



Enclosed is the Help @ H.O.M.E./Welcome Aldrich Relief Fund form that you requested. Please complete it and return it to the:

Holden Council on Aging
1130 Main Street
Holden, MA 01520

Along with your completed application, please remember to include a copy of:

- **Your government issued photo identification**
- **Proof of your household income**
- **The bill you are requesting assistance with**
- **Copy of your most recent bank statements**

If you have any questions, comments, or concerns, do not hesitate to contact us at 508-210-5570.

Sincerely,

Paula Earley, Outreach Worker
Dale Hayden, Outreach Worker

Enclosure



Louise Charbonneau
Director

Town Of Holden MASSACHUSETTS

COUNCIL ON AGING

APPLICATION ~ HELP @ H.O.M.E./WELCOME ALDRICH RELIEF FUND

Date: _____

Name: _____ Telephone Number: _____

Address: _____ Date of Birth _____

How long have you lived in Holden? _____

Number of persons on household: Adults _____ # of Children (under 18) and ages _____

Is anyone in the household working? Yes _____ No _____

What is the monthly income of the household? _____ **(Proof of income is required)**

Does anyone in the household receive financial aid for the following?

Unemployment Yes _____ No _____ If yes, amount of unemployment _____

Child Support Yes _____ No _____ If yes, amount of child support _____

Elder tax abatement (Clauses 41, 41B, 41C) Yes _____ No _____ If yes, amount of abatement _____

Veteran tax abatement Yes _____ No _____ If yes, amount of abatement _____

(Clauses 22, 22A, 22B, 22C, 22D, 22E, and Paraplegics)

Blind tax abatement (Clauses 37, 37A) Yes _____ No _____ If yes, amount of abatement _____

Fuel Assistance Yes _____ No _____ If yes, amount of assistance _____

Food Stamps Yes _____ No _____ If yes, amount of food stamps _____

Phone Discount Yes _____ No _____ If yes, amount of discount _____

Housing Assistance Yes _____ No _____ If yes, amount received _____

Do you own _____ or rent _____ your home? **(Proof of mortgage or rent is required)**

Do you receive any rental assistance / Section 8? Yes _____ No _____

If you rent, are utilities included? Yes _____ No _____ What is the name and telephone number of your landlord?

If you own your home, what is the town's appraisal value of the property? _____

Please include: the name of the company, your account number, and a copy of the overdue bill (include a copy of the termination notice, if applicable.)

Please give a brief history and the reasons you require this aid. _____

What is the approximate cost of this aid? _____

Have you made a payment plan to pay for the outstanding bill or bills? Yes _____ No _____

If so, describe the arrangement, including the party's name. _____

Have you received from the Welcome Aldrich Relief Fund within the last 12 months? Yes _____ No _____

If yes, what was the aid for? _____

Have you ever been refused aid from this fund? Yes _____ No _____ If yes, when? _____

Please list all agencies that you have contacted to provide the current need or needs.

Have you talked to other agencies that would supply this aid? Yes _____ No _____

If yes, which one(s)? _____

Have any of these agencies given you aid? Yes _____ No _____ If yes, which ones and how much aid did they provide? _____

Please attach any additional information or outstanding bills that will assist the committee in making their decision. Also, please attach a copy of your bank statement and photo ID.

I agree that the information I have provided is accurate to the best of my knowledge. I also authorize the release of any information necessary for the processing of this application to the authorized representative of the Holden Council on Aging / Senior Center. I can rescind the "Release of Information" authorization by notification in writing at any time.

Date: _____ Signature _____

How did you find out about the *Welcome Aldrich Relief Fund*? *Help at HOME* booklet _____,
Town Website _____, Town Department _____, Local TV _____, Other (please specify) _____

Any misinformation is cause for rejection of this application

For office use only

HAH #

Reviewed by _____ Date _____

Approved _____ Disapproved _____ By _____ Date _____

HCOA Approval by _____ Date _____

Check to be issued to _____ Date _____ Amount _____

Rev. 2/23/2015



Louise Charbonneau
Director

TOWN OF HOLDEN

MASSACHUSETTS

COUNCIL ON AGING

RELEASE OF INFORMATION

I, _____, the undersigned, authorize the Holden Council on Aging to release information or have discussion pertaining to my application for assistance with the following individual(s):

Name _____

Last 4 digits of Social Security Number _____

Address _____

Phone Number _____

Name _____

Last 4 digits of Social Security Number _____

Address _____

Phone Number _____

Signature of Applicant _____

Date: _____

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