

NH STATE GRANGE
TRUSTEES OF TRUST FUNDS

FINANCIAL ASSISTANCE APPLICATION

Applicants Name _____

Address _____

Phone _____ Date _____

List anyone living in your home, use back if necessary _____

Names and addresses of children not living at home _____

Name of your Subordinate Grange _____ How long have you belonged? _____

Assistance to be used for: _____

List your monthly bills for:

Medicine \$ _____
Food \$ _____
Doctor \$ _____
Rent/Mortgage/
Property Tax \$ _____
Clothing \$ _____
Utilities \$ _____
Insurances \$ _____
Automobile \$ _____
Other Expenses\$ _____

Other funds available:

Social Security \$ _____
Savings \$ _____
Bonds et al \$ _____
Real Estate \$ _____
Wages \$ _____
Pension \$ _____
Other sources of
Income \$ _____

Amount of Assistance Requested \$ _____

Please be advised the amount granted depends on available funds not to exceed \$500.00

Applicant's signature _____

Please return the following: 1. Completed Application Form. 2. Letter of good standing and copy of
Dues receipt or Golden Sheaf Card.
3. Letter of recommendation. 4. Copy of estimated bill or bill/invoice.

To: Secretary of TRUSTEES OF TRUST FUNDS

Ann Leger

Philbrook Farm Inn

881 North Road

Shelburne, NH 03581

CONFIDENTIAL INFORMATION

Continued on page 2

Financial Assistance Application Continuation

I hereby certify that, to the best of my knowledge and belief, all of the above information is true, correct, accurate, and complete as of the date of this application, and that if any of the above information should change subsequent to the date of this application, I agree to provide the Trustees of Trust Funds, NH State Grange, all such changes and/or correct information to make my application true, complete and accurate. I understand and agree that if I knowingly provide any false, misleading or incorrect information on my above application, that it will result in the rejection of my application for benefits, or in the event that I have received any benefits as a result of any false, misleading, or incorrect information on my above application, that I will have to return or repay any and all such benefits that I have received to the Trustees of the Trust Funds, NH State Grange. Additionally I understand and agree that I will be subject to criminal or other legal Proceedings in a New Hampshire Court of competent jurisdiction to recover any benefits, sums, or monies paid over to, and received by me or for my benefit. In the event any legal proceedings are brought against me, or my successors, in connection with the above application, I agree, for me and my successors, to pay all of the legal costs, legal fees, court costs, sheriff fees, and any other expenses of the NH State Grange, Trustees of the Trust Funds, or their successors or assigns, in connection with such legal proceedings against me, or my successors, to recover such benefits or sums paid over to me or for my benefit.

Date

Signature of Applicant

Signature of Witness #1

Printed Name of Applicant

Signature of Witness #2