

Application

The Millis Fund, Inc. is a community based and supported organization established the local Churches and Synagogue to and supported by Community donations to provide emergency financial aid to Millis residents of one year or more at the time of application.

* Required

Limited Financial Assistance

In the case of a well substantiated emergency, assistance will be provided only once to the same household in any 12 month period, and for no more than three requests.

Emergency Financial Assistance

Send us any information you deem necessary to support this request as an emergency. Appropriate bill(s) with Creditor's (payee) name and address must accompany this application. Payment is made directly to the appropriate provider of service.

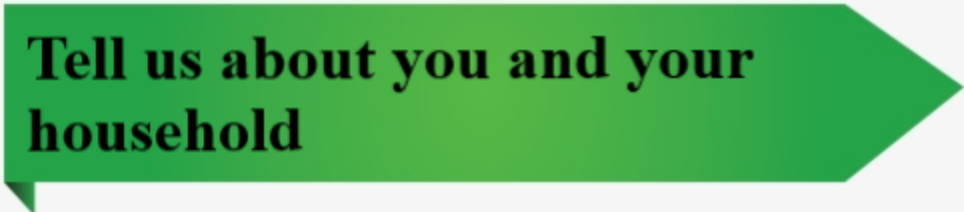
Clear Documentation is Necessary

All decisions are based on clear and complete documentation of the applicant, and emergency financial need supplied with this application. All decisions are at the discretion of the Board. Applications not adequately supporting an emergency will be rejected.

ALL INFORMATION WILL BE HELD CONFIDENTIAL

Including the application

If applying for a household, please complete with information for Head of Household



Tell us about you and your household

1. Your First and Last Name *

2. Email Address *

3. Street Address in Millis MA *

4. Names, ages and relationships of all household members (all who live 6 months or more each year in the home) or indicate if for a single person

5. Employment status of Applicant (Head of Household) Please choose one *

Mark only one oval.

Full Time

Part Time

Unemployed

Disabled - Unable to work

Student

6. Employment status of 2nd adult over 18 in the household (Please choose one) *

Mark only one oval.

- Full Time
- Part Time
- Unemployed
- Disabled - unable to work
- Student
- There is no 2nd adult

7. Employment status of 3rd adult over 18 in the household (Please choose one) *

Mark only one oval.

- Full Time
- Part Time
- Unemployed
- Disabled - unable to work
- Student
- There is no 3rd adult

8. What is the employment status of any other eligible earners in the household?

9. If any earner is unemployed, please explain why, for how long and what was their job

10. Does anyone in the household receive assistance? (e.g. Transitional Assistance, SNAP, SSDI, SSI, Fuel Assistance, Section 8 or Subsidized Housing) *

Check all that apply.

Yes

No

11. Please list assistance from other sources for anyone in the household.



Tell us what you need

12. Financial Assistance is need for *

Check all that apply.

Rent/Mortgage

Medical

Utilities

Other: _____

13. If you indicated "Other", please explain the need



Help us help you

Send us any information you deem necessary to support this request as an emergency. Appropriate bill(s) with Creditor's (payee) name and address must accompany this application. Payment is made directly to the appropriate provider of service.

14. Upload scanned bills with Creditor's name and address. You may also upload any other information that supports this request as an emergency. *

Files submitted:

15. I have filled out this application completely and in good faith, requesting assistance from my neighbors because I have an emergency need. I understand that a member of the Board may contact me requesting more information. I understand all my information will be kept confidential. *

Mark only one oval.

Agree

Disagree

16. Today is *

Example: January 7, 2019 11:03 AM

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