



HANDS

**FINANCIAL ASSISTANCE APPLICATION
for heating/utility costs**

APPLICATIONS ARE DUE BY DECEMBER 31, 2019

ALL questions must be answered to process this application.

Name: _____

Address: _____

Phone #: _____ **Age:** _____
(we may need to contact you to better understand your circumstances)

Do you own, rent or other? _____ If renting, is heat included in your monthly rent? _____ If other, explain: _____

Total # of adults living at this address: _____

What is your annual household income? _____

What is your annual heating cost? _____

Have you already, or will you receive fuel assistance from any other source this heating season?
_____yes _____no

If yes, how much and from what source? _____

Do you receive the R2 (low-income) rate on your electric bill? _____yes _____no

Please list any special circumstances, such as emergency home repairs, extensive medical bills, etc., that have impacted your ability to pay energy costs:

Type of assistance you are seeking: ___oil ___gas ___electric ___other

May we contact your heating/electric supplier regarding your account should we need further information? ___yes ___no

Name of Oil/Gas/Utility/Other Company to which payment is to be made: _____
tel. #: _____

Mailing Address: _____

Town/City: _____ **Zipcode:** _____

Your account # with provider: _____

Signature of applicant: _____

Date of application: _____

Mail completed application to: **HANDS
P.O. BOX 343
DUDLEY, MA 01571**

For Office Use Only

Date recv'd: _____

09/17