



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

APPLICATION FOR ASSISTANCE *page 1 of 7*

Date of application: \_\_\_\_\_

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Disabled: Yes or No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Disabled: Yes or No

2. Are there other residents in your household? Yes or No If yes, please provide the following:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Disabled: Yes or No Employed: Yes or No  
Full-time college student: Yes or No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Disabled: Yes or No Employed: Yes or No  
(If employed, additional financial information required) Full-time college student: Yes or No

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

7. What type of assistance are you applying for? Oil Electric Natural Gas Other \_\_\_\_\_  
Air conditioner

Provider: \_\_\_\_\_ Account # \_\_\_\_\_

NAME: \_\_\_\_\_

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

<u>Assistance</u>	<u>Applied</u>	<u>Amount Received</u>
LIHEAP (Low Income Housing Energy Assistance Program through WCAC (Worcester Community Action Council)	Yes or No	\$ _____
Salvation Army	Yes or No	\$ _____
Citizens Energy	Yes or No	\$ _____
Catholic Charities	Yes or No	\$ _____
Other _____	Yes or No	\$ _____

9. What is your gross household income? \$ \_\_\_\_\_

10. Value of your household liquid assets:

Deposit Accounts: Savings \$ \_\_\_\_\_ Checking \$ \_\_\_\_\_ Money Market \$ \_\_\_\_\_ CD \$ \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

**Financial Data for ALL residents of address***(addition household members use back to document income)***Income (Gross):**

Wages, Salary

Social Security, SSI, SSDI, SSP

Pension

Retirement Fund Distribution

Income from Rental Property

Other (please specify) \_\_\_\_\_

**Annual or Monthly** *(please circle one)*

Applicant #1 \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Applicant #2 \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL (GROSS) HOUSEHOLD 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 HOUSEHOLD EXPENSES:**

\$ \_\_\_\_\_



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By signing below, I certify that all information on this application and supporting documents are true and complete to the best of my knowledge.

Applicant #1 (print name)\_\_\_\_\_

Applicant #1 Signature\_\_\_\_\_ Date\_\_\_\_\_

Applicant #2 (print name)\_\_\_\_\_

Applicant #2 Signature\_\_\_\_\_ Date\_\_\_\_\_



## Eligibility Guidelines

- You must be at least 60 years old and reside in the Town of Charlton year round.
- For all adult residents at address add gross income, 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. *(Circumstances that have impacted your ability to pay energy costs and unusual expenses that are subtracted from your total household income will be reviewed and determined by the Charlton REAS Awards Committee.)*
- Amount of total household liquid assets such as deposit accounts, CDs, money markets, etc. will not exceed:
  - age 60—69 \$100,000
  - age 70— 79 \$75,000
  - age 80+ \$50,000
- Proof of income, assets, special circumstances and energy provider required. *(see applicant checklist)*

## **Required Documents Checklist**

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In order for the REAS Committee to review your energy assistance application, **ALL** documents, listed below, are required to be submitted along with your application.

### **Current Social Security Benefit Letter (SSDI, SSI, SSP)**

*Obtaining this benefit letter is important because we need to know whether to include the deduction from Medicare, or not. These letters are sent out annually, beginning at the end of December. If you do not have a copy of this, please log into your account with Social Security Administration and print the current year's letter, or if you don't have an account set up, you can call 800-772-1213 to request a copy of the benefit letter.*

### **Proof of Income (Gross)**

*Please include any, and ALL, income you receive in your house from all persons 18 years of age and older. If you cannot find the annual statement, a signed letter from your benefit provider will suffice.*

### **Most Current Bank Statements**

*You will need to provide all checking, savings, etc. accounts for all persons 18 years of age and older who reside in the household.*

### **Most Current Energy Bill**

*How do you heat/cool your home? Please submit the most current statement from your energy provider. THE BILL MUST BE IN APPLICANT'S NAME IN ORDER TO BE ELIGIBLE FOR ENERGY ASSISTANCE.*

The REAS Committee may contact you to obtain additional information if they find it necessary.

Thank you for collecting this information. Our goal is to get this information as soon as we can to process the application quickly and get you the assistance you need.



## Additional Resources

- *Low Income Home Energy Program (LIHEAP)* provides eligible households with financial assistance directly to fuel vendor
- *Weatherization Assistance Program (WAP)* provides eligible households with full-scale home energy efficiency services.
- *Heating Emergency Assistance Retrofit Task Weatherization Program (Heartwap)* provides heating system repair and replacement services to low-income households

*Contact:*

Worcester Community Action Council, Inc. (WCAC)  
484 Main St. 2nd Floor  
Worcester, MA 01606  
508-754-1176 x110

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- *Mass Save (National Grid)* provides no-cost home energy assessments Call: 1-866-527-7283
  - *Good Neighbor Energy Fund / Salvation Army* Call: 1-800-334-3047
  - *Citizens Energy (JOE-4-OIL)* Call: 1-877-563-4645
  - *Catholic Charities* Call: 508-765-5936
  - *Tri-Valley Elder Services* Call: 1-800-286-6640

*\*Keep in mind that local churches and charitable organizations may also provide assistance.*