



*PRINCETON
Hearts for Heat*

CONFIDENTIAL APPLICATION FOR ASSISTANCE

<http://www.heartsforheat.org/princeton/index.html>

To be considered for assistance, please mail completed form
Along with all requested documentation to:
Princeton Hearts for Heat, P.O. 434, Princeton, MA 01541.

MUST BE A PRINCETON RESIDENT

For more immediate questions, email beth@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. REASON FOR REQUESTING ASSISTANCE: REQUIRED

IMPORTANT NOTE: It is strongly advised that you apply for fuel assistance through (LIHEAP) Low Income Home Energy Assistance Program prior/in addition to seeking support from Hearts for Heat. LIHEAP assists home owners and renters with heating bills, past due balances, providing forgiveness credit, and setting up monthly payments. The local office is New England Farmworkers Council, 534 Main St. Fitchburg. Phone number is 978-342-4520

Have you applied to the Farmworker's Council? Yes No Approved Amount: \$ _____

Outcome summary: _____ ID# _____ Remaining Balance: \$ _____

Have you applied to other fuel assistance programs? Yes No Approved Amount: \$ _____

Outcome summary: _____ ID# _____ 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 (include all household members over 19) **from all sources** in the past 8 weeks _____

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: _____

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)**

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

I affirm that all statements provided are true.

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

Rev 10/16

For Official Use Only: 	
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