

# CONFIDENTIAL

## BETHLEHEM CARES FUND APPLICATION

Questions? Phone - 603-307-4177 Email - welfare@bethlehemnh.org

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Previous Address: \_\_\_\_\_

Number of people in the household: Adults \_\_\_\_\_ Children \_\_\_\_\_

What is the emergency need you are facing? \_\_\_\_\_

What assistance are you requesting from the Bethlehem Cares Fund? \_\_\_\_\_

Have you applied for financial assistance for this need elsewhere? Yes  No

If yes, explain: \_\_\_\_\_

How did you hear about the Bethlehem Cares Fund? \_\_\_\_\_

Have you received assistance from the Bethlehem Cares Fund before? Yes  No

Are you or anyone in your immediate family a veteran? Yes  No

If so, please give name and approximate dates of service: \_\_\_\_\_

For office use:

Application/Interview notes:

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Outcome:

Request Granted  Details: \_\_\_\_\_

Request Denied  Details: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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**STANDARD MONTHLY EXPENSES**

**Write in actual \$ amount you pay**

Rent or Mortgage	_____
Real Estate Taxes	_____
Utilities (Gas, Electric, etc.)	_____
Telephone (Landline and/or Cell)	_____
Food	_____
Health Insurance	_____
Medical/Dental	_____
Car (Gas, Insurance)	_____
Car Payments	_____
Transportation	_____
Child Care	_____

**OTHER EXPENSES AND DEBTS NOT IDENTIFIED ABOVE**

Cable/Internet	_____
Loan	_____
Clothing	_____
Credit Cards	_____

**UNPLANNED OR IRREGULAR PERIODIC EXPENSES**

Car Repairs	_____
Car Registration	_____
Medical/Dental	_____
Home Repairs	_____
Other	_____
Other	_____

**INCOME AND ASSETS**

Applicant's Occupation \_\_\_\_\_ Present Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

How long have you worked on this job? \_\_\_\_\_ Weekly Wages: Net \_\_\_\_\_ Gross \_\_\_\_\_

Co-Applicant's Occupation \_\_\_\_\_ Present Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

How long have you worked on this job? \_\_\_\_\_ Weekly Wages: Net \_\_\_\_\_ Gross \_\_\_\_\_

Describe automobiles you own: \_\_\_\_\_

If you rent, is rent subsidized?      Yes       No

**IDENTIFY ALL SOURCES OF INCOME (For all members of the household)**

**Write in actual \$ amount received monthly**

Veteran's Benefits	_____
Social Security	_____
Social Security Disability	_____
Alimony	_____
Rental Income	_____
Unemployment	_____
Retirement	_____
Investments	_____
Self-Employment/Side Jobs	_____
Child Support	_____

**ASSETS (For all members of the household)**

**Write in actual \$ amount at time of application**

Cash on hand	_____
Gifts	_____
Insurance Claim	_____
Retro Disability	_____
Inheritance	_____
Lawsuit	_____
Other	_____

**INCOME AND ASSETS (continued)**

How much is in your savings account? \_\_\_\_\_ Bank: \_\_\_\_\_

How much is in your checking account? \_\_\_\_\_ Bank: \_\_\_\_\_

Do you have a retirement account? Yes  No  If yes, value: \_\_\_\_\_

**IF HOME OWNER**, address of real estate in which equity is held: \_\_\_\_\_

Assessed Value: \_\_\_\_\_ When Acquired: \_\_\_\_\_

Name and Address of Mortgagee: \_\_\_\_\_

Amount of Mortgage: \_\_\_\_\_ Monthly Mortgage Payment: \_\_\_\_\_

If you have tenants, total income from property: \_\_\_\_\_ Describe: \_\_\_\_\_

Have you sold or transferred any real estate? Yes  No  Dates: \_\_\_\_\_

**FAMILY INFORMATION**

Names of Household Members – Including Applicant	Age	Relation to Applicant	Employer/School	Net Weekly Wages

By signing below, I acknowledge that the statements contained herein and information furnished by me in this application are true and accurate. The Bethlehem Cares Administrator (Bethlehem Welfare Office Member) is authorized to verify any and all information contained in this application. I understand the intent of the Bethlehem Cares Fund is to provide one-time assistance to qualified Bethlehem residents struggling with a temporary emergency or unexpected need. In the event that the information given is found to be false or untrue, I understand that this application will be disqualified for consideration. This application will be kept on record and will be subject for review.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I further authorize Bethlehem Cares Administrator to discuss details of my case with representatives of other agencies in order to determine if I qualify for additional help.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use**

History of assistance from case file:

DATE	REQUEST	AMOUNT