



*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](mailto: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 MOC Montachusett Opportunity Council, Inc., 601 River St. Fitchburg. Phone number is 978-345-7040.

Have you applied to the Montachusett Opportunity 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 10/22

**For Official Use Only:**

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