

BROCKTON

CITY OF CHAMPIONS

Keeping It Cool

Cooling Grant Intake and Eligibility Application

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

Name *

First

Last

Date of Birth *



Primary Phone *

Secondary Phone

Email (optional)

Home Address *

Mailing Address (if different from Home Address)

Gender *

- Female Male Other Prefer not to say

Race (check all that apply) *

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other Prefer not to say

Ethnicity *

- Not Hispanic or Latino Hispanic or Latino Prefer not to say

What assistance are you in need of? (check all that apply) *

- Window A/C Unit Table Fan No preference

Do you currently use an air conditioner?

- Yes No

If yes, what type of unit is it?

- Window Portable Central

If you are found eligible to receive a Window A/C Unit, will you have someone available to assist you with pick up and installation?

- Yes No

Were you referred to us by another agency?

- Yes No

If yes, please provide the name of the agency below.

...

What is your household's primary language? *

- English Portuguese Spanish
 Haitian-Creole Cape Verdean-Creole
 French Chinese
 Other

What is your source of income? (check all that apply) *

- Employed Full Time (30+ hours)
 Employed Part Time (less than 30 hours) Retired
 SSI/Disability Unemployed
 Other

of people in household ages 60+ *

- 0 1 2 3 4+

of people in household ages 19-59 *

- 0 1 2 3 4+

of people in household ages 0-18 *

- 0 1 2 3 4+

Are you a Veteran?

- Yes No

Are you currently receiving SNAP (food stamp) benefits?

- Yes No

Do you live in subsidized housing?

- Yes No

Do you receive fuel assistance?

- 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 to the previous question, please explain the medical condition.

Family Size (# of people in the household)	100% Federal Poverty Level*	200% Federal Poverty Level*
1	\$12,760	\$25,520
2	\$17,240	\$34,480
3	\$21,720	\$43,440
4	\$26,200	\$52,400
5	\$30,680	\$61,360
6	\$35,160	\$70,320
7	\$39,640	\$79,280
8	\$44,120	\$88,240

Annual Income

Is your total household income at or below the amount listed on the chart above?

Yes No

Do you have any other needs that we can help you with? Please explain below.

You must **SIGN** and then **SUBMIT** this application. You can also submit the application via mail, walk-in, or fax to the ***Brockton Council on Aging.***

10 Father Kenney Way., Brockton, MA 02301

Fax: (508) 580-1674 - Put attention to: **COOLING GRANT**

By submitting this application I attest that the information provided is true and accurate to the best of my knowledge. I also understand that the submission of this application DOES NOT guarantee assistance.

PLEASE NOTE: By submitting this application, you authorize The Brockton Council on Aging to share your basic information with our collaborating agencies in order to help reduce duplication of services and A/C distribution.

Please sign and date below to acknowledge the above statements.

Today's Date *



Applicant Signature *

FOR COA OFFICE USE ONLY

Please do not enter anything in these fields.

Date Received



Approved

Yes

No

Approved by:

Date Approved



Notes:

Equipment Received

