

MAKING ENDS MEET REQUEST FOR FINANCIAL ASSISTANCE

“The mission of the Making Ends Meet Foundation is to provide temporary assistance to Marblehead residents who are experiencing financial hardship. The purpose of the assistance is to enable recipients to minimize family displacement from the community, alleviate immediate financial crises, and work toward financial stability.”

Name: _____

Home Address: _____

Daytime phone: _____

Person or Agency who referred you to MEM: _____

Date of application: _____

How long have you lived in Marblehead? _____

Applicant Responsibilities:

In making this application for assistance, I acknowledge that the information I am submitting is correct and true. I know that I can chose to leave an item in the application blank, but that in doing so, it may affect the decision of Making Ends Meet (MEM). I understand that my application is subject to review and that I may be asked to provide documentation to support what I have stated. I understand that submission of this application does not entitle me to any assistance whatsoever, except what Making Ends Meet or its delegated representative, in their absolute discretion, may determine including the amount and duration of the assistance. Should it become necessary to obtain additional financial or medical information to determine eligibility for my assistance, I understand that I will be contacted and my permission secured. I will inform MEM should any of my assets, income, or other circumstances change while MEM is considering my request. In addition, I agree to be contacted by a MEM representative for a follow-up meeting within 60 days and will partake in financial counseling if so required.

I understand that financial grants will be issued to the person (ie landlord), institution (ie bank, hospital) or utility (ie gas, electric) to whom I am in debt. There are no direct payments to applicants.

Applicant Signature: _____ Date: _____

Return your completed application to Making Ends Meet, PO Box 901, Marblehead, MA 01945.

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Please specify the request(s) you are making from MEM:

List outstanding bills or payments

Please describe the reasons for your request:

Are you applying for assistance from any other organizations or agencies? If so, please list them below.

What assistance have you received from MEM or other organizations in the past 5 years?

Is financial assistance available from any of your family members? Please explain.

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Please list everyone who lives in your household:

First Name	Age	Relationship to you	Occupation

What is your highest level of education? _____

Are you a Veteran? _____

Do you have specialized training, licensing, or certifications? _____

Employment:

Are you currently employed? _____ Fulltime _____ Part time _____

How many hours do you work each week? _____

Name of employer: _____

Length of employment in this position: _____

Previous employment: _____

Reason for leaving: _____

Are others in your household employed? _____

If you are not currently working, please describe your employment plans.

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Current health insurance carrier: _____

Is health insurance provided by your employer? _____

Assets:

Do you own any real estate? _____ Yes _____ No

If yes, describe type of real estate, tax valuation and principal owed.

What is the estimated equity in your home? _____

Have you explored refinancing your home? _____

Automobiles:

Make, model, year	Approximate value	Principal owed

Other Assets:

	For Yourself	Others in Your Household
Cash on hand or in bank accounts		
Money Market Accounts		
Certificates of Deposit		
Stocks, Bonds or Securities		
Other Financial Assets (describe)		

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Monthly Income:

Source	For Yourself	For others in Household
Take home salary		
Child Support		
Public Assistance		
Retirement Social Security and Pension		
Disability Social Security (SSDI)		
Workers Compensation or Disability Insurance		
Unemployment Compensation		
Food Stamps (SNAP, WIC)		
Income from Real Estate or Rentals		
Other Income		
TOTAL		

MONTHLY EXPENSES:

Expense	For Yourself	For Others in Household
Rent or Mortgage (please circle one)		
Real Estate Tax		
Utilities: Electricity		
Gas		
Oil		
Water and Sewer		
Telecommunications:		
Landline		
Cellular phone		
Internet		
Cable		
Insurance: Automobile		
Health/dental		
Life		
Homeowners/renters		
Other		
TOTAL		

Loans and Credit Card Debts:

Please list all of your current debts including mortgage, automobile, education, credit cards. Failure to list all relevant information in this section will invalidate your application.

LOANS	Type of Debt	Monthly Minimum	Total Balance
CREDIT CARDS			

Is there any other information that you would like MEM to know about you, your family, your household or your current situation?

Please take this opportunity to explain why your current situation is temporary as well as your plan for correcting it.