



459 Main Street, Medfield, MA 02052
Physical Address: 88 Rear South Street, Medfield MA 02052
(508) 359-7121

Financial Assistance Application

****YOU MUST FILL OUT THE FOLLOWING APPLICATION IN ORDER TO PARTICIPATE IN IN NEEDS-BASED ASSISTANCE PROGRAMS THROUGH THIS OFFICE.****

Your information will be kept strictly confidential and will be viewed only by Medfield Outreach staff. Please note that you need to submit documentation with this form, as detailed on the back of the page.

Name:

Address:

Phone Number:

Email Address:

Please list the names and dates of birth (if 18 or younger) of each household member in your home:

Monthly Income Information (check all that apply and add dollar amounts next to each income type):

- Monthly wages- Applicant
- Monthly wages- Other adult(s)
- Unemployment
- Social Security (SSI/SSDI)
- SNAP (Food Stamps)
- Child Support/Alimony
- TANF (AFDC)
- Veteran's Benefits
- Odd Jobs
- Disability
- Other

Language Preference (if other than English): _____

What is your household's current monthly income (please include all income types from all household members 18 years and older) \$ _____

Do you have a Section 8 Voucher or other housing assistance such as RAFT? ____ Yes ____ No

If yes, what type of assistance _____



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CERTIFICATION AND RELEASE OF INFORMATION

• I/We certify that all information furnished in this application for needs-based assistance is true and complete to the best of my/our knowledge.

• I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

APPLICATION CHECKLIST

Income Verification – provide ALL of the following (ignore last item if not self-employed):

- One most recent pay stub for all employed household members over the age of 18.
- If overtime is a part of the household income, please provide the most recent three months of paystubs. Income will be calculated based on the average monthly income.
- Evidence of any other income sources (unemployment, child support, alimony, pension/retirement, etc.)
- Only if Self-Employed, please provide 6 months of sequential bank statements including the month prior to loss of income.

Residence Verification – provide ONE of the following:

- Rent/Mortgage receipt/cancelled check
- Current utility bill
- Copy of lease or letter from landlord evidencing monthly rent amount
- Current mortgage statement

****THESE MUST BE INCLUDED WITH YOUR APPLICATION OR IT WILL BE DEEMED INCOMPLETE****