2025 APPLICATION FOR AID FROM THE HARTFORD LARRABEE FUND ASSOCIATION

Applicant (s) must live in the City of Hartford

Please have this form completed legibly and signed by the applicant, adding any pertinent facts. All adults 18 and over must be listed as applicants. Use additional sheets as needed. Incomplete or illegible applications will be denied.

Date of Application:_____

Printed Name of Primary Applicant #1:

_____

Date of Birth: _____ Age _____ Gender _____ Martial Status _____

Printed Name of Primary Applicant #2:

_____

Date of Birth: _____ Age _____ Gender _____ Martial Status _____

Printed Name of Primary Applicant #3:

_____

Date of Birth: _____ Age _____ Gender _____ Martial Status _____

Current Street Address:_____

Applicant Proposed Address:_____

City, State, Zip:_____

___

Phone _____ Phone _____ Phone _____

Minor Dependents in your care: How Many? _____Name & Ages

_____

_____

_____

Do you receive child support? Yes _____ No _____ Amount per month, for each child

_____

Reason for Application

_____

_____

_____

Presently receiving medical treatment? Yes _____ No _____ If yes, specific nature of your medical problem (s) including how long-standing

Have you been incarcerated? _____ **When were your released?**

Source(s) and Amount (s) of household income from working or retirement per month

Name and address of employer

Is anyone able to help you financially? Yes _____ No _____ Amount and source per month

How much is your rent/mortgage each month? _____ How much do you pay for utilities (gas, water, electricity)? _____

Do you receive any state or federal assistance? Yes _____ No _____ How much do you receive

Cash Assistance _____ SNAP _____ Disability

Social Security _____ Adoption/foster care/grandparent

Do you receive any assistance? Yes _____ No _____ HUSKY _____ Section 8 _____ Other _____

Have you ever applied to the Harford Larrabee Fund? If so, give details and date

Is there anything else we need to know? Please include on a separate sheet.

Signature of applicant #1

Signature of applicant #2

Signature of applicant #3

_____

BY SIGNING THIS APPLICATION, YOU CERTIFY THAT YOU HAVE VERIFIED ALL INFORMATION CONTAINED HEREIN, INCLUDING HOUSEHOLD INCOME.

_____

Agency Representative Signature

_____

Sponsoring Agency

_____

Date