

STERLING NEIGHBOR TO NEIGHBOR FUND

Application for Assistance

Name _____ Date _____

Address _____

Phone _____ Email _____

Number of family/household members and ages _____

Current monthly income _____

Annual income for the past year _____

Current balance in savings accounts _____

Current balance in checking accounts _____

Are you or any family/household member a veteran? _____

REQUIRED: Please include with your application a statement indicating your circumstances and reasons for requesting assistance, with copies of documents supporting your request, including proof of residency for at least one year and monthly bills and expenditures. **PLEASE NOTE: 1) YOUR APPLICATION WILL NOT BE COMPLETE AND CANNOT BE CONSIDERED WITHOUT THIS STATEMENT AND 2) COPIES OF DOCUMENTS SUBMITTED WILL NOT BE RETURNED.**

Please submit your completed application in person or by mail to the Office of the Executive Assistant, Sterling Town Hall, 1 Park Street, Sterling, MA 01564. **Any questions should be directed to Patrick Fox, Community Representative for the Fund at 774-275-1174 or pafox57@comcast.net**