

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.

2015- 2016 Fuel Assistance Income Eligibility Chart Based on Gross Annual Income

| Family Size (# of people in household) | Income Limit |
|--|-----------------|
| 1 | \$32,368 |
| 2 | \$43,808 |
| 3 | \$55,248 |
| 4 | \$66,688 |
| 5 | \$78,128 |
| 6 | \$89,568 |
| 7 | \$101,008 |
| 8 | \$112,448 |

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 2, 2015 through March 1, 2016.**

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