**Widow’s Gift**

Instructions – Please read carefully.

To the Trustees of The Smith Charities

 I hereby make application for the **Widows Gift** provided in the Will of Oliver Smith, Esq., late of Hatfield, Mass., under the section for “Widows Benefit.” In regard to my history and present condition, I declare that I am not now re-married, and that the statements herein made by me are true.

1. My full name is ………………………………………………………………………………………………………………………………………………..
2. My name before marriage was …………………………………………………………………………………………………………………………
3. My present residential address is ………………………..………….………………………………………………………………………………… Number & Street Town or City State Zip Code

My mailing address (if different) is ……………………………….…………………………………………………………………………………….

 Number & Street Town or City State Zip Code

1. I have lived in the above Town or City for ...…………………………………………….

 Number of years/months

1. The full name of my late husband is…..……………………….…………………………………………………………………………………….
2. I am a register voter in ………………………………………………………

 City / Town

1. Do you consider yourself to be of moderate financial circumstances? …………………

 Yes/No

1. The names and dates of birth of all my dependent children (under 18 years old) now living with me:

**Full Name Date of Birth Current Age**

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1. References: As evidence of my worthiness to receive the Widows Gift, I submit the names of three (3) responsible adults, all of whom have known me for at least three (3) years, and to whom you may apply for references for me. Please note if possible, please contact each person in advance to let them know that the Trustees of The Smith Charities will be sending out a short questionnaire to which they will need to complete and return to us promptly:

**Full Name Years Known Full Mailing Address Contact #**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the foregoing statements are true.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_. Sign here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS:** The Gift is available for Widows of good moral character, in moderate circumstances, and who have a child or children under 18 years of age, either their own or legally adopted, who are dependents on them for support. The application must be filled out completely, each question being answered in full. If possible the Widow should file the application in person at the office of the Board of Trustees, 51 Main Street, Northampton, Mass.

**The Trustees of the Smith Charities**

**51 Main Street**

**Northampton, MA 01060**

**413-584-0415**