



# 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 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:

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	100% Federal Poverty Level	200% Federal Poverty Level
1	\$14,580	\$29,160
2	\$19,720	\$39,440
3	\$24,860	\$49,720
4	\$30,000	\$60,000
5	\$35,140	\$70,280
6	\$40,280	\$80,560
7	\$45,420	\$90,840
8	\$50,560	\$101,120

**Annual Income**

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

- 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 submit the application via mail, walk-in, or fax to the **Brockton Council on Aging**:

1 Feinberg Way, Brockton MA 02301

Fax: (508) 580-0289 – 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:**

**Equipment Received:**