



Applicant's Household Information (please print)

Information for EVERYONE living at this address, starting with the applicant:

Applicant \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Employed? \_\_\_\_\_ Where? \_\_\_\_\_

School and Current grade or Course of Study \_\_\_\_\_

NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Employed? \_\_\_\_\_ Where? \_\_\_\_\_

School and Current grade or Course of Study \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Employed? \_\_\_\_\_ Where? \_\_\_\_\_

School and Current grade or Course of Study \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Employed? \_\_\_\_\_ Where? \_\_\_\_\_

School and Current grade or Course of Study \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

(Additional household members may be listed on back.)

Applicant's Financial Information

INCOME SOURCES AND MONTHLY AMOUNTS (total for everyone at this address):

<input type="checkbox"/> Wages with W-2	\$ _____	<input type="checkbox"/> Unemployment	\$ _____
<input type="checkbox"/> Self-Employment	\$ _____	<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/> Alimony	\$ _____
<input type="checkbox"/> SSDI	\$ _____	<input type="checkbox"/> Section 8	\$ _____
<input type="checkbox"/> Veterans Benefits	\$ _____	<input type="checkbox"/> TAFDC	\$ _____
<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> EAEDC	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> IRA/401K	\$ _____
<input type="checkbox"/> Worker's Comp	\$ _____	<input type="checkbox"/> Other	\$ _____

Are you receiving any of the following? Please check all that apply:

WIC    Fuel Assistance    Medicaid    Medicare    MassHealth    SNAP  
 Food Pantry

Gross Monthly Income (total for everyone at this address): \_\_\_\_\_

Total amount of financial assets (including investments/bank accounts): \_\_\_\_\_

FIXED MONTHLY EXPENSES

Rent/mortgage            \$ \_\_\_\_\_  
Electricity/Water        \$ \_\_\_\_\_  
Gas/Oil Heat             \$ \_\_\_\_\_  
Alimony                    \$ \_\_\_\_\_  
Child Support            \$ \_\_\_\_\_  
Child Care                \$ \_\_\_\_\_  
Auto Insurance          \$ \_\_\_\_\_  
Telephone                \$ \_\_\_\_\_  
TV                            \$ \_\_\_\_\_  
Internet                    \$ \_\_\_\_\_

ITEMIZED DEBT

Credit Card Debt Total    \$ \_\_\_\_\_  
Car Loan Debt              \$ \_\_\_\_\_  
Student Loan Debt        \$ \_\_\_\_\_  
Other Debt                  \$ \_\_\_\_\_

Unusual Expenses? \_\_\_\_\_

*Please submit income documentation with this form for **all sources of income**. You must submit a copy of your most recent federal tax return.*

We reserve the right to request additional financial information.

I understand that Wellesley Friendly Aid staff may contact the Wellesley Housing Authority or others to confirm my situation.

By signing below, I verify that this form is accurate and complete. Inaccurate or incomplete income information or documentation may result in automatic denial of this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_