



REAS
 foundation
 Residential Energy Assistance for Seniors

CHARLTON
 P.O. Box 793
 Charlton, MA 01507
 508-868-5289
 www.reascharlton.org

APPLICATION FOR ASSISTANCE

2014-2015

Date of application: _____

1. Name: _____ DOB: _____ Age: _____ Disabled: Yes or No
 Name: _____ DOB: _____ Age: _____ Disabled: Yes or No

2. Are there other adult residents in your household? Yes or No
 If yes, please provide the following:
 Name: _____ DOB: _____ Age: _____ Disabled: Yes or No Employed? Yes or No
 Name: _____ DOB: _____ Age: _____ Disabled: Yes or No Employed? Yes or No
 (If employed, we may ask for additional financial information)

3. Address: _____

4. Phone Number(s) _____
 (We may need to contact you to better understand your circumstances)

5. Do you rent or own? _____
 If you rent, is heat included in your rent payment? Yes or No

6. Do you live in Charlton year-round? Yes or No
 If no, please explain: _____

7. How is your home heated? Circle one: Oil Electric Natural Gas Other _____

8. What is the size of your home, in square feet? _____
 Is your home one floor or more? If more, how many? _____
 In what year was your home built? _____
 Have you had an energy audit in the last 5 years? _____

NAME: _____

9. Have you applied for or received any of the following assistance?

<u>Assistance</u>	<u>Applied</u>	<u>Amount Received</u>
Salvation Army	Yes or No	\$ _____
Low Income Housing Energy Program	Yes or No	\$ _____
Heartwap	Yes or No	\$ _____
Citizens Energy	Yes or No	\$ _____
Catholic Charities	Yes or No	\$ _____
Other _____	Yes or No	\$ _____

10. What is your gross household income? \$ _____
(Please provide a copy of last year's federal tax return)

11. Value of your liquid assets:

Savings accounts \$ _____ IRAs \$ _____ CDs \$ _____

(Please provide a copy of your latest statement(s))

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

13. What type of assistance are you applying for? (Please Circle)

- Oil Propane
- Electric Air conditioning
- Natural gas Repairs

Name of Provider: _____
Account # _____

NAME: _____

Financial Data for ALL residents of address

Annual or Monthly (please circle one)

Income:

Wages, Salary, Business Revenue

\$ _____

Social Security

\$ _____

Disability

\$ _____

Pension

\$ _____

Retirement Fund Distribution

\$ _____

Income from Rental Property

\$ _____

Other (please specify) _____

\$ _____

TOTAL INCOME:

\$ _____

Expenses:

Mortgage or Rental Payment

\$ _____

Utilities

\$ _____

Insurance (home, health, vehicle, etc.)

\$ _____

Medicine and other Medical

\$ _____

Home Maintenance

\$ _____

Credit Cards

\$ _____

Other Loans

\$ _____

Real Estate Taxes

\$ _____

Other financial obligations burdens: (please describe)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL EXPENSES:

\$ _____



Eligibility Guidelines

- **Age:** You must be at least 60 years old
- **Household Income:** For all adult residents at address add gross income, including other energy assistance received; subtract unusual expenses such as large medical bills, home or car repairs. The net number should be less than or equal to the 300% of Federal Poverty Guidelines for the current year; which the REAS Awards Committee will determine.
- **Year-round Charlton resident:** You may not qualify if you do not live in town year-round.
- **Eligibility for other assistance:** Amount received, if any, is added to your household income.
- **Special circumstances that have impacted your ability to pay energy costs:** Unusual expenses are subtracted from your total household income.