



## 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 \_\_\_\_\_

### Documentation to be attached to application:

\_\_\_\_\_ Completed application explaining nature of request

\_\_\_\_\_ Proof of Narragansett residency

\_\_\_\_\_ Copy of lease or mortgage statement - if applying for housing assistance

\_\_\_\_\_ Copy of bills requesting assistance – i.e. electric, auto, insurance, medical

\_\_\_\_\_ Copy of income – all sources

\_\_\_\_\_ Copy of most recent statements for all bank accounts and assets

\_\_\_\_\_ Signed Authorization for Release of Information

\_\_\_\_\_ Copy of license / photo id