

SON FUND APPLICATION

Submission of an application does not guarantee any funds are available.
Application processing time can take 7-14 days.

Your signature on this application provides consent to share with those parties who include SEVCA, Springfield Supported Housing, Springfield Family Center, the Parker and Wilson Funds, the agencies that make up the SON Fund, and who may be able to provide assistance filling the request.

Application **MUST** be filled out completely, with a signature.
Please provide as much detail as possible. Please use back for additional space.

~~~~~  
Name(s): \_\_\_\_\_

Social Security#(s): \_\_\_\_\_ Date of Birth(s): \_\_\_\_\_

Address: \_\_\_\_\_

How long have you been at this address? : \_\_\_\_\_

Previous Address, and time lived at it: \_\_\_\_\_

What brought you to Springfield?: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of assistance requested (Circle One)

Back Rent  
First Months Rent  
Security Deposit

Electric  
Heating Fuel  
Other (Please Explain) \_\_\_\_\_

Amount of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Are you currently behind on any other bills? Please list what they are and the dollar amounts owed:

\_\_\_\_\_

If complete amount is unable to be funded, how would you come up with the remaining amount?:

\_\_\_\_\_

Why are you in need of assistance – what got you behind?

\_\_\_\_\_

If assistance is granted, who should payment be made to and where should it be mailed?

\_\_\_\_\_

Have you contacted any of these agencies? Do you work with any for support services/case management?

Springfield Supported Housing \_\_\_\_\_

Southeastern Vermont Comm. Action (SEVCA) \_\_\_\_\_

State of Vermont/Case Manager \_\_\_\_\_

Health Care & Rehabilitation Services (HCRS) \_\_\_\_\_

I, the undersigned, give the SON Fund and its representative's permission to discuss this matter with other partner agencies that may be able to provide assist.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Monthly Household Budget

(Include all members of household, income and expenses)

Name(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

## EXPENSES

### Shelter/Utilities

Rent \_\_\_\_\_

Heat \_\_\_\_\_

Electric \_\_\_\_\_

Propane \_\_\_\_\_

Cable \_\_\_\_\_

Phone \_\_\_\_\_

**Total** \_\_\_\_\_

### Food

Groceries \_\_\_\_\_

Eat-Out \_\_\_\_\_

Snacks \_\_\_\_\_

**Total** \_\_\_\_\_

### Household Supplies

Personal Care \_\_\_\_\_

Diapers \_\_\_\_\_

Cleaning \_\_\_\_\_

**Total** \_\_\_\_\_

### Transportation

Car Payment \_\_\_\_\_

Insurance \_\_\_\_\_

Gas & Oil \_\_\_\_\_

Bus/Taxi/Rides \_\_\_\_\_

**Total** \_\_\_\_\_

### Healthcare

Doctor/Dentist \_\_\_\_\_

Medicine \_\_\_\_\_

**Total** \_\_\_\_\_

### Entertainment

Kids/Hobbies \_\_\_\_\_

Tobacco \_\_\_\_\_

Alcohol \_\_\_\_\_

**Total** \_\_\_\_\_

### Misc.

Daycare \_\_\_\_\_

Church \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

### Debts

Credit Card \_\_\_\_\_

Loans \_\_\_\_\_

Fines \_\_\_\_\_

Child Support \_\_\_\_\_

Old Bills \_\_\_\_\_

Other Debts \_\_\_\_\_

**Total** \_\_\_\_\_

### Other

Laundry \_\_\_\_\_

Pets \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

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## INCOME

### Amount & Source

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total** \_\_\_\_\_

### Food Stamps

(benefit amount)

\_\_\_\_\_

**Total Income** \_\_\_\_\_

**Total Expense** \_\_\_\_\_

**Balance (+ or -)** \_\_\_\_\_

Any additional income/expense  
information you wish to provide

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| Social Security Number | Last Name | First Name | Date of Birth | Income Source                                             | Monthly Income               | Gender   | Disabled | Food Stamps | Former Military? |
|------------------------|-----------|------------|---------------|-----------------------------------------------------------|------------------------------|----------|----------|-------------|------------------|
|                        |           |            |               | <i>(Work, SSI, SSDI, Pension, Unemployment, Reach Up)</i> | <i>(By household member)</i> | (M or F) | (Y or N) | (Y or N)    | (Y or N)         |
|                        |           |            |               |                                                           |                              |          |          |             |                  |
|                        |           |            |               |                                                           |                              |          |          |             |                  |
|                        |           |            |               |                                                           |                              |          |          |             |                  |
|                        |           |            |               |                                                           |                              |          |          |             |                  |
|                        |           |            |               |                                                           |                              |          |          |             |                  |
|                        |           |            |               |                                                           |                              |          |          |             |                  |
|                        |           |            |               |                                                           |                              |          |          |             |                  |
|                        |           |            |               |                                                           |                              |          |          |             |                  |
|                        |           |            |               |                                                           |                              |          |          |             |                  |
| Total Income           |           |            |               |                                                           |                              |          |          |             |                  |

The information above is accurate and true to the best of my knowledge. I further give permission for the information provided herein to be shared with other agencies who may be able to provide assistance. Such agencies are Springfield Supported Housing, SEVCA, SON Fund, Senior Solutions, Agency of Human Services.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_