

CONFIDENTIAL APPLICATION FOR TRUST FUND ASSISTANCE

To be considered for assistance, please mail completed form along with all requested documentation to:

Princeton Trust Funds, c/o Treasurer, 6 Town Hall Drive, Princeton, 01541

Date of Application (mm/dd/yy)	Please note: Applicants must be a Princeton resident
A. IDENTIFICATION	
Name of Applicant:	Email:
Street Address:	
Mailing Address (if Different)	
Home Phone:Cell Phone	:
Own Rent	
Please list names and ages of all people in your household:	
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B. REASON FOR REQUESTING ASSISTANCE: REQUIRED ———————————————————————————————————	
Relevant documentation is requi	red for processing application.
List sources of income	
Gross income (include all household members over 19) from a	III sources in the past 8 weeks
Total adjusted gross income from the prior year's IRS 1040:	
Social Welfare benefits	
Retirement benefits (Social Security, Railroad, Federal, MA and pol	litical subdivisions)
Other pensions and retirement allowances	
Wages, salaries and other compensations	
Net profits from business or profession	
Interest and dividends	
Other receipts (rent, capital gains, etc.)	

D. MAJOR MONTHLY EXPENSES	
Rent/Mortgage (Principal, Interest, Taxes, and Insurance):	
Car or Equipment Loan:	
Minimum Credit Card Payment:	
Other:	
Other:	
E. OTHER EXPENSES IMPORTANT TO SUPPORTING YOUR REQUEST:	
F. ASSETS:	
1. Name and Address of Banks:	Value of Account(s)
2. Stocks, Bonds, Securities, etc.	Value of Account(s)
3. Other personal property (includes vehicles, motorcycles, trailers, etc.):	Value of Property(s) + Amt due
4. Real Estate (primary and other)	Value of Property(s) + Amt due
I affirm that all statements provided are true.	
Applications are reviewed at monthly Trustees of the Trust meetings. Expect to hear	
For Official Use Only:	

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