

Town of Ashford Assistance Application

Name: _____

Address: _____

Telephone: _____

Household Members: Total # of people in house _____

Name	Date of Birth	Relationship	Program Applying For (Thanksgiving, Holiday Gift Cards)

When applying please attach proof of last four weeks income (income includes child support).

FAMILY/HOUSEHOLD INCOME

Name of person receiving income	Name of Income source	Amount before deductions		
		Weekly	Monthly	Yearly

(Income verification will be required to determine eligibility)

Please read the following statement, then sign and date.

I certify that the above information is accurate to the best of my knowledge. I understand that completion of this application does not guarantee that I will receive assistance from the Town of Ashford.

Signature

Date

The Town of Ashford will attempt to meet the needs of all individuals who apply however we cannot guarantee that all requests will be granted. If you have questions or concerns please contact Melissa McDonough, AYFSS Director at 487-4417.