



459 Main Street, Medfield, MA 02052
Physical Address: 88 Rear South Street, Medfield MA 02052
(508) 359-7121

Financial Assistance Application

Your information will be kept strictly confidential and will be viewed only by Medfield Outreach staff ***with the exception of the Holiday Gifts Program - this program is in partnership with the Food Cupboard (this applies only if you participate in the Holiday Program).***

Name:

Address:

Phone Number:

Email Address:

Please list the names and dates of birth of each household member in your home:

Name:

DOB:

Monthly Income Information- check all that apply and add dollar amounts next to each income type:

Your monthly wages
Amount:

Monthly wages for other adult(s) in home
Total amount:

TANF(AFDC)
Amount:

Veteran's Benefits
Amount of benefits:

Unemployment
Amount:

Odd Jobs
Amount:

Social Security (SSI/SSDI)
Amount of benefits:

Disability
Amount of benefits:



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SNAP (Food Stamps)
Amount of benefits:

Child Support/Alimony
Monthly amount received:

Other:
Amount:

Language Preference (if other than English): _____

Do you have a Section 8 Voucher? Yes _____ No _____

Do you receive other housing assistance? Yes _____ No _____

If yes, please indicate which type of assistance you receive:

APPLICATION CHECKLIST (please check all that apply)

Income Verification- must provide **ALL** that is applicable

- One most recent pay stub for all employed household members over the age of 18.
- Copies of proof for any other income sources (unemployment, child support, alimony, pension/retirement, etc.)
- If Self-Employed, provide 6 months of sequential bank statements

Residence Verification – provide **ONE** of the following:

- Rent/Mortgage receipt/canceled check
- Current utility bill
- Copy of lease or letter from landlord
- Current mortgage statement



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If applying for Community Assistance Fund:

- For coverage of utility bill: current bill statement that includes your account number
- For housing cost assistance: copy of lease in its entirety or copy of mortgage statement
- For enrichment or education fee: program documentation that outlines fees

CERTIFICATION AND RELEASE OF INFORMATION

• I/We certify that all information in this application for needs-based assistance is true and complete to the best of my/our knowledge.

• I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____