



Massey Missions Application for Assistance

Massey Missions serves only residents of Limestone County, Texas

Date: _____

Name: _____

Address: _____

Phone #: _____

Please check most appropriate request:

___ **Rental Assistance \$**_____

___ **Utility Assistance \$**_____

___ **Auto Payment Assistance \$**_____

___ **Minor Home Repair, specify below \$**_____

___ **Furniture/household Items, specify below \$**_____

___ **Other, specify below \$** _____

Reason for Request: _____

Please confirm that your request meets the eligibility requirements listed on the back of this form. List all household members and any available income:

Name	Age	Town of Residency	Relationship	Income

Total Income: _____

Employer Name and Contact #: _____

If unemployed, last date worked: _____

Personal Reference: Name: _____ Phone #: _____

Eligible Need Assistance and Mandatory Documents

Rental Assistance

- _____ Lease (partial showing lease date, all persons on the lease and amount of rent)
- _____ Landlord contact information
- _____ Landlord letter stating total amount owed and breakdown of fees

Utility Assistance

- _____ Utility bill

Auto Payment Assistance

- _____ Loan document which states amount of payment and fees
- _____ Payment destination address

Minor Home Repair

- _____ Proof of home ownership (example: property tax records or insurance document)
- _____ Detail letter stating the repair, when it began and inability to have it repaired
- _____ Release of liability (separate document) to allow repairman access to the property.

Furniture or Household Items

- _____ Detailed letter which states what is needed and why

All assistance requires state or federal picture identification, proof of current address (such as utility bills or leases) and proof of income (such as last 3 check stubs, Social Security award letter).

The Massey Foundation does not guarantee your application for assistance will be fulfilled. Each complete application will be duly considered and funds appropriated in the best interest of all applicants, and as funds become available. Applications are kept on file by date of receipt. All applications are shredded monthly following the 3rd Wednesday. Denied applications may reapply the following month. Approved recipients will be notified by phone immediately after application approval. Denied applications will not be notified, but may reapply.

Only complete applications will be considered. Approved recipients may only receive assistance once per calendar year.

Please send complete application with documents to:

masseyfoundationtx@gmail.com or Fax to: 254 255-4693

All applications are reviewed the 1st and 3rd Wednesday of each month.

For office use only: Date Reviewed _____
Application Declined: _____
Application Fulfilled: Date _____ Amount: _____
Funds sent by: _____ To: _____
Staff Signature: _____