

THE HORACE COUSENS INDUSTRIAL FUND

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

The Horace Cousens Industrial Fund is a charitable trust. It gives financial assistance to Newton residents who are faced with a temporary but severe financial problem. Grants are for one-time, specific needs and not for on-going expenses. An applicant must complete this form and return it to the Director of the Cousens Fund with proof of residence and income verification. After the form is received, the director will call the applicant for an interview. The Trustees of the Fund make the decision to approve or deny the request at their monthly meeting.

APPLICATION FOR ASSISTANCE

Name _____ Date of Birth: __/__/____

Address _____

How long at this address? _____ Previous Address _____

Phone number(s): _____ Email: _____

Amount requested from the Cousens Fund _____

Why do you need these funds? (You may attach additional information)

Have you applied any place else for assistance with this or for another purpose? _____

What were the results? _____

Who referred you to the Cousens Fund? _____

INCOME AND ASSETS

Occupation _____

Present Employer: _____

Employer's Address: _____

How long have you worked at this job? _____

How much do you earn in one week? Gross pay _____ Net pay _____

Previous Employer _____

If you are not currently working, when did you last receive a paycheck? _____

Do you or anybody in your household receive the following? (Please enter the monthly amount)

Unemployment _____ Social Security (SSA or SSI) _____

Retirement _____ Social Security disability _____

Transitional Assistance _____ Child Support _____

Veterans Benefits _____ Alimony _____

Investments _____ Income from property _____

Other Income _____ Food Stamps _____

How much do you have in a checking account? _____ Savings account? _____

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Address and description of any real estate that you own _____

Assessed value of your real estate _____ When acquired _____

Amount of mortgage _____ Monthly mortgage payment _____

EXPENSES AND DEBTS

List all outstanding creditors and the amount owed _____

MONTHLY EXPENSES

The Fund needs an accurate assessment of your expenses. Please do not guess or estimate.

Rent _____ Mortgage _____
Real Estate Taxes _____

Utilities:
Heat: _____ Gas: _____ Electricity: _____

Cell phone: _____ House phone: _____ Cable: _____ Internet: _____

Medical/dental expenses: _____ Health Insurance: _____

Car expenses (gas, insurance, repairs): _____ Car Payment: _____

Other transportation: _____

Food: _____

Clothing: _____

Child Care: _____ Do you pay child support? _____

Debt Payments: _____

Other: _____

TOTAL MONTHLY EXPENSES: _____

FAMILY INFORMATION

Members of household	Age	Race* Ethnicity**	Relationship to applicant	School/employer	Wages

*optional

** Hispanic or Latino

Children Outside Home	Age	Number of Dependent Children

Please read and sign

I have read and understand this application. I declare that the statements and information furnished by me in this application are true. I give permission for the Cousins Fund to verify any information contained in this application in order to make their decision..

Date _____ Signature _____

Please remember to include proof of residence and income verification.

