



# HANDS

*Helping Address the Needs of Dudley's Seniors* is a nonprofit group comprised of Dudley residents, employees, and business owners, here to help Dudley seniors whose good planning is no longer enough to meet their monthly food, heating and/or utility expenses. HANDS will provide aid for those who qualify, through grants paid directly to heating and utility companies. If you are 60 years of age or older, a resident of Dudley, and find yourself in need of heating or utility assistance, please **completely** fill out the following application and mail it to the following address:

**HANDS Group**  
**P.O. Box 343**  
**Dudley, MA 01571**

All applications are strictly confidential and the information provided therein will be used solely for the purpose of determining financial aid eligibility.

For *priority* consideration, applications must be received by **December 31**.

**Donations** to HANDS are accepted year round. Checks may be made payable to HANDS and mailed to the address above.

All donations are tax deductible.

## HANDS Board Members:

Mark Bartel  
David Gould  
Maribeth Marzeotti  
David Tonkin  
Sarah White

Paul Joseph  
James Stochaj  
John White  
Chief Wojnar

Should you have questions or need further information, please call HANDS at (508)943-8517

**For application, see reverse side**



**HANDS**  
**FINANCIAL ASSISTANCE APPLICATION**  
 for heating/utility costs

**ALL** questions must be answered to process this application.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Age:** \_\_\_\_\_

(we may need to contact you to better understand your circumstances)

Do you own, rent or other? \_\_\_\_\_ If renting, is heat included in your monthly rent? \_\_\_\_\_ If other, explain: \_\_\_\_\_

Total # of adults living at this address: \_\_\_\_\_

What is your **annual** household income? \_\_\_\_\_

What is your **annual** heating cost? \_\_\_\_\_

Have you already, or will you receive fuel assistance from any other source this heating season?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, how much and from what source? \_\_\_\_\_

Do you receive the R2 (low-income) rate on your electric bill? \_\_\_\_\_yes \_\_\_\_\_no

Please list any special circumstances, such as emergency home repairs, extensive medical bills, etc., that have impacted your ability to pay energy costs:

\_\_\_\_\_  
 \_\_\_\_\_

Type of assistance you are seeking: \_\_\_\_oil \_\_\_\_gas \_\_\_\_electric \_\_\_\_other

May we contact your heating/electric supplier regarding your account should we need further information? \_\_\_\_yes \_\_\_\_no

**Name of Oil/Gas/Utility Company to which payment is to be made:** \_\_\_\_\_  
**tel. #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Your account # with provider:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

**Date of application:** \_\_\_\_\_

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Mail completed application by **DECEMBER 31** to: **HANDS**  
**P.O. BOX 343**  
**DUDLEY, MA 01571**

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**For office use only**

Date recv'd: \_\_\_\_\_