

Gilford Police Relief Association Assistance Application

Please fill out this application completely and return to the Gilford Police Department. Missing information or omissions will result in your application not being accepted and assistance not rendered from this program.

Applicant Name: _____ DOB: _____

Address (Physical): _____

Phone: _____

Type of assistance being requested:

Proof of residency in the town of Gilford, NH, required for assistance. Please submit a copy with application (e.g., motor vehicle registration, utility bill in your name, etc.)

List all other adults living in the home (persons over the age of 18). Use reverse side if necessary.

Name (First, Mi, Last) DOB Household Title (Mom, Dad, etc.)

Name (First, Mi, Last) DOB Household Title (Mom, Dad, etc.)

**List all children living in the household (under the age of 18). Use reverse side if necessary.
*Please include clothing, shoe, and boot sizes***

Name (First, Mi, Last) DOB Gender Interests (toys, sports, etc.)

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Have you ever received assistance from this program in the past YES NO

If yes, list the year(s) _____

Please list additional programs you have applied for assistance from and/or are receiving assistance from:

Due to budgetary constraints, we may or may not be able to assist everyone who applies. You will be notified if there is a problem with your application.

*Depending on the type of assistance requested, you may be asked to provide further information.

Please contact C.S. Charlene Crowell at 527-4737 or by email at c.crowell@gilfordpd.org if information on this form changes or if you have any questions

All of the above information is true as I know it. I understand that omissions and missing information on this form will result in the denial of service.

Applicant Signature

Date