



# 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 Senior Center 16 Senior Dr Baldwinville, MA 01468**

*Hearts for Heat, Inc.*

MUST BE A RESIDENT of Templeton, MA  
For more information, email [Christine@HeartsforHeat.org](mailto:Christine@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: _____	<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.**

