



HOPEsudbury
hopefund@hopesudbury.org
PO Box 802
Sudbury, MA 01776

HOPEfund Application

Eligibility: If you are a Sudbury resident in need of emergency assistance to pay rent and other essential bills, HOPEsudbury may be able to help. We have emergency grants for up to \$600 for an individual, \$800 for a two or more adult household, or \$1,200 for a family (guardian and one or more dependents). We are able to provide one grant per address per 12 month period with a maximum of 5 lifetime grants. Please see HOPEsudbury guidelines and FAQs for more specific questions and/or eligibility criteria.

All applications should be sent to the town social worker for review and assistance before being sent to HOPEsudbury.

Application Checklist:

- Review the HOPEfund’s Guidelines/Frequently Asked Questions.
- Complete Application form.
- Provide copies/Images of the bills for which you are requesting financial assistance. Bills should include account number(s), amount due, and payment address.

Applicant Information:

Name: _____

Pronouns: _____

Address: _____

Apt. # _____

Phone: _____

Email: _____

How long have you lived in Sudbury? _____

Date of birth: _____

How did you originally hear about the HOPEfund?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Town Social Worker | <input type="checkbox"/> Other Social Worker | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Self-referral | <input type="checkbox"/> HOPEsudbury Website | <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Family member | <input type="checkbox"/> Friend or Neighbor | <input type="checkbox"/> Apartment Management |
| <input type="checkbox"/> School | | | |

Check one: Haynes Loring Nixon Noyes Curtis LSRHS

Other Source: _____

Please list all members of your household living at the address provided above. Please also indicate percent of custody when applicable. * **Dependents are not solely based on age; please discuss with the Social Work office to determine grant level eligibility.**

Additional Household Members:

Date of birth	Relationship to Applicant	Percent of Custody

Have you received a grant from HOPEsudbury in the past? If so, when? If you are not sure please reach out to the town social work office for assistance at socialworker@sudbury.ma.us.

What is making this time particularly difficult for you financially? Please include all factors that are contributing to your financial emergency at this point in time. All factors will be considered when determining eligibility for a HOPEfund grant.

Please list any other agencies/social service providers helping you to reach your goal.

Do you currently receive any of the following Non Cash Benefits:

- Housing Subsidy
- SNAP Benefits
- MassHealth
- WIC
- Property Tax Exemption
- Commonwealth Care
- Daycare Voucher
- Fuel Assistance
- Tuition Assistance

Please list bills with which you would like assistance. The HOPEfund can contribute up to \$600 for an individual, \$800 for 2 or more adults, and \$1200 for a family. We will not be able to review your request without completed billing information. Please include image(s) of bill(s) to be paid. Images must include account number(s), amount due, and payment address.

	Bill #1	Bill #2	Bill #3
Company Name			
Type of Bill			
Company Mailing Address			
Resident Name on the Bill			
Account #			
Amount			
Due Date			

CERTIFICATION AND RELEASE OF INFORMATION

Please be sure you have answered all questions. Otherwise, we will be unable to process your application. All completed applications will be reviewed for eligibility to receive emergency assistance under the program guidelines. If it is determined your household is eligible, payments will be made on your behalf directly to the vendor of the bill(s) you submitted.

By signing below I certify the following:

Certification of application: I have read, understood, and agree to the HOPEfund Guidelines/FAQ. I have accurately filled out this application to the best of my ability. I have signed under the pains and penalties of perjury. I authorize HOPEsudbury and the Town Social Worker's Office to verify the information provided.

Release of Information: I hereby give permission for this application and the information contained within it to be shared with HOPEsudbury board members for the purposes of approval, mailing checks to vendors, and program management. HOPEsudbury shall have no liability related to the release of information.

I understand that I may withdraw this permission at any time upon my written request.

The parties acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Applicant Signature

Date

This section to be completed by the social work office only:

JOB #

CLIENT ID: