



**“Neighbors Helping Neighbors”**  
P.O. Box 250, Westwood, MA 02090  
**westwoodcommunitychest.org**

## **Application for Financial Award (Confidential)**

### Instructions:

- Applications **must be complete to be considered for an award** and must include bills, or copies of bills, for payment directly to the vendor. **\*\*Please include "ACCOUNT #" and "PAY TO" address at the top of each bill you submit as well as on future bills.**
- Financial awards are given to fund basic needs expenses including but not limited to shelter, basic utility, food, necessary medical, clothing, transportation, and educational needs.

### Please note:

- All applicants **must** be Westwood residents.
- Our mission is to provide short-term financial assistance.
- The awarding process is confidential and decisions/notifications are made within 2 weeks of receipt of an application except during July and August when decisions will be made once during each month.
- Financial awards are mailed directly to the company, utility, etc. **not the applicant.**
- There is a financial award limit of \$1,000 per household, per fiscal year. An applicant may apply several times throughout the fiscal year until the limit of \$1,000 is reached for that awarding year. Fiscal year runs from July 1<sup>st</sup> to June 30<sup>th</sup>.
- There is a limit of **8** financial awards (up to \$1,000 in an award year and up to **8** financial yearly awards, not necessarily consecutive). After **8** financial awards, any further financial assistance would be considered long-term and beyond the mission of the WCC.
- An applicant experiencing extenuating circumstances may be eligible for additional funding at the discretion of the Awarding Committee.

### **MAIL APPLICATIONS TO:**

Westwood Community Chest  
PO Box 250  
Westwood, MA 02090

### **QUESTIONS AND CORRESPONDENCE**

- \* westwoodcommunitychest@gmail.com
- \* PO Box 250, Westwood, MA 02090
- \* Voice Mail: (781) 366-0470



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### APPLICATION FOR FINANCIAL AWARD

Today's Date: \_\_\_\_\_

#### APPLICANT INFORMATION

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

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

Age: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widow  Widower

Employment: Are you currently employed?  No  Yes  Full Time  Part Time

Occupation: \_\_\_\_\_

#### HOUSEHOLD

Number of Adults (not including you): # \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Employed?  Yes  No  Full Time  Part time

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Employed?  Yes  No  Full Time  Part time

Number of Children: # \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### TOTAL AMOUNT REQUESTED \$ \_\_\_\_\_

Please note: there is a **\$1,000 limit** per fiscal year (July 1 – June 30). **Bills must be attached!**

Rent/Housing \$ \_\_\_\_\_  Home Repairs \$ \_\_\_\_\_ (emergency repair)

Utilities \$ \_\_\_\_\_  Other \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Please explain why the need exists: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What actions have already been taken to address this need now and in the future? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Westwood Community Chest? \_\_\_\_\_

\_\_\_\_\_

Has anyone in your household applied for a grant before? \_\_\_\_\_

Please be advised other town resources are available: Council on Aging (781-329-8799 - fuel assistance program and Food Pantry), Westwood School Department – bus fee waiver, In-town sports – fee waiver and Westwood Youth and Family Services – holiday giving program. Please refer to the resource sheet listed on our website for more information on how to contact these services.