

Town of Burlington Assistance Application

Food Bank

Oil/Gas Heating Assistance

Electricity Assistance

Name _____ Date _____

Date of Birth _____ Social Security # _____

Address _____

Phone Number _____ Cell Phone/Pager _____

Living Arrangements: Rent _____ Own _____ Monthly Rent/Mortgage _____

If renting, Landlord or Agent _____

People Living in Household Other than applicant:

Name _____ Date of Birth _____ SS# _____

Name _____ Date of Birth _____ SS# _____

Name _____ Date of Birth _____ SS# _____

Name _____ Date of Birth _____ SS# _____

Name _____ Date of Birth _____ SS# _____

Does any member of the household receive income? If so, what is the source and amount of income received? _____

Type of Income

Source	Weekly	Bi-Weekly	Semi-Monthly	Monthly	Semi-Annually
Employment					
Unemployment					
Social Security					
Pension					
Veteran Benefits					
Worker's Comp					
General Assistance					
Alimony/Child Support					
Rental Income					
Monthly Income from Friends/Family					
Zero Income					
Other (Specify)					
Totals					

Monthly Expenses – Please List:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please provide a copy of your most recent savings and/or checking account statements and driver's license.

Applicant's Signature

Date