



CONFIDENTIAL APPLICATION FOR ASSISTANCE – 2024-2025

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

North Brookfield
Hearts for Heat

Applications will be reviewed after October 1, 2024. To be considered for assistance, please mail completed form along with all requested documentation and receipts to the North Brookfield Hearts for Heat, P.O. 44, North Brookfield, MA 01535.

Note: To be considered an emergency distribution, all awarded assistance must be delivered by April 15, 2025. Extensions may be made at the discretion of the board due to snowy/cold weather.

MUST BE NORTH BROOKFIELD RESIDENT

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

Date of Application _____

WCAC APPLICATION # _____

A. IDENTIFICATION

Name of Applicant: _____ Cell Phone: _____

Legal residence: _____

Mailing Address (if Different) _____

Home 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: _____

B. REASON FOR REQUESTING ASSISTANCE: REQUIRED

IMPORTANT NOTE: It is REQUIRED that you apply for aid through (WCAC) Worcester Community Action Council prior 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 and following prompts.

Failure to do so may affect the outcome of your Hearts for Heat application.

Have you applied to WCAC? 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 WCAC award or rejection letter attached?

Relevant documentation is required for processing application.

C. INCOME

Household

Gross income from all sources in the past 6 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: _____

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: _____

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

For Official Use Only:

