



*Leicester
Hearts for Heat*

CONFIDENTIAL APPLICATION FOR ASSISTANCE – 2022-23

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

Applications will be reviewed **once ALL required information is received.**

To be considered for assistance, please mail completed form along with all requested documentation and receipts to:

Hearts for Heat, Leicester Chapter, P.O. 69, Rochdale, MA 01542.

MUST BE A LEICESTER RESIDENT

For more immediate questions, email deborah@heartsforheat.org.

Date of Application _____

A. IDENTIFICATION

Name of Applicant: _____ Home Phone: _____

Legal residence: _____

Mailing Address (if Different) _____

Cell Phone: _____ Email: _____

Own: _____ Rent: _____ **Type of Fuel (Circle One)** Oil Electric Natural Gas

Home Phone: _____ Pellets Propane Cord Wood

Cell /Work Number: _____ Total Number in Household: _____

Ages of Everyone in Household(for grant purposes): _____

B. REASON FOR REQUESTING ASSISTANCE: REQUIRED

IMPORTANT NOTE: It is SUGGESTED that you apply for aid through (WCAC) Worcester Community Action Council in addition to seeking support from Hearts for Heat. WCAC assists home owners and renters with heating bills, past due balances, providing forgiveness credit, and setting up monthly payments. WCAC can be reached by calling (508) 754-1176 [ext. 145 or 147] Hearts for Heat's decision is not affected by any WCAC amount given.

Have you applied to WCAC? Yes No Approved Amount: \$ _____

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

✓ Check box Copy of your income verification attached?

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



Partially funded by:

Relevant income documentation is required for processing application.

C. INCOME

Household

Gross income (include **all household members**) from all sources in the past 4 weeks _____

(Please include documentation to support)

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

(Please include documentation to support- 1 page only required)

D. MAJOR MONTHLY EXPENSES

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

Car or Equipment Loan: _____

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)

G. ADDITIONAL INFORMATION: _____

I certify that all statements provided are true.

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

For Official Use Only: