

THE BRIDGE FUND OF MASSACHUSETTS LOAN APPLICATION
233 NEEDHAM STREET
NEWTON, MA 02464
617-454-1120
FAX 617-454-1001

NAME _____ SOC.SEC# _____ DOB _____

ADDRESS _____
STREET APT. CITY ZIP

HOME PHONE _____ WORK PHONE _____

LANDLORD _____ PHONE# _____

ADDRESS _____
STREET APT. CITY ZIP

EMPLOYER _____ JOB TITLE _____

LENGTH OF EMPLOYMENT _____ YEARS OF EDUCATION _____

ETHNICITY _____ NUMBER OF ADULTS IN HOUSEHOLD _____

NUMBER, AGE & SEX OF ALL CHILDREN IN HOUSEHOLD _____

CURRENT RENT AMT. _____ AMOUNT OF RENT OWED _____

APARTMENT SIZE _____ HOW LONG HAVE YOU LIVED THERE _____

NET MONTHLY INCOME _____ TYPES OF ALL INCOME _____

Number and age and gender of children _____

PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS

CAN YOU PAY YOUR RENT AFTER BEING HELPED?	YES	NO
IS YOUR APARTMENT SUBSIDIZED?	YES	NO
ARE THERE BUILDING VIOLATIONS?	YES	NO
HAVE YOU RECEIVED ANY LEGAL NOTICES?	YES	NO
HAVE YOU SIGNED AN AGREEMENT WITH YOUR LANDLORD?	YES	NO
HAVE YOU APPLIED FOR ANY OTHER ASSISTANCE?	YES	NO

I, THE APPLICANT, GIVE THE BRIDGE FUND OF MA THE RIGHT TO OBTAIN ANY INFORMATION ABOUT ME THAT MAY BE NECESSARY TO PROCESS MY APPLICATION. I ALSO AGREE TO ALLOW THE BRIDGE FUND OF MA TO SPEAK DIRECTLY TO MY LANDLORD CONCERNING MY TENANCY AND ANY PENDING EVICTION PROCEEDINGS.

NAME OF SUBMITTING AGENCY	AGENCY PHONE NUMBER
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NAME OF SOCIAL SERVICE WORKER	TODAYS DATE
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SIGNATURE OF WORKER	SIGNATURE OF APPLICANT
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THE BRIDGE FUND OF MASSACHUSETTS
BUDGET

NAME _____

DATE _____

NET MONTHLY INCOME AND SOURCES EACH MONTH

NET WORK EARNINGS	_____
TAFDC	_____
SSDI	_____
SSI	_____
UNEMPLOYMENT	_____
CHILD SUPPORT	_____
FOOD STAMPS	_____
OTHER	_____
TOTAL MONTHLY INCOME	_____

MONTHLY EXPENSES

RENT/MORTGAGE	_____
HEAT	_____
ELECTRICITY	_____
PHONE INCLUDING CELL	_____
FOOD	_____
TRANSPORTATION	_____
CAR INSURANCE AND GAS	_____
CHILD CARE	_____
BACK BILLS (MONTHLY)	_____
CREDIT CARDS	_____
HOUSEHOLD SUPPLIES	_____
CABLE	_____
PHARMACY	_____
CIGARETTES	_____
DINNING OUT	_____
CLOTHING	_____
GIFTS AND SUBSCRIPTIONS	_____
OTHER	_____
TOTAL EXPENSES EACH MONTH	_____
MONTHLY BALANCE AFTER PAYING BILLS	_____