Fund to make inquiries to verify the information I have provided on this application.

Applicant's Signature

Date