

CONFIDENTIAL**Wakefield Emergency Fund Application**Date _____ ☐ First time applicant ☐ Repeat applicant

Name _____ Telephone _____

Address _____

How long at this address? _____ Previous address _____

Number of people in the household: Adults () Children ()

What is the emergency you are currently facing?

Have you ever applied for financial assistance? If so, where? _____

How did you hear about the Wakefield Emergency Fund? _____

Have you received assistance from Wakefield Emergency Fund before? _____

Are you or is anyone in your immediate family a veteran? Yes/No

If so, please give name and approximate dates of service: _____

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For office use

Application/Interview Notes:

Outcome:

STANDARD MONTHLY EXPENSES**Write in actual \$\$ amount you pay**

Rent or Mortgage

Real Estate Taxes

Utilities (Gas, Electric)

Telephone (Land line or cell)

Food

Health Insurance

Medical/Dental

Car Maintenance (gas, insurance, repairs)

Car Payments

Transportation (MBTA, etc.)

Child Care

OTHER EXPENSES AND DEBTS NOT IDENTIFIED ABOVE**Write in actual \$\$ amount you pay**

Cable/Internet

Loan

Clothing

Credit Cards

INCOME AND ASSETS

Applicant's Occupation _____ Present employer _____

Address _____

How long have you worked on this job? _____ Weekly Net Wages _____ Gross _____

Describe automobiles that you own. _____

If you rent, is rent subsidized? _____

IDENTIFY ALL SOURCES OF INCOME (For all members of the household)

Write in actual \$\$ amount paid monthly

Transitional Assistance

Veterans Benefits

Social Security

Social Security Disability

Alimony

Rental Income

Food Stamps

Unemployment

Retirement

Investments

Child Support

Other

If home owner, address of real estate in which equity is held

Assessed value _____ When acquired _____

Name and address of mortgagee _____

Amount of mortgage _____ Monthly mortgage payment _____

If you have tenants, total income from property _____ Describe _____

Have you sold or transferred any real estate? ☐ No ☐ Yes Dates _____

How much is in your checking account? _____ Bank: _____

How much in your savings account? _____ Bank: _____

Do you have a retirement account? If so, value: _____

FAMILY INFORMATION

Names of the household members—including applicant	Age	Relation to applicant	Employer / School	Net weekly wages

By signing below, I acknowledge that the statements contained herein and information furnished by me in this application is true and accurate.

The Wakefield Emergency Fund administrator is authorized to verify any and all information contained within this application.

I understand that the intent of the Wakefield Emergency Fund is to provide one time assistance to qualified residents struggling with a temporary, emergency.

In the event that the information given is found to be false or untrue, I understand that this application will be disqualified for consideration. This application will be kept on record and will be subject for review.

Signature _____ Date _____

I further authorize the Wakefield Emergency Fund Administrator to discuss details of my case with representatives of other agencies in order to determine if I qualify for additional help.

Signature _____ Date _____

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History of Assistance from case file:

Date	Request	Amount