



# HANDS

*Helping Address the Needs of Dudley's Seniors* 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, 2017**.

**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        | Paul Joseph   |
| David Gould        | James Stochaj |
| Maribeth Marzeotti | John White    |
| David Tonkin       | Chief Wojnar  |
| Sarah White        |               |

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)

Do you own, rent or other? \_\_\_\_\_ If renting, is heat included in your monthly rent? \_\_\_\_\_ If other, explain: \_\_\_\_\_

Total # of adults living at this address: \_\_\_\_\_

What is your **annual** household income? \_\_\_\_\_

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: \_\_\_\_\_