



## Application for The HOPE Fund

**Please complete this form to request support from The HOPE Fund. To be eligible, applicants must have resided in Sudbury for at least one year. For additional information, please contact the Sudbury Town Social Worker at 978-440-5476.**

*Send completed form to: Sudbury Town Social Worker, 275 Old Lancaster Road, Sudbury, MA 01776.*

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

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Current Marital Status:  Single  Married  Separated  Divorced  Widowed

Date of Birth: \_\_\_/\_\_\_/\_\_\_ How many years have you lived in Sudbury? \_\_\_\_\_

1. Please list all other members of your household.

Name	Date of Birth	Relationship to Applicant	Occupation	Dependent?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Please explain briefly why you are seeking financial assistance at this time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vendor Name (attach a copy of the bill(s)): \_\_\_\_\_

3. How did you originally hear about the HOPE Fund?

- |  |   |  |   |
|--|---|--|---|
| <input type="radio"/> Town Social Worker   | <input type="radio"/> Other Social Worker   | <input type="radio"/> Senior Center                      | <input type="radio"/> Housing Authority |
| <input type="radio"/> HOPEsudbury Telethon | <input type="radio"/> HOPEsudbury Website   | <input type="radio"/> Church                             | <input type="radio"/> Food Pantry       |
| <input type="radio"/> Apartment Management | <input type="radio"/> Family member   | <input type="radio"/> Friend                             | <input type="radio"/> Neighbor          |
| <input type="radio"/> School - Check one:  | <input type="radio"/> Haynes <input type="radio"/> Loring <input type="radio"/> Nixon | <input type="radio"/> Noyes <input type="radio"/> Curtis | <input type="radio"/> LSRHS             |
| <input type="radio"/> Other:               | _____   |  |   |

Provide name/position of person who referred you: \_\_\_\_\_



**D. OTHER**

List all fixed expenses per month (rent, mortgage, loans, health insurance, etc.).

<u>Fixed Expenses</u>	<u>Expense Amounts</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**E. OUTSTANDING DEBTS**

List outstanding debts: \_\_\_\_\_

**F. PREVIOUS APPLICANTS**

Have you previously received assistance from The HOPE Fund?    Yes    No

If yes, provide the estimated date(s), amount received, and a brief description of how funds were used:

\_\_\_\_\_

If yes, please list the steps you have taken to improve your financial situation since you last applied. What changes in your income or expenses have been made?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note for those who have received assistance from The HOPE Fund two or more times in the past:** You must have demonstrated that you have followed through with previous referrals made for other sources of assistance, completed a budgeting class, and/or have experienced a significant life event that has changed your financial circumstances so that you now have an emergency financial need and have no other resources available.

**CERTIFICATION AND RELEASE OF INFORMATION**

I certify to the best of my knowledge that the information provided is complete and accurate. I authorize The HOPE Fund committee to verify any of the information provided. I understand that information, names omitted, may be shared with committee and board members for the purpose of program review and planning.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

For Office Use  
Date received: \_\_\_/\_\_\_/\_\_\_    Job #: \_\_\_\_\_    Client #: \_\_\_\_\_    Approved Amount: \$ \_\_\_\_\_  
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