

CONFIDENTIAL

Melrose Emergency Fund Application

Date _____ ☐ First time applicant ☐ Repeat applicant

Name _____ Email address: _____

Address _____ Phone # _____

How long at this address? _____ Previous address _____

Number of people in the household: Adults () Children () Applicant's DOB_____

What is the emergency you are currently facing? Please be specific about what assistance you are seeking (past due bills, fuel assistance, rent, etc., including amount and how far past due).

If rent assistance is being requested, applicant will obtain letter and completed W-9 form from landlord.

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

How did you hear about the Melrose Emergency Fund? _____

Have you received assistance from Melrose 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: _____

For office use

Application/Interview Notes:

Outcome:

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

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 monthly**

Cable/Internet _____

Loan _____

Clothing _____

Tobacco Products _____

Credit Cards _____

INCOME AND ASSETS

Applicant's Occupation _____ Present employer _____

Address _____

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

For other adults in the home:

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 received 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: _____

Describe any other source of income:

FAMILY INFORMATION

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

What is your marital status? _____

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

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

I understand that the intent of the Melrose 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 Melrose 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 _____