

**Town of Goshen
Board of Almoners**

**Application for Goshen Residents for
Benefits under the Will of Mr. Whiting Street and Wright Fund**
(Applications to be submitted one week prior to meeting date)

Name of Applicant _____

Address _____

City, State and Zip _____

Telephone _____ **Date of Birth** _____

Employment Status and Employer _____

Household Members

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income (describe) _____ \$ _____
_____ \$ _____
_____ \$ _____

Expenses Rent or Mortgage..... \$ _____
 Utilities..... \$ _____
 Groceries..... \$ _____
 Other..... \$ _____

Savings..... \$ _____

Amount of Request..... \$ _____

Other Assistance Programs Contacted _____

Reason for Request (Please provide any information that will help the Board review your application.)

Applicant Signature _____ **Date** _____

Please submit application to:
Board of Almoners,
40 Main Street
Goshen, MA 01032