

CONFIDENTIAL APPLICATION FOR ASSISTANCE
HEARTS FOR HEAT™ – SPENCER, MASSACHUSETTS

Date: ___/___/___

A. IDENTIFICATION

Name of applicant: _____

Legal residence: _____

Own: ___ Rent: ___

Mailing address (if different): _____

Telephone Number: _____ Number in Household: ___ Number of dependents: ___

B. REASON FOR REQUESTING ASSISTANCE (use the back of this sheet if you need more room)

Documentation may be requested to verify your responses.

C. INCOME IN PRIOR CALENDAR YEAR

Applicant Household Total

Wages, salaries and other compensation _____

Retirement benefits (Social Security, Railroad, Federal, MA and political subdivisions) _____

Other pensions and retirement allowances _____

Net profits from business or profession _____

Interest and dividends _____

Other receipts (rent, capital gains, etc.) _____

TOTAL _____

Adjusted gross income from tax return (IRS 1040, line 37) _____

D. MAJOR MONTHLY EXPENSES

Mortgage (PIT) or Rent _____

Car, equipment loan _____

Credit card payment _____

E. VALUE OF ALL PROPERTY OWNED

Real Estate (list primary residence first):

<u>Location</u>	<u>Valuation</u>	<u>Amount due on mortgage</u>
_____	_____	_____
_____	_____	_____

Bank accounts:

<u>Name and address of bank</u>	<u>Value of account</u>
_____	_____
_____	_____

Stocks, bonds, securities, etc.:

<u>Description</u>	<u>Value of account</u>
_____	_____
_____	_____

Other personal property (include vehicles, trailers, etc.):

<u>Kind</u>	<u>Description</u>	<u>Approx. value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. SIGNATURE OF APPLICANT _____ **Date:** ___/___/___

Your signature above indicates that all information submitted is complete and accurate to the best of your knowledge.

FOR OFFICE USE ONLY

_____ Further information requested
Follow-up: _____

_____ Approval recommended _____ Approval not recommended

Conditions of Approval: _____

Amount of payment \$ _____

To: _____ (name of recipient)

From: _____ (source)

Approved by: _____
_____ **Date:** ___/___/___