



Inez Sprague Memorial Fund

Bank of America, N.A., Trustee

Narragansett Housing

PO Box 388

Narragansett, Rhode Island 02882

401-782-0674



Eligibility Questionnaire for Sprague Assistance for Narragansett Residents only

Name _____

Address _____

Email Address _____

Phone # _____ Cell# _____

E-mail _____

1. What is your present gross monthly income?

2. Are you or any other member of your household elderly or disabled?

_____ yes _____ no

3. Do you now owe your current landlord (mortgage) any overdue rent monies?

_____ yes _____ no if yes, what is the amount due? _____

4. List all members of your Household Beginning with yourself:

Name	Relationship	Birthdate	Lives in Home Y/N

5. Income - List all household income (ex. Retirement, child support, alimony, TDI, workers compensation, unemployment, social security, TANF, etc....)

Household Member	Source	Gross monthly amount

6. LIABILITIES / MONTHLY EXPENSES (ex. Credit cards, car payments, auto insurance, student loans, cell phones, personal loans, childcare etc...)

Household Member	Source	Gross monthly amount

7. Are you current on all utility payments? ___ Yes ___ No

Please provide proof – copy of current bills from utility companies if requesting assistance

8. Please provide a brief reason for your application and attach documentation of need:

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration.

Please sign here: _____ Date: _____

Please sign here: _____ Date: _____

FOR OFFICE USE ONLY:

Proof of Narragansett residency: _____.

Gross Monthly Income: _____

Elderly/Disabled Household: _____

Proper documentation attached: _____

Notes:

Authorization Signature: _____

Authorized Amount: _____