

Stow Friends of the Council on Aging
P.O. Box 97, Stow, MA 01775

FUEL ASSISTANCE APPLICATION

(This application is not open to Public Inspection)

NAME: _____ TEL. #: _____
PLEASE PRINT

ADDRESS: _____ STOW, MA 01775

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

NAMES OF ALL HOUSEHOLD MEMBERS AGE 18 AND OVER:

DO YOU RENT? ____YES ____NO OR DO YOU OWN? ____YES ____NO
IF YES, IS HEAT INCLUDED IN YOUR RENT? ____YES ____NO

NAME & ADDRESS OF OIL COMPANY: _____

OTHER UTILITIES: _____

NATURE OF CRISIS: _____

MONTHLY INCOME

(All financial information submitted **CONFIDENTIAL**.
Please provide verification for all sources of income)

ALL INCOME SOURCES: GROSS MONTHLY AMOUNT:
(Total Household)

Social Security.....	\$ _____
Pension.....	\$ _____
Supplemental Security Income (SSI).....	\$ _____
Veterans Administration Benefits (VA).....	\$ _____
Department of Transitional Assistance Benefits.....	\$ _____
Wages, Salaries and other Compensation.....	\$ _____
Interest.....	\$ _____
Dividends/Annuities.....	\$ _____
Rental Income.....	\$ _____
Other (please specify: _____).....	\$ _____

TOTAL GROSS MONTHLY INCOME FROM ALL SOURCES: \$ _____

PLEASE EXPLAIN ANY RECENT LOSS OF INCOME: _____

MONTHLY EXPENSES

(Please provide verification of all sources of expenses)

ALL SOURCES:

MONTHLY EXPENSES:

(Total Household)

Rent	\$ _____
Food	\$ _____
Auto (include loan payments, insurance, repairs, gas, etc.)	\$ _____
Medical Insurance (include medications, co-pays, etc.)	\$ _____
Utilities	\$ _____
Telephone.....	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

PLEASE EXPLAIN ANY UNUSUAL MONTHLY EXPENSES: _____

HAVE YOU APPLIED FOR OR RECEIVED ANY OTHER TYPE OF FUEL ASSISTANCE? _____ YES _____ NO

IF SO, TYPE AND AMOUNT:

TYPE OF FUEL ASSISTANCE:	AMOUNT RECEIVED OR APPLIED FOR:
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_____	_____
_____	_____

DOES YOUR HEATING SYSTEM NEED REPAIR? _____ YES _____ NO

ADDITIONAL COMMENTS: _____

SIGNATURE:

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Applicant's Signature

Date