



IPSWICH
REFUGEE
PROGRAM

Grant Application

Date:

Name of applicant _____ Birth date _____

Address _____

Mobile phone _____ Home phone _____

Email address _____

Work name and location _____

Number of hours working per week _____

Household size: Number of adults _____ Number of children _____ ages _____

If second adult in the household: _____

Name _____ Birth date _____

Work name and address _____

Number of hours working per week _____

Grant Request:

What is the amount you are requesting? _____

Name and Address of the Organization to receive the funds: _____

What are you requesting this grant for and why? (Add additional page if needed)



Household Financial Information

Monthly Income

- 1) Household Income from jobs _____
- 2) Monthly Assistance received for
Child care _____
Food stamps (SNAP) _____
Utility Assistance _____
Other _____

Total Monthly income including assistance _____

Monthly Expenses

1. Rent _____
2. Car-- insurance, gas, repairs _____
3. Student loans/tuition _____
4. Utilities—electric, heat, water/sewer _____
5. Mobile phone(s), Cable TV, Internet _____
6. Groceries: Food, toiletries, diapers _____
7. Medical expenses _____
8. Child Care cost _____
9. Credit card payments _____
10. Miscellaneous: coffee, cigarettes, candy, hair cuts _____
11. Savings _____
12. Other Expense (explain) _____

Total Expenses _____

Checking Balance _____

Savings Balance _____