



## Caleb J. Camp Fund Assistance Application

Application must be filled out COMPLETELY to be considered, and must include supporting documentation (bills, statements, etc.) Permanent established residency in Winsted is necessary.

Date of application: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Marital status: \_\_\_\_\_ Birth date(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

**Number of Years Residing in Winsted:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dependent children: Number: \_\_\_\_\_ Ages: \_\_\_\_\_

Present employment: \_\_\_\_\_

Real estate owned: \_\_\_\_\_

Vehicle(s) owned: \_\_\_\_\_

Medical insurance: \_\_\_\_\_

Life insurance: \_\_\_\_\_

Description of situation requiring assistance:

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Previous assistance from Caleb Camp Fund, if any:

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**Present General Assistance:** ADC: \_\_\_\_\_ Title XIX: \_\_\_\_\_

SSI: \_\_\_\_\_ SNAP: \_\_\_\_\_

Other: \_\_\_\_\_

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**Statement of Financial Condition:**

Monthly Income:

Employment income: Pension(s): \_\_\_\_\_

Social Security: \_\_\_\_\_

Other: \_\_\_\_\_

Total monthly income: \_\_\_\_\_

Monthly Expenses:

Rent or mortgage: \_\_\_\_\_

Real estate taxes: \_\_\_\_\_

Real estate insurance: \_\_\_\_\_

Heating cost (circle one: oil / gas / wood): \_\_\_\_\_

Electricity: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cable: \_\_\_\_\_

Trash pickup: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Food: \_\_\_\_\_

Personal expenses: \_\_\_\_\_

Auto payment(s): \_\_\_\_\_

Auto taxes: \_\_\_\_\_

Auto expenses: \_\_\_\_\_

Auto insurance: \_\_\_\_\_

Other insurance: \_\_\_\_\_

Credit card payment(s): \_\_\_\_\_

Child support: \_\_\_\_\_

Alimony: \_\_\_\_\_

Other expenses: \_\_\_\_\_

Total monthly expenses: \_\_\_\_\_

Deficit : \_\_\_\_\_

Recommended Assistance: \_\_\_\_\_ For: \_\_\_\_\_

I certify that the information contained in this application is true and accurate to the best of my belief and knowledge. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Signature of Applicant 2 (if any)

Interview conducted by:

Of what organization:

Contact phone #:

Contact e-mail: \_\_\_\_\_

*Please complete and email to [lhaddock@northwestcf.org](mailto:lhaddock@northwestcf.org), fax to (860) 489-7517 or send by post to the Northwest Connecticut Community Foundation 33 East Main Street PO Box 1144, Torrington, CT 06790*