

# 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.

#### 2017- 2018 Fuel Assistance Income Eligibility Chart Based on Gross Annual Income

Family Size (# of people in household)	Income Limit
1	\$33,165
2	\$44,660
3	\$56,155
4	\$67,650
5	\$79,145
6	\$90,640
7	\$102,135
8	\$113,630

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, 2017 through March 1, 2018**.

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 Debbie Thompson at telephone number 978.456.4120, Town Administrator, Tim Bragan at 978.456.4100 x313 or Executive Assistant Julie Doucet at 978.456.4100x312.*

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## APPLICATION FOR ENERGY ASSISTANCE

Name(s) of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names and ages of Household Residents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach copies of all sources of Gross Household Annual Income (Social Security, Unemployment, Pensions, Rental income, Child Support, etc.)

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

Heating Source (Please Circle):    Natural Gas       Heating Oil       Electric       Other  
Attach a copy of most recent heating bill.

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**