



nsraw1835@gmail.com

The mission of the Newburyport Society for the Relief of Aged Women is to assist women who are residents of Amesbury, Newbury, Newburyport, and Salisbury aged 60 and over, who have a demonstrated financial need.

Application for Assistance to Individuals

Note: Applicants must be at least 60 years of age and have been residents of Amesbury, Newbury, Newburyport, or Salisbury for at least one year. Priority will be given to women who demonstrate an acute need for assistance. The Society will utilize all available resources, including collaborative efforts with established agencies that provide needed services.

I understand that the information I am providing will remain confidential, except as needed for verification.

Signature of applicant: _____ Date: _____

Print name: _____ Date of birth: _____

Address: _____ Length of residency: _____

Phone number: _____ Veteran? Yes / No: _____

How did you become aware of NSRAW? _____

Amount Requested and Purpose: Please provide an invoice or bill with this application (if approved, payment will be made directly to the provider).

Are you currently being helped by any other private organizations? Yes / No _____

Name of organization(s): _____

Nature of assistance: _____

Family Information

Marital status: Single Married Divorced Widowed _____

Spouse/significant other's name: _____ Date of birth: _____

Additional adult family member(s) living in household who may contribute to applicant's support:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

| Dependents in household: Relationship (ex.: son, grandchild, foster care) | Date of birth: |
|--|-----------------------|
| | |
| | |
| | |

Additional Financial Information

Do you file an annual income tax form? Yes / No _____ (You may be asked to submit your most recent Federal and Massachusetts tax returns with all relevant attachments at a later time).

Checklist

Please include the following required documentation with this application:

- ___ Attached personal financial information sheet (completed) **Page 3 of this application.**
- ___ 2 Months of bank statements (for yourself and for any other financial contributors in your household)
- ___ Documentation of mortgage or rent, utilities, credit cards, and other significant monthly expenses
- ___ Bill(s) or provider estimate(s)/invoice(s) for treatment/work you are requesting

Please mail this application, personal financial information sheet, and all supporting documents to:

NSRAW, P.O. Box 787, Newburyport, MA 01950.

NSRAW Individual's Application - Personal Financial Information Sheet

| Monthly Income/Fin. Benefits | Amount/month | Monthly expenses | Estimated amt./month |
|-------------------------------|--------------|---------------------------------|----------------------|
| Social Security | | Mortgage | |
| Supplemental Sec. Inc. (SSI) | | Rent* | |
| Pension | | Real estate taxes | |
| Employment/wages | | Electricity | |
| Unemployment | | Heat (not incl. in electricity) | |
| Comm of Mass - SSP | | Water/sewerage | |
| SNAP | | Phone (cell and/or home) | |
| Alimony | | Cable/internet | |
| Other disability insurance | | Storage | |
| Spouse/sig. other's income*** | | Food | |
| Family member assistance | | Car payment or lease | |
| IRA distribution | | Car gas | |
| | | Car insurance | |
| Mass Health | Yes / No | Health insurance | |
| Medigap | Yes / No | Life insurance | |
| Fuel assistance | Yes / No | Typical est. credit cards pymt | |
| | | Childcare/babysitting | |
| Other: | | Other: | |
| | | | |
| Total: | | Total: | |

| <u>Assets:</u> | <u>Balance/Value</u> | <u>Liabilities:</u> | <u>Balance Owed</u> |
|----------------------------|----------------------|----------------------------------|---------------------|
| Checking balance | | Mortgage | |
| Savings, CDs, IRAs, etc. | | Automobile loan | |
| Real estate* | | Credit card (i.e., Visa, Macy's) | |
| Automobile** | | Cr. Cd: | |
| Insurance policies | | Cr. Cd: | |
| Stocks, bonds, investments | | Cr. Cd: | |
| Storage contents | | Cr. Cd.: | |
| Other: | | Other: | |
| | | | |
| Total: | | Total: | |

| | |
|----------------------------------|---------------------|
| *Names on deed: | *Landlord's name: |
| | Landlord's address: |
| **Auto make and year: | |
| ***Spouse/sig. other's employer: | Phone Number: |