

**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       Yes       No

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

.....

**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 \_\_\_\_\_

### For Office Use

History of Assistance from case file:

Date	Request	Amount