

*All applications are handled confidentially.*

FY \_\_\_\_\_

**APPLICATION**

**JOHN A. HENRY TRUST, TOWN OF PROVINCETOWN**

*all applications are confidential*

Child's (Children's) Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F

\_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_ M or F

Special Needs? Attending School or Daycare?

\_\_\_\_\_  
\_\_\_\_\_

Parent(s) or Guardian Names: \_\_\_\_\_ M or F

Single / Married / Widowed / Divorced

Address: \_\_\_\_\_

\_\_\_\_\_

Same Mailing Address?:

Is/Are the Child/Children living at this address: full time or part time

Telephone or Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

# living in household?: \_\_\_\_\_

Gross Yearly or Monthly Income (from all sources): \$ \_\_\_\_\_

Referred by: \_\_\_\_\_

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Briefly describe the reason you are in need of financial assistance at this time:

Amount Requested: \_\_\_\_\_

To Be Paid to: \_\_\_\_\_ (Vender/ Person / Service Name)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

*I verify that the above information is complete, correct, and true according to the best of my knowledge.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach:

- a copy of your ID (ie: Driver's License) as proof that you live in Provincetown
- 2 Pay Stubs, OR a copy of your most recent Federal Tax Return
- Copies of any of the following you may enrolled in: WIC Program / Free School Lunch Program / SNAP / TADFC / Disability / Medicaid / Housing Assistance / Other

----- For Office Use Only -----

Date Application Received:

Proof of Residency:

Proof of Income:

Date Reviewed:

Request Approved? YES / NO Amount: \_\_\_\_\_

Check delivered: YES / NO