

Mad River Valley Community Fund  
**APPLICATION FOR ASSISTANCE**

Name: \_\_\_\_\_

Please List Any Other Names You Have Used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: (street/town) \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

How long have you lived in the Valley? \_\_\_\_\_

If less than 3 years, where did you live before? (city/state) \_\_\_\_\_  
and why did you move here? \_\_\_\_\_

Who lives with you? (names, ages, relationship to you): \_\_\_\_\_

Where do you work now? \_\_\_\_\_ [ ] Fulltime [ ] Parttime  
Also list below the places you have worked for the last five (5) years, listing most recent first:

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ [ ] Fulltime [ ] Parttime

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ [ ] Fulltime [ ] Parttime

Where does your spouse/partner work now? \_\_\_\_\_ [ ] Fulltime [ ] Parttime

Describe the reason for your money problems: \_\_\_\_\_

Assistance Requested: \$ \_\_\_\_\_ to pay \_\_\_\_\_ for \_\_\_\_\_

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Assistance Requested: \$ \_\_\_\_\_ to pay \_\_\_\_\_ for \_\_\_\_\_

TOTAL REQUESTED: \$ \_\_\_\_\_

Have you requested assistance from any other local charitable organization during the last six months? If so, from whom, the amount, and the reason? May we contact that organization for further information? [ ] Yes [ ] No \_\_\_\_\_

Do you have medical insurance? [ ]Yes [ ]No    Disability Insurance? [ ]Yes [ ]No

Please indicate what governmental programs you have applied for, when, and the result of your application:

Social Security:\_\_\_\_\_

Social Security Disability:\_\_\_\_\_

Welfare/Aid to Needy Families w/Children:\_\_\_\_\_

Medicare:\_\_\_\_\_ Medicaid:\_\_\_\_\_

Other:\_\_\_\_\_

Please provide the following financial information:

**MONTHLY INCOME:**

Your take home pay: \_\_\_\_\_  
Spouse/Partner take home \_\_\_\_\_  
Social Security Income: \_\_\_\_\_  
Interest/Dividends: \_\_\_\_\_  
Pensions: \_\_\_\_\_  
Business Income/Profits: \_\_\_\_\_  
Alimony/Child Support: \_\_\_\_\_  
Unemployment Compensation: \_\_\_\_\_  
Income of other adults in home: \_\_\_\_\_

**ASSETS:**

House - where?value? \_\_\_\_\_  
Second Home: \_\_\_\_\_  
Other Real Estate: \_\_\_\_\_  
Cash on Hand: \_\_\_\_\_  
Stocks/Bonds: \_\_\_\_\_  
Money Owed to you \_\_\_\_\_  
Automobile - Year/Make \_\_\_\_\_  
Automobile - Year/Make \_\_\_\_\_  
Boats/Recreational Vehicles: \_\_\_\_\_  
Tools: \_\_\_\_\_  
Business Interest: \_\_\_\_\_  
Pension Plans: \_\_\_\_\_  
IRA/Keoghs/401K: \_\_\_\_\_  
Personal Property: \_\_\_\_\_

**MONTHLY EXPENSES:**

Rent or Mortgage: \_\_\_\_\_  
Property Taxes: \_\_\_\_\_  
House/Tenant Insurance: \_\_\_\_\_  
Heat: \_\_\_\_\_  
Electricity: \_\_\_\_\_  
House Maintenance: \_\_\_\_\_  
Car Payments: \_\_\_\_\_  
Car Insurance: \_\_\_\_\_  
Gas/Car Maintenance: \_\_\_\_\_  
Education: \_\_\_\_\_  
Food: \_\_\_\_\_  
Clothing: \_\_\_\_\_  
Medical/Dental: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_  
Child Care: \_\_\_\_\_  
Credit Card Payments: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

**DEBTS:**

Home Mortgage Balance \_\_\_\_\_  
Home Equity Loan Balance \_\_\_\_\_  
Car Loan Balances \_\_\_\_\_  
Other Loan Balances \_\_\_\_\_  
Credit Card Balances \_\_\_\_\_  
Other Debt \_\_\_\_\_

Have you received assistance from the Community Fund before? \_\_\_\_\_

When? \_\_\_\_\_ Amount? \_\_\_\_\_

