



COMMON CONFIDENTIAL APPLICATION FOR ASSISTANCE

<http://www.heartsforheat.org>

To be considered for assistance, please mail completed form
Along with all requested documentation to:
Hearts for Heat Templeton Chapter, Box 434, Princeton, MA 01541

Hearts for Heat, Inc.

MUST BE A RESIDENT of Templeton, MA
For more information, email Christine@HeartsforHeat.org.

Date of Application _____

Town of Residence _____

A. IDENTIFICATION

Name of Applicant: _____ Home Phone: _____

Street Address: _____

Mailing Address (if Different) _____

Cell Phone: _____ Email: _____

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

Please list Names and Ages of all people in your household;

B. EXPLAIN IN DETAIL REASON FOR REQUESTING ASSISTANCE:

IMPORTANT NOTE: To receive help from Hearts for Heat, you must also apply for fuel assistance with your local governmental office of Low-Income Home Energy Assistance Program (LIHEAP) prior/in addition to seeking support from Hearts for Heat. LIHEAP offices include for Worcester area, the Community Action Council, and for Fitchburg area, the New England Farm Worker's Council

Have you applied to LIHEAP? ☐ Yes ☐ No which office _____

Status of application _____ Approved Amount: \$ _____ Remaining Balance: \$ _____

Where else have you applied for fuel assistance _____

Approved Amount: \$ _____ Remaining Balance: \$ _____

✓ Check box ☐ Copy of your current heating bill attached?

✓ Check box ☐ copy of your LIHEAP award or rejection letter attached?

Relevant documentation is required for processing application.

C. INCOME**Household**

List sources of Income _____

Gross income (for all household members over 18) from all sources in the past month _____

Gross income (for all household members over 18) **from all sources** in the past 3 months _____

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

D. MAJOR MONTHLY EXPENSES

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

Car or Equipment Loan: _____

Minimum Credit Card Payment due monthly: _____

Other: _____

Other: _____

E. OTHER EXPENSES IMPORTANT TO SUPPORTING YOUR REQUEST:

F. ASSETS:**1. Name and Address of Banks:****Value of Account(s)**

_____	_____
_____	_____

2. Stocks, Bonds, Securities, etc.**Value of Account(s)**

_____	_____
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3. Other personal property (includes vehicles, motorcycles, trailers, etc.):**Value of Account(s)**

_____	_____
_____	_____

*I certify that all statements provided are true.***SIGNATURE OF APPLICANT:** _____ **DATE:** _____

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For Official Use Only:

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