

Application for Assistance

SWAN Society in Boston, Inc.
(formerly the Widows' Society in Boston)
P.O. Box 301725
Boston, MA 02130
swansocietyboston@gmail.com
617-918-7404

Since 1816, the SWAN Society in Boston, has been giving personal and financial support to elderly widows and single women with the goal of helping women to remain independent in their own living space for as long as possible.

Criteria for assistance are:

- Being age 65 or older
- Being single (widowed, divorced, never married)
- Living within 25 miles of Boston

Grants are for one-time, specific needs and not for ongoing expenses. After the form is received, the Executive Director will review the application with the Board of Directors. Once the application has been reviewed, the referring contact will be notified of our decision usually within a 2-3 week period.

Referring Agency Information:

| | |
|---------------|-------------------|
| Agency Name: | Person Referring: |
| Phone Number: | Email Address: |

Applicant Information:

| | |
|-----------------|---|
| Applicant Name: | Date of Birth: |
| Address: | Is applicant single (widowed, divorced, or never married)? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Financial Information:

Monthly Income: \$ _____

Source(s) of Income: Salary Social Security Disability Pension Other

Assets: Savings \$ _____ Securities \$ _____ Other \$ _____

Monthly Expenses:

| | | | | | |
|----------------------------------|----------------|---------------------|---------------------|----------------------------|-------------------------------------|
| ___Rent ___Mortgage \$ | Food \$ | Utilities \$ | Insurance \$ | Medical Expenses \$ | Other (please specify) \$ |
|----------------------------------|----------------|---------------------|---------------------|----------------------------|-------------------------------------|

Statement of Need

Please explain below the purpose of the financial assistance requested. If it is to assist with an arrearage or debt, please explain how the applicant accrued the debt and steps to ensure the applicant will not incur debt going forward. If you need more space, please attach additional pages.

Amount Requested: \$ _____

Have you applied for assistance from other agencies? _____

If yes, when and for what purpose? What were the results?

If assistance is granted, to whom should the check be made out? _____

Additional comments or information:

I have read and understand this application. I declare that the statements contained and information furnished by me in this application are true. **I also acknowledge that if I am approved for an emergency grant, it will be on a one-time basis only.** The Board of SWAN Society in Boston, Inc. and their agent are authorized to verify any and all information contained within this application.

Applicant Signature _____

Date _____