

**STERLING NEIGHBOR TO NEIGHBOR FUND**

**Application for Assistance**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Number of family/household members and ages \_\_\_\_\_

Current monthly income \_\_\_\_\_

Annual income for the past year \_\_\_\_\_

Current balance in savings accounts \_\_\_\_\_

Current balance in checking accounts \_\_\_\_\_

Are you or any family/household member a veteran? \_\_\_\_\_

**REQUIRED:** Please include with your application a statement indicating your circumstances and reasons for requesting assistance, with copies of documents supporting your request, including proof of residency for at least one year and monthly bills and expenditures. **PLEASE NOTE: 1) YOUR APPLICATION WILL NOT BE COMPLETE AND CANNOT BE CONSIDERED WITHOUT THIS STATEMENT AND 2) COPIES OF DOCUMENTS SUBMITTED WILL NOT BE RETURNED.**

Please submit your completed application by email to [Patrickfox1973@gmail.com](mailto:Patrickfox1973@gmail.com) or by mail to the Sterling Neighbor to Neighbor Fund, P.O. Box 173, Sterling, MA 01564. **Any questions should be directed to Patrick Fox, Community Representative for the Fund at 774-275-1174 or [Patrickfox1973@gmail.com](mailto:Patrickfox1973@gmail.com)**