

FINANCIAL ASSISTANCE APPLICATION

In order to be considered for one-time emergency financial assistance by the Board of Selectmen, the following form must be completed in its entirety. All information provided, and decisions made shall be kept confidential. Note: You may be contacted by the office for clarification or in cases where the application is incomplete. If you choose not to be contacted the application may not be processed.

1. Name _____

2. Address _____

3. Phone# _____ May we contact you for more info Y__ N__

4. Are you a Veteran? Yes __ No __

5. Do you Rent ____ or Own ____ Monthly Rent/Mortgage payment \$_____

6. Do you own any income producing property? Y__ N__ Monthly Income\$_____

7. List average monthly expenses for utilities, car, insurance, etc. _____

8. Number of adults in household _____ Number of dependents _____

Please include ages of Dependents _____

9. Total income from all sources \$_____

10. Identify sources of income listed: _____

11. Bank Accounts: Checking: Balance \$ _____ Savings: Balance \$ _____

12. Please explain what circumstances have led to your request for financial assistance:

(use additional paper if necessary) _____

13. Identify what bills and total amount you are requesting to be paid: \$ _____

14. What attempts have you made to work out a payment agreement and/or refinancing with these creditors? _____

15. It is the policy of the Town of Kingston to only accept applications from those who have exhausted other means of assistance. The Selectmen's office can provide a list of local agencies that can assist in an emergency as well as future financial planning. Do you have proof that you have been approved for or denied assistance by these social service agencies? If so please list.

Please provide the following documents with this form to support your request:

- Verification of income listed (acceptable proof; pay stub, certification, W-2, tax return, letter of award)
- Copies of utility bills, bills for expenses listed in, medical bills, proof overdue bills, etc.
- Most recent bank statements
- Letter from physician to confirm medical condition, if applicable
- Letters from Social Service Agencies showing due diligence or request information from the BOS Office.

PLEASE FORWARD COMPLETED APPLICATION ALONG WITH ALL REQUIRED DOCUMENTATION TO THE OFFICE OF THE BOARD OF SELECTMEN, 26 EVERGREEN STREET, KINGSTON, MA 02364

Other documentation may be requested in order to process this application. All decisions will be on a case-by-case basis. All personal information will be kept strictly confidential except for the office personnel who are processing the application. All identifying information will be removed prior to submitting to the Board of Selectmen.

I agree to the above:

Signature _____ Date _____