

APPLICATION TO THE JOHN CORNELL FUND

Notice to Applicants: Please be advised that information contained in this application may be subject to disclosure in accordance with the Massachusetts Open Meeting Law or Public Records Law, with the exception of information that is exempt from disclosure under M.G.L. Chapter 4 Section 7, Clause twenty-six (c), which exempts from disclosure "materials or data relating to a specifically named individual, the disclosure of which would constitute an unwarranted invasion of personal privacy."

It is important that all questions and information be answered fully and completely. Failure to do so may delay or cause to deny applicant from receiving fuel assistance.

Date of application _____

Name (Please print) _____

Address _____

Email: _____

Telephone Cell: _____ Home: _____

A. PERSONAL:

1. My date of birth is _____. The above is my voting address and I have lived at this address for ____ years.

2. Do others live at this address? **YES - NO.** List all who live at this address and their relationship to you.

3. Do you, or anyone living with you, receive public assistance or assistance from any source not specified in one of your answers? **YES - NO.** *If Yes, please explain below.*

4. Do you, at this time, have any other applications pending for assistance? **YES - NO.** *If Yes, please explain below.*

5. Are you, or is anyone living at this address, a veteran? YES - NO.

Note: As an applicant for heating assistance from the Cornell Fund please consider other possible sources of help. We are but one such agency. In addition to this application, we encourage you to seek guidance from Andover Elder Services, and if you're a veteran the Director of Veterans Services may know of additional resources for which you may qualify.

6. The fuel used for my home heating is _____ (type of fuel).
My supplier of that product is

(company name/address/phone)

B. FINANCIAL:

1. Present assessed value of your residence is:

\$ _____ *(Andover Tax Office)*

2. If owned, current unpaid balance on mortgage is:

\$ _____ and the full monthly payment amount is:

\$ _____ *(Please attach copy of most recent mortgage statement)*

3. If you are a renter, what is the monthly payment?
 \$ _____ (Please attach copy of most recent lease or rental agreement).

4. Is there now a second mortgage (or equity line) on this residence?
YES - NO. If Yes, what is the outstanding balance?
 \$ _____, and monthly payment is \$ _____.
 (Please attach copy of mortgage or HELOC contract)

C. EXPENSES

List all other expense items not included in the above listing. This should include the following:

| | MONTHLY | or | ANNUAL |
|---------------------------|----------|----|----------|
| Property Tax | \$ _____ | | \$ _____ |
| Homeowners Insurance | \$ _____ | | \$ _____ |
| Electricity | \$ _____ | | \$ _____ |
| Water | \$ _____ | | \$ _____ |
| Primary Heating fuel | \$ _____ | | \$ _____ |
| Other heating supplies | \$ _____ | | \$ _____ |
| Phone - include cell cost | \$ _____ | | \$ _____ |
| Cable TV/Internet | \$ _____ | | \$ _____ |
| Auto Payment | \$ _____ | | \$ _____ |
| Estimate Fuel | \$ _____ | | \$ _____ |
| Insurance | \$ _____ | | \$ _____ |
| Maintenance | \$ _____ | | \$ _____ |
| Other | \$ _____ | | \$ _____ |
| Credit Card Payments | \$ _____ | | \$ _____ |
| Other | \$ _____ | | \$ _____ |
| Other | \$ _____ | | \$ _____ |

D. INCOME

Show income from all sources for all residents living at this address. **(Figures can be monthly or annual and so identified):**

Employment (part or full Time) \$ _____
 Unemployment Insurance (if any) \$ _____

