



# 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, PO Box 434, Princeton, MA 01541**

MUST BE A RESIDENT of WORCESTER COUNTY

For more immediate questions, email [Cindy@HeartsforHeat.org](mailto:Cindy@HeartsforHeat.org).

*Hearts for Heat, Inc.*

Date of Application \_\_\_\_\_

Town of Residence \_\_\_\_\_

## A. IDENTIFICATION

Name of Applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if Different) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

|            |             |                                  |                |                 |                    |
|------------|-------------|----------------------------------|----------------|-----------------|--------------------|
| Own: _____ | Rent: _____ | <b>Type of Fuel (Circle One)</b> | <b>Oil</b>     | <b>Electric</b> | <b>Natural Gas</b> |
|            |             |                                  | <b>Pellets</b> | <b>Propane</b>  | <b>Cord Wood</b>   |

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 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)**

\_\_\_\_\_  
\_\_\_\_\_

**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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|                               |  |
|-------------------------------|--|
| <b>For Official Use Only:</b> |  |
|                               |  |