

Date Rec'd \_\_\_\_\_

## **KEEPING IT COOL BROCKTON**

### City of Brockton Cooling Grant Recipient Application (table top fan or an A/C based on availability)

To qualify you must be a Brockton resident, aged 60 or older and meet income guidelines. Please note medical need along with age and income will take first priority. Approved applicants will be notified by the Council on Aging. Limited supply.

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

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

Phone Number: \_\_\_\_\_

DOB: \_\_\_\_\_

#of people in household ages 60+ \_\_\_\_\_

#of people in household ages 19-59 \_\_\_\_\_

#of people in household ages 0-18 \_\_\_\_\_

Are you a Veteran?     Yes     No

Annual Income Guidelines	
Number of People in a Household	150% of Federal Poverty Level
1	\$19,140
2	\$25,550
3	\$32,580
4	\$39,300
5	\$46,020
6	\$52,740

Is your total income at or below the amount listed on the chart?     Yes     No

Are you currently receiving SNAP (food stamp) benefits?     Yes     No

Do you receive fuel assistance?     Yes     No

Are you a participant in the monthly Food Commodity program (GBFB)?     Yes     No

Do you live in subsidized housing?     Yes     No

Do you or a family member have a medical condition that makes it uncomfortable to be in extreme heat, such as COPD, Asthma etc.?     Yes     No

If you answered yes, please explain the medical condition \_\_\_\_\_

Do you use an air conditioner?     Yes     No    If yes, is it: Window/Portable    Central

*I attest that the information provided is accurate and complete.*

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

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For COA use only:    Approved:     Yes     No

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_