



PO Box 737
Fiskdale, MA 01518
508-434-4614

Application for Assistance
2009-2010

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Date of application: _____

1 Name: _____ Age: _____ Disabled: Yes or No

Name: _____ Age: _____ Disabled: Yes or No

2 Are there other adult residents in your household? Yes or No

If yes, please provide the following:

Name: _____ Age: _____ Disabled: Yes or No Employed? Yes or No

Name: _____ Age: _____ Disabled: Yes or No Employed? Yes or No

(If employed, we may ask for additional financial information.)

3 Address: _____

4 Phone number: _____

(We may need to contact you to better understand your circumstances.)

5 Do you rent or own? _____

If you rent, is heat included in your rent payment? Yes or No

6 Do you live in Sturbridge year-round? Yes or No

If no, please explain:

7 How is your home heated? Circle one: Oil Electric Natural Gas Other

8 What is the size of your home, in square feet? _____

Is your home one floor or more? If more, how many? _____

In what year was your home built? _____

Have you had an energy audit in the last 5 years? _____

9 Have you applied for or received any of the following assistance?

Assistance	Applied	Amount Received
Salvation Army	Yes or No	\$ _____
Low Income Housing Energy Program	Yes or No	\$ _____
Heartwap	Yes or No	\$ _____
Citizens energy	Yes or No	\$ _____
Catholic charities	Yes or No	\$ _____
St. Anne's	Yes or No	\$ _____
The Light	Yes or No	\$ _____
Tri-Valley, Inc.	Yes or No	\$ _____
Other	Yes or No	\$ _____

Name: _____

10 What is your TOTAL household income? \$ _____

(Please provide a copy of your most recent tax return(s), if available/applicable.)

11 Value of your liquid assets:

Checking accounts	\$ _____
Savings accounts	\$ _____
IRAs	\$ _____
CDs	\$ _____

(Please provide a copy of your latest statement(s) and/or a verification letter from your bank.)

12 Please list any special circumstances, such as emergency home repairs, extensive medical bills, etc. that have impacted your ability to pay energy costs:

13 What type of assistance are you applying for?

Oil	Propane	Name of Provider: _____
Electric	Air conditioning	
Natural gas	Repairs	Account #: _____



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Income Statement

Financial data for all residents of address	Please circle:	
	<u>Annual</u>	<u>Monthly</u>
Income:		
Wages, salary, business revenue	\$	_____
Social security		_____
Disability		_____
Pension		_____
Retirement fund distribution		_____
Income from rental property		_____
Other (please specify)		_____
Total income		=====
Expenses:		
Mortgage or rent payment	\$	_____
Utilities		_____
Insurance (home, health, etc)		_____
Medicine and other medical		_____
Home maintenance		_____
Credit cards		_____
Other loans		_____
Other (please describe)		_____
_____		_____
_____		_____
Real estate taxes		_____
Total expenses		=====