



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

APPLICATION FOR ASSISTANCE *page 1 of 4*
2015-2016
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	\$ _____
Heart/wap	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

Name of Provider: _____

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.
- **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. *(to be determined by the REAS Awards Committee)*