



TOWNSHIP OF TEANECK

PUBLIC ASSISTANCE TRUST FUND APPLICATION

1. Applicant's Name (person in need of assistance):
Last _____ First _____ MI _____
2. Applicant's Address:

3. Applicant's Contact Information
Telephone #: _____ e-mail: _____
4. Applicant's SSN: _____
5. USA Citizen (please circle) Y N
6. Gender (Sex) (please circle) M F
7. Main Language Spoken: _____
8. Date of Birth: _____
9. Place of Birth: _____ (city/state/country)
10. Marital Status (please circle): M S D W (married /single/divorced/widow)

11. What is your reason for requesting financial assistance?

12. How much financial assistance are you seeking? _(\$) _____
13. Financial status? (proof may be required to continue with review of request)
Do you own or rent? Monthly mortgage: \$ _____ Monthly Rent: \$ _____
Do you own a car? If yes, Year _____ Make _____ Model _____
Monthly payment _____
How much is your value in cash/checking/bonds/IRA/Stocks/All Investments: \$ _____
14. **Average Monthly Income**, in past (12) months? _\$ _____

15. Do you get government assistance or subsidy? Please circle each one below:

SS Insurance: Y N If Y (yes), how much monthly? __\$ _____

Disability Insurance: Y N If Y (yes), how much monthly? __\$ _____

Pension(s): Y N If Y (yes), how much monthly? __\$ _____

16. Veteran's Benefits: Y N If Y (yes), how much monthly? __\$ _____

17. Unemployment Benefits Y N If Y (yes) how much monthly? __\$ _____

18. Worker's Comp. Benefits Y N If Y (yes) how much monthly? __\$ _____

19. Alimony or Child support Y N If Y, (yes) how much monthly? _ \$ _____

Have you contacted other people or agencies for assistance? Y N

If Y (yes), Who? Result ?

Do you have dependents relying on you? Please explain:

*Signature of Applicant (person in need of assistance): _____ *

Date: _____

If you are filling out application for someone else, please provide your:

Name (print): _____ Signature _____

Address: _____

Phone #: _____ email: _____

Relationship to Applicant: _____

By signing this application, you may be required to provide: proof of residency, citizenship, identity, income, tax statements, tax returns, banking/financial documents, school records, police/arrest records, proof of insurance, disability, housing/rent/mortgage, liens, bills, medical bills, receipts, court documents, benefits, vital statistics, provide letter or affidavit by Applicant to Department of Social Service with required detail or any other documents deemed necessary by the Social Service Representative reviewing this application



How Financial Assistance Can Be Paid Out for Applicant:

- * Financial assistance **MUST** be paid directly to provider of service (shown on bill or invoice)
- * Financial assistance will **NOT** be paid directly to applicant (with some exception)

Township will NOT provide financial assistance for the following:

- * If you are **NOT** a current Teaneck resident
- * If insufficient documentation is provided, as requested
- * If fraudulent documentation is provided
- * If you do **NOT** qualify due to having sufficient means (as determined by Social Services Rep.)
- * If the property in need of assistance is **NOT** owned by the applicant
(co-ownership requires all parties of ownership to apply)
- * If bill, invoice, statement, etc. is **NOT** in the name of the Applicant
- * If the Applicant has received financial assistance from the Township of Teaneck in the past