

GREEN-SHEPLEY CHARITY FUND
APPLICATION

1. Please fill out the attached three page application form and return it with a copy of your most recent Tax Return (including W2 forms) to: Commissions of Trust Funds, 173 Main Street, Groton, MA 01450
2. After Review of your application, a meeting with the Commissioners may be requested. At this meeting please bring with you any of the following that apply to your situation:
 - Most recent bank statements
 - All outstanding bills
 - Foreclosure notice
 - All termination notices
 - All letters from creditors demanding payment
 - All unemployment information
 - Copies of any applications for assistance (fuel, food, housing, etc.)
 - Any additional information that you feel is pertinent

If you have any questions regarding this procedure, please call the Trust Fund's Executive Director at 978-877-6787.

Town of Groton
Commissioners of Trust Funds
Green and Shepley Trust Funds Application

Name _____ SS# _____ Date of Birth _____

Current Address _____ Telephone _____

Previous Address _____

Occupation _____ Employer _____ Telephone _____

Business Address _____ Years Employed _____

Previous Employer _____ Years Employed _____

Business Address _____ Telephone _____

Income (please include all assistance/rental/support) _____

Spouse/Partner _____ SS# _____ Date of Birth _____

Current Address _____ Telephone _____

Previous Address _____

Occupation _____ Employer _____ Telephone _____

Business Address _____ Years Employed _____

Previous Employer _____ Years Employed _____

Business Address _____ Telephone _____

Income (please include all assistance/rental/support) _____

Children

_____ Date of Birth _____ SS# _____

Other Dependents

Does anyone else live at your current address? _____

Is there anyone else who has been or can you give assistance _____

Financial Worksheet

Assets

Description	Balance or Current Value
Checking _____	\$ _____
Savings _____	\$ _____
Stocks/Mutual Funds _____	\$ _____
Retirement Funds _____	\$ _____
Life Insurance _____	\$ _____
Real Estate _____	\$ _____
Autos/Boats/Motorcycles _____	\$ _____

Liabilities

	Monthly	Past Due
Mortgage/Rent _____	\$ _____	\$ _____
Auto Payments _____	\$ _____	\$ _____
Electric/Gas/Water _____	\$ _____	\$ _____
Fuel Bill _____	\$ _____	\$ _____
Health Insurance _____	\$ _____	\$ _____
Doctor/Dentist _____	\$ _____	\$ _____
Telephone/Internet/Cable _____	\$ _____	\$ _____
Credit Cards _____	\$ _____	\$ _____
Childcare _____	\$ _____	\$ _____
Real Estate Taxes _____	\$ _____	\$ _____
Monthly Food Bill (approx.)	\$ _____	\$ _____
Total	\$ _____	\$ _____

Please submit on a separate sheet of paper, as part of this application, a summary of your situation.

Signature

Date

Signature

Date

