

**FISCAL 2016-2017 WESTON WARM-UP FUND
APPLICATION FOR FUEL ASSISTANCE**

COMPLETED APPLICATION MUST BE SUBMITTED BY MAY 1, 2017

When completed, kindly send this application, along with all necessary documentation to:
Weston Warm-Up Fund
P.O. Box 1254
Weston, CT 06883

SECTION A: Household Information

_____ Date: _____
First Name Middle Initial Last Name
Address: _____ Phone: _____
Date of Birth: _____ Current Age: _____ Number in Household: _____
Number of Children under 18 _____
Ages and Gender of those under 18 _____
Number of Adults: _____ Ages & Gender of Adults: _____
Number of Disabled Persons: _____
Ages and Gender of Disabled Persons: _____
Major Source of Heat: Oil _____ Gas _____ Electric _____ Other _____
Fuel Provider Name: _____
Address: _____
Phone: _____ Account Number: _____

Section B: Please attach to this application the following documents:

1. A copy of your 2016 Federal Tax Return if required to file one.
 2. Copy (ies) of your Social Security Statement (s)
 3. A Summary of your heating bills from June, 2016 – April, 2017. This information can be obtained from your heating provider.
 4. Copy (ies) of 2016 Federal Income Tax Returns for any other adults, 21 years or older, living at this residence. College students are exempt.
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SECTION C: Combined Household Income for 2016

Gross Salary/Earnings _____ Veteran's Benefits _____
Bonuses and Commissions _____
Unemployment/Workmen's Compensation _____
Social Security: Self _____ Spouse _____
Child Support/Alimony _____ Rental Income _____
Supplemental Social Security _____ Support from Others _____
Public Assistance _____ Dividends/Interest _____
Pension and /or Retirement _____
Capital Gains _____
Other (Please specify) _____
TOTAL GROSS INCOME _____

SECTION D: Assets as of December 31, 2016

Total Cash on Hand and in the Bank _____
Total Value of Certificates of Deposit _____
Total Value of Stocks and Bonds _____
Total Value of Individual Retirement Plans (IRA's) and/or Deferred Income
Plans: _____

Please list any other assets, such as second automobile, second home, rental properties:

Description	Value
_____	_____
_____	_____

Note: The Warm-Up Fund will obtain the assessed value of your residence and other real estate holdings from the Weston Tax Collector's Office.

The Warm-Up Fund reserves the right to ask for additional information such as multiple bank statements and additional tax returns for children over 21 years of age living at home to verify income.

SECTION E: Debts as of December 31, 2016

Amount Owed

Outstanding Current Mortgage: _____

Total Medical Bills Currently Owed: _____

Total Credit Card (s) Currently Owed: _____

In the event that you have incurred extraordinary and non –reimbursable medical or other expenses in the past twelve months, please list them below:

SECTION F:

The submission of this signed application requesting financial assistance automatically transfers my permission for my heating company to release any pertinent account information to the Weston Warm-Up Fund, Inc.

I certify that all information contained in this application is accurate to the best of my knowledge.

The Weston Warm-Up Fund, Inc. considers all information contained in this application to be highly confidential, and it is not shared with any other person or organization except for its Board of Directors.

Signature of Applicant: _____ **Date:** _____