

Application

Margaret G. Towle Fund

Application must be filled out completely and may be returned to applicant if information is not considered complete.

Eligibility: Residents that have a financial need brought about as a result of unemployment, old age or a disability as stated in the trust fund document. All applicants will be reviewed using the above criteria.

Request should be limited to emergency financial need and monies must be paid to the source of the debt, not an individual. Bills must be presented for direct payment.

**Return Address: Town of Andover
ATTN: Michael Morse
Collector/Treasurer
36 Bartlet Street
Andover, MA 01810**

11/27/2018

APPLICATION TO MARGARET G. TOWLE FUND

Eligibility: Residents that have a financial need brought about as a result of unemployment, old age or a disability as stated in the trust fund document. All applicants will be reviewed using the above criteria.

Name: _____ DATE: _____

Address: _____ (Current voting address)

How long have you lived in Andover? _____

Telephone#: _____ Email: _____

Date of Birth: _____

1) Please state the nature of your request. Specifically, list any bills that are in need of payment.

A request for the payment of a bill must include a copy of the bill attached to this application. Payment will be made directly from the Town to the vendor.

Application to the Margaret G. Towle Fund (Cont'd)

2) Please explain why you are in need of assistance.

Note: The availability of contributions from other resources and/or other Town funds can and will be considered when granting of assistance.

3) Have you ever received assistance from the Margaret G. Towle Fund?

YES _____ NO _____

If yes, list the amounts, type of assistance and the approximate dates below:

4) Do you have any other applications for assistance pending?

ex. Housing, Fuel Assistance, Utility Discounts, MassHealth, Food Stamps

YES _____ NO _____

Please explain:

Application to the Margaret G. Towle Fund (Cont'd)

5) Your Total Monthly Income is: \$ _____

List sources of income:	Employment	\$ _____
	Social Security	\$ _____
	Pension	\$ _____
	Disability/SSI	\$ _____
	Unemployment	\$ _____
	Child Support	\$ _____

Do you have any other sources of income/funding?
(savings accounts, CD's, etc)

List below:

_____ \$ _____
_____ \$ _____
_____ \$ _____

(Add to back of application, if necessary)

6) Are you eligible for Veteran Benefits: Yes _____ No _____
Value of Benefit: \$ _____ Per month? _____ Per Year? _____

7) Are there any other adults living in your household? Yes _____ No _____
If yes, list below:

Name: _____
Monetary Contribution to Household/Month \$ _____ Relationship _____

Name: _____
Monetary Contribution to Household/Month \$ _____ Relationship _____

Name: _____
Monetary Contribution to Household/Month \$ _____ Relationship _____

(Add any more household members to back of application)

Application to the Margaret G. Towle Fund (Cont'd)

8) Please list all of your monthly expenses below:

Mortgage, if applicable-----	\$ _____
2 nd Mortgage-----	\$ _____
Equity Line of Credit-----	\$ _____
Real Estate Taxes-----	\$ _____
Rent, if no Mortgage-----	\$ _____
Insurance-Homeowners/Rental-----	\$ _____
Food-----	\$ _____
Utilities: gas, heat, water, electricity-----	\$ _____
Phone-include cell phone service-----	\$ _____
Cable TV/Internet-----	\$ _____
Car Payment-----	\$ _____
Approx. Monthly gas	\$ _____
Car Insurance	\$ _____
Credit Card(s) payments-----	\$ _____
Other – explain_____	\$ _____
Other – explain_____	\$ _____

(Add more to back of application, if necessary)

I swear the information stated in this application is true and that I have no other sources of income at my disposal:

Signature: _____ **Date:** _____

Notice to Applicants: Please be advised that information contained in this application may be subjected to disclosure in accordance with the Massachusetts Open Meeting Law or Public Records law, with the exception of information that is exempt from disclosure under M.G.L. Chapter 4, Section 7, Clause Twenty-sixth (c), which exempts from disclosure “materials or data relating to specifically named individual, the disclosure of which would constitute an unwarranted invasion of personal privacy”