

***Massachusetts Motorcyclists Survivor's Fund, Inc.***

***Attn: TREASURER***

***P.O. Box 427, Salem, MA 01970***

***MMSF, Inc. a nonprofit corporation - Board of Directors and Officers:***

***Jason Hallock, Joe "Sarge" Komola , Dennis Palazzo***

***Paul W. Cote, President, Treasurer, Vince Silvia, Interim Treasurer/Clerk***

**Introduction:**

This MMSF, Inc., is a 501c(3) nonprofit organization, comprised entirely of volunteers, that raises funds through donations, Events, raffles and organized rides, to assist local families of motorcyclists injured or killed in motorcycle accidents in financial need.

Generally, the injured or deceased motorcyclists contributed forty percent (40%) or more income to the household, and it is this income that is lost to the household.

We do not make cash donations to families. We assist families generally by paying household bills directly to the providers, for 2-4 months of IMMEDIATE need, to help the family through the toughest of times.

We will generally organize a "Friends of \_\_\_\_\_" Memorial Event or Ride, which requires the family's support and participation. The family generally assists us with promoting the Event. The MMSF, Inc., will generally advance up-front Event expenses and be reimbursed from the Event's proceeds, to replenish the available funds for the next victims' families. Proceeds of such fund raising events have been donated back to the MMSF, to establish scholarship funds in the name of the rider, or to assist the family.

The MMSF, Inc., also uses funds to promote motorcycle awareness and rider training, attempting to educate and reduce motorcycle accidents and injuries.

If you would like to apply for assistance, please complete the enclosed Affidavit and submit to one of our Board Members, or mail back to us at:

***Massachusetts Motorcyclists Survivor's Fund, Inc.***

***Attn: TREASURER***

***P.O. Box 427, Salem, MA 01970***

If you need assistance, a volunteer from the MMSF is always available to assist in completion of the application. Upon submission of an application, a volunteer 'case manager' will be appointed to assist you in any way we can.

**Affidavit in Support of Request for Financial Assistance from the  
Massachusetts Motorcyclists Survivor's Fund, Inc.**

**All information contained herein is confidential. It will not be disclosed to any party other than as  
authorized by the family of the Applicant**

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 follow:

1.) Applicant is seeking financial support as a result of a serious injury or death of a Motorcyclist and a legal resident of Essex County, Massachusetts. The date of his/her injury was \_\_\_\_\_.

2.) The extent of the Motorcyclist's injuries were: \_\_\_\_\_

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

A.) Relationship to Injured Motorcyclist: \_\_\_\_\_

B.) Name and age of dependant children of injured Motorcyclists:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

4.) State amount sought from the MMSF, Inc., and purpose it will be used for:

\_\_\_\_\_

\_\_\_\_\_

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

Rent/Mortgage \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Car Payment \$ \_\_\_\_\_  
 Car Insurance \$ \_\_\_\_\_  
 Health Insurance \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_

TOTAL MONTHLY HOUSEHOLD EXPENSES: \$ \_\_\_\_\_

If real estate is owed, list present value \$ \_\_\_\_\_ and mortgage balance \$ \_\_\_\_\_

Vehicles owned: \_\_\_\_\_

Year	Make	Model	Balance Owed

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

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**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 as a result of a motorcycle accident involving a legal resident of Essex County in the State of Massachusetts. I understand the review of the MMSF, Inc., Board is confidential, and their decision is final. Should funds be donated by the MMSF, Inc., I agree in advance to allow them to list and publish the donation to the family. We agree to work with the MMSF, Inc., in promoting any Events planned on behalf of the family.

Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted through Board member: \_\_\_\_\_

*NOTE: Board Members meet monthly and 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 Directors of the Massachusetts Motorcyclists Survivor's Fund, Inc., while the donation may be publicized.*