



# Application for The HOPE Fund

Please complete this form to request support from The HOPE Fund. **Applicants must be Sudbury residents who have resided in Sudbury for at least one year.** For additional information, please contact the Sudbury Town Social Worker at 978-440-5476. An interview will be required. Send completed form to: Sudbury Town Social Worker, 275 Old Lancaster Road, Sudbury, MA 01776.

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

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

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

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

Relationship Status:    Single        Married        Domestic Partnership        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 share your greatest strength(s)/your family's greatest strengths: \_\_\_\_\_

3. What makes you feel most grateful in your life right now? \_\_\_\_\_

4. Please share 1-2 goals that you have for yourself: \_\_\_\_\_

5. What makes you most proud about how you manage your finances? \_\_\_\_\_

6. What is your short-term financial goal (in the next 1-3 months)? \_\_\_\_\_

7. What is your long-term financial goal (in the next 3-5 years)? \_\_\_\_\_

8. What is making this time particularly difficult for you financially? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list bills with which you would like assistance. HOPE can contribute up to \$600 for an individual or \$1200 for a family.**

Company Name	Company Address (where to send the check)	Resident Name on the Bill	Account Number	Amount	Due Date

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

- Town Social Worker
- HOPEsudbury Telethon
- Apartment Management
- School - Check one:
- Other: \_\_\_\_\_
- Other Social Worker
- HOPEsudbury Website
- Family member
- Haynes
- Loring
- Nixon
- Senior Center
- Church
- Friend
- Noyes
- Curtis
- Housing Authority
- Food Pantry
- Neighbor
- LSRHS

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

10. Have you applied for (or are you receiving) any other financial assistance? If yes, please indicate which of the following resources you benefit from:

- Food Pantry
- TANF/EAEDC
- Fuel Assistance
- Housing subsidy
- Veterans Benefits
- Senior Tax Relief
- Mass Health/Medicare
- Clothing Exchange
- SNAP/WIC/Meals on Wheels.
- SSI/SSDI
- St. Vincent dePaul
- Other relief from religious org.
- Utility Assistance/Discount Rate
- Bankruptcy/Other tax relief

Are there any other forms of financial or donation support from organizations that are not mentioned above that you are using to meet your current needs? \_\_\_\_\_

Have you completed the attached budget? (To help HOPE help you, please complete the budget to the best of your ability.) Yes No

**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:

\_\_\_\_\_

We know that applicants are striving to build stronger financial futures for themselves and their families. If you have applied in the past, please share with us some of the steps that you feel have been most successful in improving your financial situation.

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

**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 some portions of this application may be shared with the HOPE Fund committee and HOPEsudbury board members for the purpose of application approval, mailing checks to vendors, and program management.

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

<p><u>For Office Use</u> Date received: ___/___/___    Job #: _____    Client #: _____    Approved Amount: \$ _____ <small>1/17</small></p>
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INCOME		AMOUNT per month	EXPENSE		AMOUNT per month
For salary, include full time, part time, and seasonal employment, temporary jobs, tips, and commissions. For self-employment, include income less cost-of-doing business expense and state average monthly income	Salary / Wages		If it is an annual payment, divide by 12 to get the monthly payment	<b>HOME</b>	
	Unemployment			Mortgage / Rent	
	SSI & SSDI			Home/Renter's Insurance	
	SNAP/WIC			Gas & Oil	
	Veteran's Benefits			Electric	
	Child Support/TANIF/EAEDC			Garbage, Sewer, & Water	
	Alimony			Phone	
	Other (explain)			Cable (Hulu/Netflix) & Internet	
<b>TOTAL</b>		Other (explain)			
		<b>TOTAL</b>			
ASSETS		VALUE		<b>TAXES</b>	
List all assets and their estimated value	Car		Excise Tax/ Property Tax		
	Home		<b>TRANSPORTATION</b>		
	Other		Gas & Maintenance		
	Other		Public Transportation & Parking		
	<b>TOTAL</b>		Car Payment		
SAVINGS		VALUE	Car Insurance		
	Emergency Fund		Repairs / Maintenance		
	Transfer to Savings		<b>DAILY LIVING</b>		
	Education		Groceries & Hygeine Products		
	401 K or Retirement Funds		Child Care		
<b>TOTAL</b>		Dining Out			
BUDGET SUMMARY			Pet Expenses		
	TOTAL INCOME		Clothing		
	TOTAL EXPENSES		Other (explain)		
	<b>NET</b>		<b>ENTERTAINMENT</b>		
			Child's Extracurriculars		
HOLIDAY, VACATION, & GIFT EXPENSES		PROJECTED	Other (explain)		
	Airfare/Travel (gas, tolls, etc.)		<b>TOTAL</b>		
	Accommodations (hotel, Air BnB...)		<b>HEALTH</b>		
	Decorations		Health Insurance		
	Wrapping paper/gift bags		Doctors / Dentist Visits		
	Food (turkey, dessert, etc)		Medicine / Prescriptions		
	<b>Gifts (Name and Occasion)</b>	<b>Projected per gift</b>	Other (explain)		
			<b>TOTAL</b>		
			<b>DEBT Total Amount Owed</b>	<b>Monthly Payment</b>	
			Credit Card Payment		
			Student Loan Payment		
		Other (explain)			
<b>TOTAL</b>		<b>TOTAL</b>			