

FINANCIAL ASSISTANCE APPLICATION

In order to be considered for 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.

1. Name _____

2. Address _____

3. Phone# _____ Are you a Veteran? Yes No

4. Do you Rent Own Monthly Rent/Mortgage \$ _____

5. Do you own any income producing property? _____ Monthly Income \$ _____

6. List average monthly expenses for utilities, car, insurance, etc.

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

8. Total income from all sources \$ _____

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

10. Identify sources of income listed in #8:

11. Please explain what circumstances have lead to your request for financial assistance: (use additional paper if necessary) _____

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

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

14. Do you have proof that you have been approved for or denied assistance by social service agencies that provide services to Kingston residents?_____

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

- Verification of income listed in #8 (acceptable proof; pay stub, certification, W-2, tax return, letter of award)
- Copies of utility bills, bills for expenses listed in #6, medical bills
- Most recent bank statement
- Letter from physician to confirm medical condition, if applicable

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