



Philbrook Fund Application

Please complete and
remit by mail or in person to:

Town of Waldoboro
1600 Atlantic Highway
P.O. Box J
Waldoboro, ME 04572

(207) 832.5369

Name of Applicant: _____

Property Location: _____

Mailing Address: _____

Home Phone: _____ Cell: _____ Work: _____

PENALTY FOR FALSE REPRESENTATION: Any person who knowingly and willfully makes any written or oral false statement of a material fact to the Town for the purpose of causing himself/herself to be granted assistance may be prosecuted for committing a Class E crime, which carries a penalty of up to \$1,000 fine and one year in jail (22 M.R.S.A. § 4315).

I understand that my signature on this application shall serve as authorization for the Board of Selectmen or its designee(s) to investigate the information contained in this application and any and all other information pertinent to its making a determination on this application. I further authorize the Board of Selectmen or its designee(s) to have access to certain records, be they confidential or not, including but not limited to financial institutions, Internal Revenue Service records, Maine Department of Taxation records, medical records and reports, hospital records and reports, Veterans Administration records and reports, Department of Human Services records and reports, and insurance records.

I hereby certify that all of the information in this application and any supplementary information is true to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

INCOME:

YOU MUST SUBMIT receipts or pay stubs for all income listed
and copies of your W2's for the last 2 years.

<u>TYPE:</u> <i>(please indicate either work, TANF, Social Security, Military / Veteran's Benefits, Other Retirement Plans, Unemployment, Worker's Comp, Child Support, Alimony, Other Support, Payments by Others, Food Stamps, Home Energy Assistance, Medicaid, Rental Income, Business Income, Maine Property Tax Fairness Credit, or other)</i>	<u>HOUSEHOLD MEMBER:</u>	<u>WHEN RECEIVED:</u>	<u>AMOUNT MONTHLY:</u>	<u>VERIFIED?</u>
TOTAL MONTHLY INCOME:				

EXPENSES:

YOU MUST SUBMIT receipts or bills for all expenses listed.

<u>TYPE:</u>	<u>WHEN EXPENDED:</u>	<u>AMOUNT MONTHLY:</u>	<u>VERIFIED?</u>
Food			
Rent			
Mortgage			
Insurance (House)			
Taxes (Property)			
Electricity			
Heating Fuel			
Cooking Fuel			
Sewer			
Water			
Telephone			
Household / Personal			
Loan Payment			
Clothing			
Prescriptions			
Other Medical			
Transportation			
Other (please specify):			
TOTAL MONTHLY EXPENSES:			

ASSETS:

YOU MUST SUBMIT statements or other verification for all assets listed.

<u>TYPE:</u>	<u>OWNER'S NAME:</u>	<u>TOTAL VALUE:</u>	<u>VERIFIED?</u>
Home (real estate)			
Other real estate (please list):			
Bank accounts (please list):			
Cash on hand			
Stocks and bonds			
Cars and trucks (make, model, and year):			
Trailers, campers, boats, motorcycles, Snowmobiles, ATVs, or other.			

