



# HELP *at* H.O.M.E.

WELCOME ALDRICH RELIEF FUND

Holden Outreach – Managing Emergencies

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



# Town Of Holden

## MASSACHUSETTS

### COUNCIL ON AGING

Karen L. Phillips  
Director

#### 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 \_\_\_\_\_

Have you or a member of your immediate family suffered loss of employment or economic hardship as a result of the COVID-19 pandemic? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the monthly income of the household? \_\_\_\_\_ **(Proof of income/Letter of Loss of Employment 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***

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**For office use only**

**HAH #**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

HCOA Approval by \_\_\_\_\_ Date \_\_\_\_\_

Check to be issued to \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_



Karen L. Phillips  
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:** \_\_\_\_\_

Rev: 2/24/23