## WESTON WARM-UP FUND – FISCAL YEAR 2023-2024 APPLICATION FOR FUEL ASSISTANCE

## **COMPLETED APPLICATION MUST BE SUBMITTED BY MAY 1, 2024**

Send complete application and all required documentation to:
Weston Warm-Up Fund
P.O. Box 1254, Weston, CT 06883

SECTION A: Household Informa	ation		
Applicant Contact Information:			
First Name M.I.		Date:	
First Name M.I.	Last Name		
Address:			, Weston CT 06883
Phone:	_ Email Ad	dress:	
Applicant Date of Birth:		Applicant Current Age:	
Household Information:			
Total Number of People in Househo	old (including your	rself):	
Number of Children under 18:	A	age of those under 18:	
Number of Other Adults:	Age o	f Other Adults:	
Number of Disabled Persons:	A	ge of Disabled Persons:	
Fuel Provider Information:			
Primary Source of Heat: Oil	Gas	Electric	Other
Fuel Provider Name:			
Provider Address:			
Phone:	Accoun	nt Number:	
Do you have a service contract with	a fuel provider:	Yes No	
If yes, specify company name:			
Have you applied for any other type	e of heating/fuel as	sistance between June 2023 ar	nd April 2024?
Yes No	If yes, list (i.e. CEA	AP, Operation Fuel):	

Total Value of Individual Retirement Plans (IRA's)

and/or Deferred Income Plans:

SECTION B: Please attach to this application the	he following documents:
<ul> <li>1. A copy of your 2023 Federal Tax Return, if residence. College students are exempt.</li> <li>4. Heating bills from September 1, 2023 through obtained from your heating provider.)</li> </ul>	or any other adults, 21 years or older, living at this
SECTION C: Combined Household Income for	2023
Gross Salary/Earnings:	Veteran's Benefits:
Bonuses and/or Commissions:	Unemployment and/or 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, 2023	
Total Cash on Hand and in the Bank:	
Total Value of Certificates of Deposit:	
Total Value of Stocks and Bonds:	

## SECTION D: Assets as of December 31, 2023 (continued)

Please list any other assets, such as sec	cond automobile, second home, rental properties:
Description	Value
from the Weston Tax Collector's Office The Warm-Up Fund reserves the right	the assessed value of your residence and other real estate holdings e.  to ask for additional information such as multiple bank statements over 21 years of age living at home to verify income.
SECTION E: Debts as of December	r 31, 2023
	<b>Amount Owed</b>
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:	
Please list any extraordinary and non- the past twelve months that you feel sl	reimbursable medical or other expenses that you have incurred in hould be taken into consideration:

Weston Warm-Up Fund Application for Fuel Assistance	Weston	Warm-	-Up Fund	d Applicati	ion for Fu	el Assistanc
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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 Human Services Department.

Signature of Applicant: Date:
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