

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							
Total Expenses		Total Income		Total Assets		Total Debt	

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 or can be mailed/delivered to Newton City Hall.