



"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 1st to June 30th*)
- 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: info@westwoodcommunitychest.org
mail: PO Box 250, Westwood, MA 02090
voicemail: (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

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 & 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**