

GRAND TRAVERSE COUNTY COMMISSION ON AGING
SENIOR HEATING ASSISTANCE
APPLICATION FORM

Instructions:

- Please complete all items on the form and return it to the COA office.
- You must also provide proof of income (income tax return, Social Security Benefit statements, bank statements, pension statements, etc.) and proof of residency (photo ID, Driver's License or utility bill addressed to you).
- Please provide copies of any invoices/bills that you are requesting assistance with.
- For wartime veterans or surviving spouse of a wartime veteran, please first call the VA office at 995-6070 to see if you are eligible for VA emergency assistance before applying for assistance through the COA.

DATE: _____

APPLICANT'S NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____ CITY: _____

ZIP CODE: _____ RESIDENT OF GRAND TRAVERSE COUNTY? Y or N _____

TELEPHONE NUMBER: _____ # PERSONS IN HOUSEHOLD _____

LIST ALL OTHER PERSONS LIVING IN YOUR HOUSEHOLD AND DATE OF BIRTH FOR EACH:

Name Date of Birth

Name Date of Birth

Name Date of Birth

List any insurance you have for medical/dental/vision/prescription coverage:

Medicare? Yes or No

Medicaid? Yes or No

Other insurance: _____

Please provide detailed information for this request for financial assistance and the amount needed. *(Please note that utility bills must be past due or scheduled for disconnect in order to be considered and must be in the name of the person requesting assistance).*

Company owed: _____

Account #: _____

Details: _____

INCOME INFORMATION: You must list income for ALL members of your household.

<u>Person Receiving Income</u>	<u>Type of Income</u>	<u>Amount Received Monthly (\$)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

ASSET INFORMATION:

Does anyone in your household have any of the following assets? If yes you must provide details, i.e., amounts, values, account balances, etc.

- | | | |
|--------------------|------------------------------|-----------------------|
| _____ Cash | _____ Checking Account | _____ Savings Account |
| _____ Stocks | _____ Money Market Accounts | _____ Bonds |
| _____ IRA/401K | _____ Certificate of Deposit | _____ Keogh |
| _____ Mutual Funds | _____ Deferred Compensation | _____ Income Property |
| _____ Other | | |

Describe all Yes responses:

Does anyone in your household own a vehicle (car, truck, boat, RV, camper, motorcycle?)

Yes or No If yes, give details:

<u>Vehicle Make</u>	<u>Vehicle Model</u>	<u>Vehicle Year</u>	<u>Estimated Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

