

**Family Success Center**

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 Lynn, MA 01905  
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For Office Use Only:		
Received		
<input type="checkbox"/> Office	<input type="checkbox"/> Email	Initial:
<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	

**Temporary Financial Assistance Pre-Application**

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>

<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>Sex:</b>	<b>Are you currently disabled?</b>
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

<b>Phone Number #1:</b>	<b>Phone Number #2:</b>	<b>Phone Number #3:</b>
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

<b>Email Address:</b>	<b>Preferred Contact Method:</b>
	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail

<b>Primary Language:</b>	<b>Can you speak and read English?</b>	<b>Do you need an interpreter?</b>
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Ethnicity:</b>	<b>Race (check all that apply):</b>	<b>Citizenship Status:</b>
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> US Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Prefer not to answer

*Information related to ethnicity, race, and citizenship is collected for statistical purposes only and does not affect eligibility.*

<b>Mailing Address:</b>		
<b>Address:</b>	<b>Apt #:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

<b>Physical Address (if different from Mailing Address):</b>		
<b>Address:</b>	<b>Apt #:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

<b>Household Composition (write # of household members in each age category, including applicant):</b>				
<b>Adults aged 22 or older:</b>	<b>Adults aged 18 – 21:</b>	<b>Children aged 6 – 17:</b>	<b>Children aged 5 or younger:</b>	<b>Total # in Household:</b>

<b>Household Income (list income for ALL household members):</b>			
Type	Amount	Frequency	Annual Total
<b>Total Household Income:</b>			

Do you have additional income that you are not able to list above?       Yes       No

If you did not list any income above, does your household have zero income?       Yes       No

