



GRAFTON STRONG GIFT ACCOUNT
Application for Assistance

_____ Date

****PLEASE PRINT AND COMPLETE BOTH SIDES OF THIS FORM****

Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Telephone: _____ Cell: _____

Email: _____ Marital Status: _____

Total number of people in your household: _____ List on reverse side

I am applying for an emergency assistance fund for the following reasons: (Check all that apply)

- Rent
- Food
- Medical (receipts, invoices required)
- Prescriptions (receipts required)
- Bill (indicate type below i.e. utility, etc.) (receipts, invoices required)
- Other (Please explain below)

Please explain the circumstances that have made it necessary to apply for this grant and how you would use the funds. Please describe any efforts to obtain assistance for these unexpected expenses through sources (family, friends, and other community organizations).

List the amount requested \$ _____

Income

INCLUDE TOTAL INCOME FROM ALL MEMBERS OF YOUR HOUSEHOLD.

Monthly \$ _____ Other \$ _____

Monthly Expenses

INCLUDE TOTAL MONTHLY EXPENSES FROM ALL MEMBERS OF YOUR HOUSEHOLD.

Mortgage/Rent: _____

Medical Expenses: _____

Loans: _____

Other Expenses: _____

PLEASE LIST EVERYONE WHO RESIDES IN YOUR HOUSEHOLD

Name (Last, First)	Date of Birth	SEX (M/F)

- I affirm that I the individual, identified above, am requesting the emergency fund, that I am the person who has completed the form, and that the information I have provided is true and accurate.

- I acknowledge that this form is only a request, and that the Town of Grafton may decline my request. I will comply with any requests for additional documentation that may be needed for the approval of my application for assistance.

Signature

Date

**Office Use **	
Verifications:	Approved Amount \$ _____
_____ Identification	Denied _____
_____ Proof of Residency	_____
_____ Necessary Documentation if Applicable (Proof of Income, Bills, Invoices or Statements, etc.)	