**FISCAL 2021-2022 WESTON WARM-UP FUND**

**APPLICATION FOR FUEL ASSISTANCE**

**COMPLETED APPLICATION MUST BE SUBMITTED BY MAY 1, 2022**

When completed, send this application and 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 of People in Household: \_\_\_\_\_\_\_\_\_

Number of Children under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age and Gender of those under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Adults: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age & Gender of Adults: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Disabled Persons: \_\_\_\_\_\_\_\_ Age & Gender of Disabled Persons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Source of Heat: Oil\_\_\_\_\_ Gas\_\_\_\_\_ Electric\_\_\_\_\_ Other\_\_\_\_\_

Fuel Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for any other type of heating/fuel assistance between June 2021 and April 2022?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ If yes, list (i.e. CEAP, Operation Fuel): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* 1. A copy of your 2021 Federal Tax Return, if required to file one.
* 2. Copy of your Social Security Statement(s)
* 3. Summary of your heating bills from June 2021 to April 2022. (This information can be obtained from your heating provider.)
* 4. Copy of 2021 Federal Income Tax Returns for any other adults, 21 years or older, living at this residence. College students are exempt.

**SECTION C: Combined Household Income for 2021**

Gross Salary/Earnings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veteran’s Benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bonuses and/or Unemployment and/or

Commissions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Workers’ Compensation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security: Self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Partner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, 2021**

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, 2021**

 **Amount Owed**

Do you own or rent your home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If own, what is your current

outstanding 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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. Please be advised that in addition to the Weston Warm-Up Fund Board of Directors, this information could possibly be shared with the Weston Social Services Department.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For WUF Use Only:**

**WUF Rep Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Rcvd. \_\_\_\_\_\_\_\_\_\_\_\_**