



"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 A PHOTO ID**, and 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, 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 **\$1,250 per household, per fiscal year**. An applicant may apply several times throughout the fiscal year until the limit of \$1,250 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 \$1,250 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 / CORRESPONDENCE:**

email: westwoodcommunitychest@gmail.com

mail: PO Box 250, Westwood, MA 02090

voice mail: (781) 366-0470



### APPLICATION FOR FINANCIAL AWARD

Today’s Date: \_\_\_\_\_

#### APPLICANT INFORMATION (\*must include Photo ID)

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 **\$1,250 limit** per fiscal year (July 1 – June 30).

**\*Bills must be attached!**

Rent/Housing \$ \_\_\_\_\_

Home Repairs \$ \_\_\_\_\_ (emergency repair)

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

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

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

Please Explain why the need exists

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

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

Has anyone in your household applied for a grant before?

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**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 & Family Services** – Holiday Giving Program.

\*Please refer to the resource sheet listed on our website for more information on how to contact these services. **Westwoodcommunitychest.org**