



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: