

The Wellesley Friendly Aid Association Financial Aid Application

Please Note: Wellesley Friendly Aid gives financial aid only in emergency situations.

Name _____
First
Last
M.I.

Address _____

(Please attach a current utility bill that shows your address.)

Own or Rent? _____ Monthly Mortgage or Rent _____

Years at this address _____ Email _____

Home Phone _____ Cell Phone _____

Reasons(s) for needing financial assistance (may be continued on the back)

Requesting assistance for _____

Amount Requested _____

Any special circumstance you would like to share? _____

Member of the Clergy, Social Worker, Medical Professional, or Wellesley Housing Authority staff who may confirm your situation:

Name
Contact Phone

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"/> SNAP	\$ _____
<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
 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 _____