



Southeastern Massachusetts Motorcyclists' Survivors Fund, Inc.

PO BOX 278 North Carver, MA 02355-0278

AFFIDAVIT IN SUPPORT OF REQUEST FOR FINANCIAL ASSISTANCE

All information contained herein is confidential. It will not be disclosed to any party other than as authorized by the Applicant and the Board of Directors of the SE-MMSF, Inc.

Now comes _____ of _____
(Print Name of Applicant) (Address)

(City) (State) (Zip) (Phone) (E-mail)

on behalf of injured motorcyclist, _____, and hereby swears (or affirms) as follows:

1.) Applicant is seeking financial support as a result of a serious injury or death of a Motorcyclist who resided in Southeastern Counties of SE-MMSF, Massachusetts. The date of his/her injury was: _____.

2.) The circumstances of the Motorcyclist's injury were: _____

3.) In support of this Affidavit, the applicant submits the following information:

A.) Relationship to injured Motorcyclist: _____

B.) Name and age of dependent children of injured Motorcyclists: _____

C.) Monthly income of family in need and sources:

4.) State amount sought from the SE-MMSF and purpose it will be used for: _____

5.) Please list monthly household expenses of rider's family in need:

Rent/Mortgage:	\$ _____	If real estate is owned list:	
Food:	\$ _____	A.) Present Value:	\$ _____
Car Payment:	\$ _____	B.) Mortgage Balance:	\$ _____
Car Insurance:	\$ _____	Vehicles owned:	
Health Insurance:	\$ _____	<u>Year</u>	<u>Make</u>
Utilities:	\$ _____	<u>Model</u>	<u>Balance Owed</u>
TOTAL MONTHLY HOUSEHOLD EXPENSES:	\$ _____	_____	\$ _____

6.) List other facts/needs (if any) you believe the SE-MMSF Board of Directors should be aware of:

Statement of Applicant: I hereby certify the information contained in this Affidavit is true and correct, and is submitted voluntarily for the purpose of obtaining temporary financial assistance on behalf of an eligible motorcyclist's family, due to the serious injury or death. I understand the review of the SE-MMSF Board of Directors is confidential, and their decision is final. Should funds be donated by the SE-MMSF I agree in advance to allow them to list and publish the donation to the family.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Submitted through Board Member: _____

NOTE: Board Members meet on an "as-needed" basis to consider all applications for assistance. All information contained herein is confidential. It shall not be disclosed to any party other than authorized by the Applicant and the Board of Directors of the Southeastern Massachusetts Motorcyclists' Survivors Fund, Inc.

This Affidavit should be submitted in hand to a Board of Director member listed below or mailed to the address listed above.

Board of Directors

Darryl J Stoddard, President ~ Kevin "Gunny" Moreira, Treasurer, Safety Director ~ Gale Varraso, Secretary/Clerk
Elisa Mello, Chairwoman ~ Todd Goulston, Director

Non-Profit ~ All-Volunteer