

HARVARD ENERGY ASSISTANCE TEAM

LOW-INCOME ENERGY ASSISTANCE GUIDELINES

A. ELIGIBILITY

The fund has been established to provide energy assistance for low-income Harvard residents.

Applicants must provide documentation of income earnings in order to be eligible to participate in this program. Income shall include all income such as pensions, interest from savings accounts, IRA's, stocks or bonds, etc. Submit copy of utility bill to be considered as well.

2010- 2011 Fuel Assistance Income Eligibility Chart Based on Gross Annual Income

Family Size (# of people in household)	Income Limit
1	\$29,800
2	\$40,000
3	\$50,300
4	\$60,600
5	\$70,900
6	\$81,200
7	\$91,500
8	\$101,700

Extraordinary circumstances (e.g. an unusual expense burden) will be considered.

B. APPLICATION PROCESS

A copy of documentation demonstrating participation in the Commonwealth of Massachusetts' Low Income Home Energy Assistance Program (if eligible) or other earnings records must accompany the application. Applications will be accepted November 1, 2010 through March 1, 2011.

All information received will be held in the strictest confidence.

C. DISTRIBUTION OF FUNDS

Funds will be disbursed on a rolling basis. Since funds are derived from volunteer contributions, no set dollar amount can be established.

The funds that are granted to applicants will be paid directly to the energy source provider: natural gas, heating oil, or electric company.

For further information contact Council on Aging Director Ginger Quarles at telephone number 978.456.4120, Town Administrator, Tim Bragan at 978.456.4100 x13 or Executive Assistant Julie Doucet at 978.456.4100x12.

HARVARD ENERGY ASSISTANCE TEAM

APPLICATION FOR ENERGY ASSISTANCE

Name(s) of Property Owner: _____

Address: _____

Telephone Number: _____

Names of Household Residents: _____

Sources and Amount of Household Annual Income: _____

Heating Source (Please Circle): Natural Gas Heating Oil Electric Other

Please provide any additional information that you feel may be relevant: _____

Signature: _____

Date: _____

Submit to: HEAT, Town of Harvard, 13 Ayer Road, Harvard, MA 01451

Attach documentation of participation in Massachusetts Low Income Home Energy Assistance Program (if eligible).