

# Guilford Neighbor To Neighbor Lifeline Fund

Return this form along with all verifications requested to:  
Women & Family Life Center, Fair Street, Guilford, CT 06437 Attn: Director

**Please fill out the two pages in full and provide verifications requested.**

**Name:** \_\_\_\_\_  
First M.I. Last AKA/Maiden/Name

**Home Phone:** \_\_\_\_\_ **Cell or work phone:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Address** \_\_\_\_\_

How long have you lived at current address? \_\_\_\_\_ Is property owned or rented? \_\_\_\_\_ Monthly rental or mortgage amount: \_\_\_\_\_

What is the arrearage amount? \_\_\_\_\_ What are the terms of your mortgage or rental agreement? \_\_\_\_\_ (Provide Verification )

If owned, what are the additional property taxes or homeowners insurance payments you pay? \_\_\_\_\_ Is there an arrearage owed? \_\_\_\_\_

If rented, please list landlord's name and address, if owned please list mortgage holder and address: \_\_\_\_\_

If less than 1 year at current address please list prior address and reason you left: \_\_\_\_\_

If homeless, when did you leave last address and for what reasons? \_\_\_\_\_

**Request Amount: \$** \_\_\_\_\_ **Reason for Request** (what circumstances brought about the need for assistance and what measures you have already attempted to rectify the issue: \_\_\_\_\_

## Additional Household Members:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ AKA/Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Monthly Income (earned and unearned) for each household member: (Provide Verifications)**

Monthly Gross Amount                      Income Source/ Name & Address                      Household Member

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**List Assets for all household members: (Provide Verifications)**

Financial Accounts (including but not limited to savings, checking, CD's, bonds, stocks, mutual funds, IRA's, etc):

Institution:                                      Account Type:                                      Balance:                                      Owner:

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List any motor vehicles owned by household members:

Owner:    Type:    Year:    Make:    Model:    Registration #:    Amount owed:

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List any additional property owned by household members:

Owner:                                      Address:

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**Monthly Expenses (Provide Verifications)**

Mortgage/Rent:	Oil/Propane:	Cell Phone:	Credit cards:	Car payments:
Property taxes:	Electricity:	Cable:	Credit cards:	Car Insurance:
House Insurance:	Water:	Trash:	Medical:	Gas:
Home Equity:	Phone:	Food:	Animal expenses:	Other:
	Natural Gas:			

**Benefit programs - Household Currently Active (Provide Verifications)**

Food Stamps Per Month:	School Lunch:	Sec 8:	Child Care:
WIC:	Energy Assistance:	Husky/ T19:	Other:

**Additional comments or information:** If your income does not equal your expenses, please explain how you are paying your bills and listing any eviction, foreclosure or shut off notices that you have pending:

Please use this space to describe any special circumstances currently facing your household or use this space to provide the committee with additional information:

I hereby attest that the above information is true.

I acknowledge that any false statements will be considered fraud and subject to penalty by law.

I acknowledge that this application will be reviewed by members of the Guilford Neighbor to Neighbor Committee and a decision will be forthcoming.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

	Date of 1 <sup>st</sup> Contact:	Date Received	Date Updated	Date Reviewed	Denied/ Approved	Date of Check
Date						
Initials						

Office Notes: