

To: Almoners of the Foster & Currier Funds

Date: _____

***** ** REQUEST FOR ASSISTANCE *** ****

All questions must be answered (where applicable) for this request to be considered. All information will be kept STRICTLY CONFIDENTIAL and used solely for the evaluation of your request for assistance.

Person needing assistance: _____
Age: _____
Residence
Address _____
Resident of Warner (years) _____ How long at this location?

Contact Tels: Home: _____ Work: _____
Cell: _____ Other: _____
E-Mail contact
address: _____

Reason for requesting this assistance (please provide as much detail as necessary to describe your needs): _____

Employment & Financial Information:		
Employer/location	Take-Home Pay	Wkly/Monthly
Applicant: _____	\$ _____	
Spouse: _____	\$ _____	
Other household income & source(s) _____	\$ _____	
_____	\$ _____	

Names & ages of all children and/or other household members: _____

Does the household receive assistance from any of the following (describe & provide amount/s received) Town, County, State or Federal programs?

Medicare or Medicaid?

Food Stamps?

Other medical or disability-income?

Have you ever received previous assistance from the Foster and Currier Funds? If yes, please state when and in what amount/s _____

Itemize your monthly expenses for:
Rent/Mortgage: \$ _____ Telephone: \$ _____
Utilities: Heat: \$ _____ Television: \$ _____
Electric: \$ _____ Internet: \$ _____
Other loans, expenses, credit-card debt, etc. (describe each expense)
\$ _____
\$ _____
\$ _____

Name, Address, Contact telephone number for: Mortgage holder (or)
Landlord: _____

Please provide any other information or details concerning your personal or family circumstances which may assist the Almoners in evaluating this application for assistance: _____

What person or organization referred you to the Foster & Currier Funds for help?

I certify that the information and answers given to the above questions are true and correct to the best of my knowledge. I hereby authorize any individual, institution, or organization to release to the Almoners of Foster & Currier Funds information, both financial and medical, to verify any of the information I have stated above.

Date: _____

Signed: _____
(Please circle): Applicant (or) Parent/Guardian of Applicant