

# THE HORACE COUSENS INDUSTRIAL FUND

NEWTON CITY HALL ♦ 1000 COMMONWEALTH AVENUE ♦ NEWTON, MA 02459  
(617) 796-1324 ♦ cousensfund@newtonma.gov

The Horace Cousens Industrial Fund is a charitable trust dedicated to providing financial aid to residents of Newton who are experiencing a temporary and severe financial hardship. The Fund offers one-time grants to address specific needs, rather than covering ongoing expenses. To apply for assistance, applicants must complete the provided form and submit it to the Director of the Cousens Fund along with proof of Newton residency and income verification. Following the submission, the Director will arrange an interview with the applicant. Decisions regarding the approval or denial of requests are made by the Fund's Trustees during their monthly meetings.

## APPLICATION FOR ASSISTANCE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

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

Phone number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Amount requested from the Cousens Fund (subject to funding limits): \_\_\_\_\_

Please describe why financial assistance is needed at this time and which bill(s) you are specifically seeking help for (additional information may be attached):

Have you received a shut-off or eviction notice regarding this request? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list other funding sources already requested or utilized: \_\_\_\_\_

Who referred you to the Cousens Fund? \_\_\_\_\_

Are you currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, for how long: \_\_\_\_\_

Present Job Title and Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

If you are not currently working, when did you receive the last paycheck? \_\_\_\_\_

### MONTHLY INCOME AND EXPENSES

The Fund needs an accurate assessment of **monthly** income and expenses for all members living in the household. Please do not guess or estimate. If applicable, make sure to include expenses such as property tax, pet care, laundry, life/rental insurance, etc.

EXPENSES	\$	INCOME/WAGE	\$	ASSETS	\$	DEBTS	\$
Rent		Primary Job		Checking			
Food/Groceries		Job (other)		Savings			
Utilities:		SNAP		Retirement			
Oil		Social Security:		Automobile			
Gas		SSA					
Electric		SSI					
Water/Sewer		SSDI					
Phone		TA					
Cable/Internet		Retirement					
Car Payment		VA Benefit					
Car Insurance		Alimony					
Car Expenses		Child Support					
Health Ins.							
Medical Costs							
Clothing, etc.							
Other Transport							
Credit Cards							
Debt							
Child Care							
Miscellaneous							
<b>Total Expenses</b>		<b>Total Income</b>		<b>Total Assets</b>		<b>Total Debt</b>	

If you own any real estate, please provide address and description: \_\_\_\_\_

\_\_\_\_\_

Assessed value of your real estate: \_\_\_\_\_ Monthly mortgage payment: \_\_\_\_\_

**FAMILY INFORMATION**

Members of Household (including applicant)	Age	Race/*Ethnicity	Relationship to Applicant	Employer and/or School	Monthly Income

\* *Hispanic or Latino*

**PLEASE READ AND SIGN**

By signing and dating this application, I allow The Horace Cousens Industrial Fund to provide/obtain necessary information related to my application and/or grant status. My signature below also affirms that the statements and information furnished by me in this application are true.

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

Date: \_\_\_\_\_

*\*And/or signature from a designated representative:*

Name/Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

**DID YOU REMEMBER TO INCLUDE THE FOLLOWING:**

- Completed & Signed Application
- Proof of Newton Residency
- Income Verification
- Copy of bill(s)

*Completed applications and supporting documents can be submitted electronically via email to [cousensfund@newtonma.gov](mailto:cousensfund@newtonma.gov) or can be mailed/delivered to Newton City Hall.*