



HELP *at* HOME.

WELCOME ALDRICH RELIEF FUND Holden Outreach – Managing Emergencies

Enclosed is the 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. You may talk with either Paula or Cindy.

Sincerely,

Paula Earley, Outreach Worker
Cindy Smith, Outreach Worker

Enclosure



Town Of Holden
MASSACHUSETTS

COUNCIL ON AGING

APPLICATION ~ WELCOME ALDRICH RELIEF FUND

Louise Charbonneau
Director

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

Reviewed by _____ Date _____

Approved _____ Disapproved _____ By _____ Date _____

HCOA Approval by _____ Date _____

Check to be issued to _____ Date _____ Amount _____

Rev. 2/23/2015



TOWN OF HOLDEN

MASSACHUSETTS

COUNCIL ON AGING

Louise Charbonneau
Director

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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