

THE BRIDGE FUND OF MASSACHUSETTS LOAN APPLICATION

617-875-0127

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

NAME OF SOCIAL SERVICE WORKER

TODAYS DATE

SIGNATURE OF WORKER

SIGNATURE OF APPLICANT

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 _____