

APPLICATION FORM FOR THE NELL T. BUFFINGTON FUND

MONTHLY INCOME

APPLICANT

SPOUSE / OTHER

Current Employer: _____

Monthly Income from:

Employment: (take home pay)	\$ _____	\$ _____
Child support / Alimony	\$ _____	\$ _____
Military family allotment	\$ _____	\$ _____
Pension or veteran's benefits	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Annuity / Investment Income	\$ _____	\$ _____
Real Estate rental income	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Workman's compensation	\$ _____	\$ _____
Other	\$ _____	\$ _____

Total Monthly Income \$ _____

Total Earnings per Year: \$ _____

MONTHLY EXPENSES:

Monthly Expenses:

Rent / Mortgage Payments	\$ _____	\$ _____
Food	\$ _____	\$ _____
Utilities (lights/heat/etc)	\$ _____	\$ _____
Phone / Internet	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Car Payments & Gasoline	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Medications	\$ _____	\$ _____
Healthcare Bills	\$ _____	\$ _____
Other	\$ _____	\$ _____

Total Monthly Expenses \$ _____

RESOURCES

Money in Savings Acc: \$ _____ Institution (s): _____

Money in Checking Acc: \$ _____ Institutions (s): _____

Do you own a home (s)? _____ If yes, value of home (s): \$ _____

Do you rent? _____ Landlord: _____

***BE SURE TO ATTACH ALL BILLS /REQUESTS FOR PAYMENT ***

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I further certify that I have no Blue Cross or Blue Shield, medical or hospital insurance, or any other type of insurance which will help defray these hospital expenses, except as follows:

(Itemize) _____

I agree to reimburse the Nell T. Buffington Fund to the extent that any such insurance proceeds are received by me.

APPLICANTS' AUTHORIZATION TO FURNISH INFORMATION

I authorize and request any physician, employer, or insurance company having information concerning my eligibility for the Buffington Fund to furnish such information to the Buffington Fund Officials.

SIGNATURE OF APPLICANT

REMARKS: _____



ACTION BY BOARD OF SELECTMEN

WE, the undersigned selectmen APPROVE/DISAPPROVE the above application in the amount of

\$ _____ Payable to _____
\$ _____ Payable to: _____
\$ _____ Payable to: _____

The total amount was not been approved because:

Dated this _____ day of _____, 20 _____.

Selectmen: _____

