HANDS

***H**elping **A**ddress the **N**eeds of **D**udley's **S**eniors* is a nonprofit group comprised of Dudley residents, employees, and business owners, here to help Dudley seniors whose good planning is no longer enough to meet their monthly food, heating and/or utility expenses. HANDS will provide aid for those who qualify, through grants paid directly to heating and utility companies. If you are 60 years of age or older, a resident of Dudley, and find yourself in need of heating or utility assistance, please **completely** fill out the following application and mail it to the following address:

HANDS Group
P.O. Box 343
Dudley, MA 01571

All applications are strictly confidential and the information provided therein will be used solely for the purpose of determining financial aid eligibility.

For priority consideration, applications must be received by **December 31, 2016.**

Donations to HANDS are accepted year round. Checks may be made payable to HANDS and mailed to the address above.
All donations are tax deductible.

HANDS Board Members:

Mark Bartel	Jayne Cacciapuoti
David Gould	Paul Joseph
Maribeth Marzeotti	James Stochaj
David Tonkin	John White
Sarah White	Chief Wojnar

Should you have questions or need further information, please call HANDS at (508)943-8517

For application, see reverse side

HANDS

FINANCIAL ASSISTANCE APPLICATION

for heating/utility costs

ALL questions must be answered to process this application.

Name:_____

Address:_____

Phone #:_____ **Age:**_____

(we may need to contact you to better understand your circumstances)

Total # of adults living at this address:_____

What is your **annual** household income? _____

Do you own or rent?_____ If renting, is heat included in your monthly rent?_____

What is your **annual** heating cost?_____

Have you already, or will you receive fuel assistance from any other source this heating season?

____yes ____no

If yes, how much and from what source?_____

Do you receive the R2 (low-income) rate on your electric bill?____yes ____no

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

_____

_____

_____

Type of assistance you are seeking: ____oil ____gas ____electric ____other

May we contact your heating/electric supplier regarding your account should we need further information? ____yes ____no

Name of Oil/Gas/Utility Company to which payment is to be made:

_____**tel. #:**_____

Mailing Address:_____

Town/City:_____**Zipcode:**_____

Your account # with provider:_____

Signature of applicant:_____

Date of application: _____

_____

Mail completed application to: **HANDS**
P.O. BOX 343
DUDLEY, MA 01571

For office use only

Date recv'd:_____

09/16