

NEWBURYPORT SOCIETY FOR THE RELIEF OF AGED WOMEN

P.O. Box 787
Newburyport MA 01950

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

Application for Assistance to Individuals

Note: Applicants must be at least 60 years of age and have been designated Newburyport, Newbury, or Salisbury residents 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 waive all confidentiality so that the information provided here may be verified by the Society.

Signature of applicant: _____ Date: _____

Print name: _____ Date of birth: _____

Address: _____ Length of residency: _____

Email address: _____ Phone number: _____

Veteran? Yes/No

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: _____

_____ Date of birth: _____

Dependents in household: Name and relationship	Date of birth	Married/Single/Student	Address
Total number of dependents			

Financial Information

Employed by: _____ Income (monthly): _____

Social Security/SSI/pension: _____ (monthly)

Other additional financial benefit(s): e.g. SNAP, Medicaid, Medigap insurance, fuel assistance:

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

Name of organization(s): _____

Nature of assistance: _____

Spouse/significant other employed by: _____ Income (monthly): _____

Money in checking/savings account: _____ Bank name: _____

Money in CD, IRAs, or other accounts: _____ Bank name: _____

Do you own a home? Yes/No Amount of mortgage: _____

Estimated value of real estate: _____

Name(s) on the deed: _____

If no real estate, landlord's name: _____

Address: _____ Phone: _____

Do you own a car? Yes/No What year? _____ What type? _____

Car loan? Yes/No Bank? _____ Balance due? _____ Payment? _____

Credit card name	Total amount owed	Monthly payment

Outstanding loans				
Loan provider	Address	Phone number	Amount of loan	Monthly payment

Estimated monthly expenses	Amount (monthly)
Mortgage or rent	
Real estate tax	
Electricity	
Heat (if not included in electricity)	
Water/sewer (approximate monthly)	
Phone (cell and/or house)	
Cable	
Internet	
Storage	
Food	
Car gas	
Car insurance	
Health insurance	
Life insurance	
Credit cards	
Childcare/babysitting	
Other monthly expenses	
TOTAL monthly estimated expenses	

Do you file an annual income tax form? Yes/No If yes, please submit both most recent Federal and Massachusetts forms with all relevant attachments.

What is your most urgent need? Please provide an official cost estimate or bill with this application (if approved, payment will be made directly to the provider).

Checklist

Please attach the following required documentation to this application:

- ___ Latest Federal and MA Income Tax Forms (for yourself and for any other adults in your household)
- ___ Bank statements (for yourself and for any other adults in your household)
- ___ Mortgage or rent, utilities, auto, credit cards, and other monthly expenses
- ___ Bill(s) or provider estimate(s) for treatment/work you are requesting

Please mail this application and all supporting documents to NSRAW, P.O. Box 787, Newburyport, MA 01950.