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 Information

SECTION A. Household Information		
Applicant Contact Information:		
	Date:	
First Name M.I. Last Name		
Address:		_, Weston CT 06883
Phone: Email Add	ress:	
Applicant Date of Birth:	Applicant Current Age:	
Household Information:		
Total Number of People in Household (including yours	self):	
Number of Children under 18: Aş	ge of those under 18:	
Number of Other Adults: Age of	Other Adults:	
Number of Disabled Persons: Aş	ge of Disabled Persons:	
Fuel Provider Information:		
Primary Source of Heat: Oil Gas	Electric	Other
Fuel Provider Name:		
Provider Address:		
Phone: Accoun	t 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 of heating/fuel ass	sistance between June 2023 an	nd April 2024?
Yes No If yes, list (i.e. CEA	P, Operation Fuel):	

Total Value of Stocks and Bonds:

and/or Deferred Income Plans:

Total Value of Individual Retirement Plans (IRA's)

SECTION B: Please attach to this application the following documents: 1. A copy of your 2023 Federal Tax Return, if required to file one 2. Copy of your Social Security Statement(s) 3. Copy of 2023 Federal Income Tax Returns for any other adults, 21 years or older, living at this residence. College students are exempt. 4. Heating bills from September 1, 2023 through April 15, 2024 (This information can be obtained from your heating provider.) **SECTION C: Combined Household Income for 2023** Gross Salary/Earnings: _____ Veteran's Benefits: Bonuses and/or Unemployment and/or Workers' Compensation: Commissions: Social Security: Self: Spouse/Partner: Child Support/Alimony: Rental Income: Supplemental Social Security: Support from Others: _____ Dividends/Interest: Public Assistance: 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:

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

Please list any other assets, such as secon	nd automobile, second home, rental properties:
Description	Value
from the Weston Tax Collector's Office. The Warm-Up Fund reserves the right to	e assessed value of your residence and other real estate holdings ask for additional information such as multiple bank statements for 21 years of age living at home to verify income.
SECTION E: Debts as of December 3	1, 2023
<u>A</u>	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: _	
Please list any extraordinary and non-rei the past twelve months that you feel show	imbursable medical or other expenses that you have incurred in all be taken into consideration:

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 Human Services Department.

Signature of Applicant:	Date:	
Signature of Applicant.	Date	