



**Town of Cape Elizabeth
THOMAS JORDAN TRUST
Town of Cape Elizabeth
Application for Assistance**



Name of Applicant _____
First Name Middle Initial Last Name

Address _____
Street Number Street Name

Length of Time at This Address _____

Telephone Number _____
Daytime Evening

Applicant is ___Single ___Married ___Divorced ___Separated ___Widowed

Number in Household _____ How Many Are Related? _____

People Living With Applicant (Please List Name and Relationship)

Is Applicant Currently Employed? ___Yes ___No

If so, Where? _____

Are Any Other Members of the Household Employed ___Yes ___No

If So, Where? _____

Please Indicate the Purpose for Which You Will Use Any Assistance
Granted _____

Why Do You Think You Should Receive Assistance?

Did you File a Return With the **IRS** for the **Most Recent Year**? D Yes D No

If so, Please Attach a Copy of Its First Page

If You Did Not File A Return, Please List Your Current Monthly Income From All Sources:

Amount Received Per Month

Employment	\$
TANF	\$
Social Security	\$
Retirement or Pension	\$
Unemployment	\$
Worker's Compensation	\$
Child Support or Alimony	\$
SSI	\$
Other	\$

Assets: Check Yes or No for each asset owned and enter the value.

Type of Asset	Yes	No	Value	Loan Payment	Co-Owner
Home					
Real Estate Other Than Home					
Investments: Stocks, Bonds, Retirement Account(s), Life Insurance, etc.					
Recreational Vehicle(s)					
Bank Accounts					

Monthly Expenses	Actual Cost
Food	
Rent	
Mortgage Holder	
Electricity	
LP Gas	
Heating Fuel (oil or electric)	
Household/Personal Supplies	
Other Basic Needs (doctors, credit cards, etc.)	
Total Monthly Expenses	

Please Indicate the **Specific Amount Requested** \$_____

Applicant's Signature _____ **Date** _____

Please Return to: Office of the Town Manager, 320 Ocean House Road, Cape Elizabeth, ME 04107