

Mad River Valley Community Fund
APPLICATION FOR ASSISTANCE

Name: _____

Please List Any Other Names You Have Used: _____

Mailing Address: _____

Physical Address: (street/town) _____

Telephone Number(s): _____

Email Address: _____

How long have you lived in the Valley? _____

If less than 3 years, where did you live before? (city/state) _____
and why did you move here? _____

Who lives with you? (names, ages, relationship to you): _____

Where do you work now? _____ [] Fulltime [] Parttime
Also list below the places you have worked for the last five (5) years, listing most recent first:

_____ from _____ to _____ [] Fulltime [] Parttime

_____ from _____ to _____ [] Fulltime [] Parttime

Where does your spouse/partner work now? _____ [] Fulltime [] Parttime

Describe the reason for your money problems: _____

Assistance Requested: \$ _____ to pay _____ for _____

Assistance Requested: \$ _____ to pay _____ for _____

Assistance Requested: \$ _____ to pay _____ for _____

Assistance Requested: \$ _____ to pay _____ for _____

Assistance Requested: \$ _____ to pay _____ for _____

TOTAL REQUESTED: \$ _____

Have you requested assistance from any other local charitable organization during the last six months? If so, from whom, the amount, and the reason? May we contact that organization for further information? [] Yes [] No _____

Do you have medical insurance? []Yes []No Disability Insurance? []Yes []No

Please indicate what governmental programs you have applied for, when, and the result of your application:

Social Security:_____

Social Security Disability:_____

Welfare/Aid to Needy Families w/Children:_____

Medicare:_____ Medicaid:_____

Other:_____

Please provide the following financial information:

MONTHLY INCOME:

Your take home pay: _____
Spouse/Partner take home _____
Social Security Income: _____
Interest/Dividends: _____
Pensions: _____
Business Income/Profits: _____
Alimony/Child Support: _____
Unemployment Compensation: _____
Income of other adults in home: _____

ASSETS:

House - where?value? _____
Second Home: _____
Other Real Estate: _____
Cash on Hand: _____
Stocks/Bonds: _____
Money Owed to you _____
Automobile - Year/Make _____
Automobile - Year/Make _____
Boats/Recreational Vehicles: _____
Tools: _____
Business Interest: _____
Pension Plans: _____
IRA/Keoghs/401K: _____
Personal Property: _____

MONTHLY EXPENSES:

Rent or Mortgage: _____
Property Taxes: _____
House/Tenant Insurance: _____
Heat: _____
Electricity: _____
House Maintenance: _____
Car Payments: _____
Car Insurance: _____
Gas/Car Maintenance: _____
Education: _____
Food: _____
Clothing: _____
Medical/Dental: _____
Health Insurance: _____
Child Care: _____
Credit Card Payments: _____
Other: _____
Other: _____

DEBTS:

Home Mortgage Balance _____
Home Equity Loan Balance _____
Car Loan Balances _____
Other Loan Balances _____
Credit Card Balances _____
Other Debt _____

Have you received assistance from the Community Fund before? _____
When? _____ Amount? _____

Please tell us anything else you feel might assist us in reviewing your application:

I/We hereby authorize payment for any assistance granted as a result of this application to be made directly to vendors, at the discretion of the Board of Directors.

Date: _____

Signature of Applicant

Mail this form to:

Mad River Valley Community Fund
P. O. Box 353
Waitsfield, Vermont 05673

Or call: 496-3638