



CONFIDENTIAL APPLICATION FOR ASSISTANCE - 2010

Hearts for Heat North Brookfield Chapter

Note: Applications will be reviewed after January 11, 2010. To be considered for assistance, please submit completed form along with all requested documentation and receipts to the North Brookfield Senior Center, 29 Forest Street. 508-867-0220

Date: _____

A. IDENTIFICATION

Name of Applicant: _____

Legal residence: _____

Mailing Address (if Different) _____

Own: _____	Rent: _____	Type of Fuel (Circle One)	Oil	Electric	Natural Gas
			Propane	Pellets	Cord Wood

Home Phone: _____ Number in Household: _____

Cell /Work Number: _____ Number of Dependents: _____

B. REASON FOR REQUESTING ASSISTANCE: REQUIRED

C. RELEVANT DOCUMENTATION: REQUIRED

Have you applied to WCAC? _____ Approved Amount: \$ _____

Outcome summary: _____ Remaining Balance: \$ _____

Have you applied to other fuel assistance programs? _____ Approved Amount: \$ _____

Outcome summary: _____ Remaining Balance: \$ _____

Most recent fuel/utility bill (or copy) _____

WCAC Approval letter (or copy) _____

IMPORTANT NOTE: It is REQUIRED that you apply for aid through (WCAC) Worcester Community Action Council prior to seeking support from Hearts for Heat. WCAC assists home owners and renters with heating bills, past due balances, providing forgiveness credit, and setting up monthly payments. WCAC can be reached by calling (508) 754-1176 [ext. 145 or 147]

Failure to do so may affect the outcome of your Hearts for Heat application.

D. INCOME

Applicant

Household

Gross income from all sources in the past 6 weeks:

Total adjusted gross income from the prior year's IRS 1040:

E. MAJOR MONTHLY EXPENSES

Rent/Mortgage (Principal, Interest, Taxes, and Insurance):

Car or Equipment Loan:

Credit Card Payment:

Other: _____

Other: _____

F. MEDICAL EXPENCES:

G. BANK ACCOUNTS:

1. Name and Address of Banks:

Value of Account

2. Stocks, bonds, securities, etc:

Value of Account

3. Other personal property (includes vehicles, motorcycles, trailers, etc.):

Value of Account

H. ADDITIONAL INFORMATION: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____