

CITY OF SALEM, MASSACHUSETTS
BOARD OF COMMISSIONERS OF TRUST FUNDS

ASSISTANCE EVALUATION FORM FOR COMMISSIONED AGENCIES

The Board of Commissioners of Trust Funds supplies quarterly grants to local agencies to help Salem residents in need. The funds vary in their restrictions and the completion of this form is helpful in allocating the funds as the grantors wished. Funds can only be used by residents of Salem, Massachusetts. Please fill out this form and make an appointment at one of our agencies for in-take information and assistance. **If this is an emergency, please let them know your situation immediately when you call.**

Agencies: North Shore Community Action Program, Catholic Charities and Salvation Army

LIST ALL HOUSEHOLD MEMBERS AND THEIR SOCIAL SECURITY NUMBERS:

PRESENT ADDRESS _____
TELEPHONE NUMBER _____
WORK TELEPHONE NUMBER _____
CELL PHONE NUMBER _____
HOW LONG HAVE YOU BEEN A RESIDENT OF SALEM _____
AMOUNT REQUESTED _____

ATTACH STATEMENTS TO APPLICATION TO VERIFY ACTUAL AREAGE FOR RENTAL ASSISTANCE, UTILITY AND BILLS PERTAINING TO THIS REQUEST. INCLUDE ALL PAYEE INFORMATION.

THE AGENCY MAY REQUEST ADDITIONAL INCOME INFORMATION.

ON THE BACK WRITE A STATEMENT EXPLAINING WHY YOU ARE IN NEED AT THIS TIME.

CHECK ALL CATEGORIES THAT APPLY TO THIS APPLICANT:

ELDERLY WIDOW ORPHAN
 SINGLE WORKING WOMAN MENTALLY HANDICAPPED
 PHYSICALLY HANDICAPPED RECEIVING PUBLIC ASSISTANCE
 NOT RECEIVING PUBLIC ASSISTANCE

I attest that the information included in the application is true and all information will be verified by the Board's affiliate.

Applicant's Signature

Date