

Application Form
Joseph Stone Fund of Weare

ALL information must be completed in order for the application to be considered.

Name _____ Date _____

Address _____

How long have you lived in Weare? _____ Are you employed now? _____

Age _____ Birth Date _____ Place of Birth _____

Marital Status: Married _____ Single _____ Divorced _____ Widow _____

Other members of your household:

Name	Relationship	Date of Birth	Are they employed now?
_____			yes _____ no _____
_____			yes _____ no _____
_____			yes _____ no _____
_____			yes _____ no _____

Do you rent or own? Own _____ Rent _____

What are your sources of income? _____

401k \$ _____

Social Security \$ _____

Trust Fund income \$ _____

Total Income \$ _____

What are your monthly expenses? (Write in amount)

Rent/mortgage \$ _____ Medical out of pocket \$ _____

Taxes \$ _____ Electric \$ _____

Telephone \$ _____ Heat \$ _____

Food \$ _____ Transportation \$ _____

Total Expenses \$ _____

What needs would you like help in meeting? What amount would be helpful? _____