



TOWN OF SOUTHBOROUGH

Trust Fund Application

\$500 or Greater

Disposition of Application (Trust Committee Use only)

GRANTED

DENIED

Date Voted: _____

FOR: _____

Amount: _____

AGAINST: _____

Fund to be Used: _____

COMMITTEE MEMBERS:

Nicolas McCoy, Chair

Bill Boland

John Wilson

Date Received: _____

Applicant # _____

Complete all sections that apply (Please print or type legibly)

All information will be held in confidence by the Trust Committee except for Audit purposes.

A. IDENTIFICATION.

Name of Applicant: _____
Last
First
M.I.

Marital Status: _____ # of Dependents: _____

Occupation: _____

Legal Residence: _____

Mailing Address: _____

Is this your Primary Residence? _____ If so, Since When? _____

Phone Number: _____

E Mail Address: _____

B. BASIS OF AID REQUEST.

Estimated Combined Income From All Sources For Current Calendar Year: \$ _____

Total Funds Requested (estimate if necessary): \$ _____

Have You Ever Applied for Trust Fund Assistance Before: _____

Kindly Provide a Detailed Description of the Reason for Trust Fund Assistance:

(Attach additional sheet if necessary)

Have you contacted the Town Youth & Family or Council on Aging Departments? Y/N _____

How did you find out about the Trust Funds?

C. FINANCIAL STATEMENT.

(Complete this section fully. Other documentation may be requested to verify your income and assets)

ASSETS

REAL ESTATE

Market Value: \$ _____
 Lines of Credit \$ _____
 Invest. Property: \$ _____

PERSONAL PROPERTY

Motor Vehicles / Boats
 Other Motorized Vehicles

Year/Make/Model	Value
#1	\$ _____
#2	\$ _____
#3	\$ _____
#4	\$ _____

CASH

Bank Name	Avg Balance
	\$ _____
	\$ _____

INVESTMENTS

(Stocks, bonds, CD's, etc) \$ _____
 \$ _____
 \$ _____
 \$ _____
TOTAL ASSETS \$ _____

LIABILITIES

Mortgage #1 - Balance: \$ _____
 Mortgage #2 - Balance: \$ _____
 Other Mortgages - Balance: \$ _____

Auto Loan Balance: \$ _____
 Auto Loan Balance: \$ _____
 Auto Loan Balance: \$ _____
 Auto Loan Balance: \$ _____
(Please include dependents)

OTHER OUTSTANDING DEBTS

Personal Loans: \$ _____
 \$ _____
 \$ _____

 Credit Cards: \$ _____
 \$ _____
 \$ _____
 \$ _____
TOTAL LIABILITIES \$ _____

Attachments Needed:

- Last Income Tax Filing
- Copies of all previous month Bank Statements

<u>ANNUAL INCOME</u>		<u>SELECTED FIXED</u>	
Salary/Wages	\$ _____	Mortgage / Rent	\$ _____
Unemployment	\$ _____	Other (Specify)	\$ _____
Social Security	\$ _____		\$ _____
Other Pensions/Retirement	\$ _____		\$ _____
Public Assistance	\$ _____		\$ _____
AFDC	\$ _____		\$ _____
Food Stamps	\$ _____		\$ _____
Fuel Assistance	\$ _____		\$ _____
Other	\$ _____		\$ _____
Rental Income	\$ _____		\$ _____
Family Assistance	\$ _____		\$ _____
Disability Income	\$ _____		\$ _____
Other	\$ _____		\$ _____
			\$ _____
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

D. SIGNATURE

This application has been prepared or examined by me. Under the pains and penalty of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Signature

Date