



# 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:	<input type="text"/> <i>Last</i>	<input type="text"/> <i>First</i>	<input type="text"/> <i>M.I.</i>
Marital Status:	<input type="text"/>	# of Dependents:	<input type="text"/>
Occupation:	<input type="text"/>		
Legal Residence:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Is this your Primary Residence?	If so, Since When?		
Phone Number:	<input type="text"/>		
E Mail Address:	<input type="text"/>		

**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)

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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: \$ \_\_\_\_\_

### LIABILITIES

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

#### PERSONAL PROPERTY

Motor Vehicles / Boats

Other Motorized Vehicles

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

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

#### CASH

Bank Name	Avg Balance
	\$ _____
	\$ _____

#### OTHER OUTSTANDING DEBTS

Personal Loans: \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

#### INVESTMENTS

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

#### Credit Cards:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

#### Attachments Needed:

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

<b><u>ANNUAL INCOME</u></b>		<b><u>SELECTED FIXED</u></b>	
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