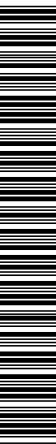


MASS. HOME ENERGY ASSISTANCE AND WEATHERIZATION APPLICATION 2025-2026

Community Action, Inc. ("THE AGENCY")  
3 Washington Square, Haverhill, MA 01830, Tel.: 978-373-1971

IMPORTANT: This application must be complete and requires the signature of the Applicant. Please turn this page over, read and then sign this application in the highlighted area. If you do not sign the back of this application you will not receive home energy assistance.



NewRecertBenefit Code:App Number20260350PINOBZ373

Incomp. Date:App Date:Complete:Cert:Intake Site:PORTEmrg:

ApplicantPlease complete or correct this section for the Applicant.

Name/Mailing AddressHome Address (if different)

JOSE CORTES  
16 PRESIDENTIAL DR APT 16  
HAVERHILL MA 01835

e-Mail: JOSENIGHTBREED@GMAIL.COM  
Phone: (978)872-3923  
(Please Circle One): HomeCellularOther

Do you speak and understand English? If No, what is your primary language?  
YesNo

Household MembersPlease complete or correct this section for all persons in your household.

Total Number In Household: 1 (Do not include Foster children here)

Name	Birth Date	Social Security Age Number	Income Codes (See Below)	Gender	Disabling Condition	Education	Health Insurance	Race	Ethnicity	Military Status	Work Status	Student	Gender: F=Female M=Male O=Other	Disabling Condition: Y=Yes N=No	Education	Ethnicity	Military Status	Work Status	Health Insurance: Y=Yes N=No
JOSE CORTES	On File	53 On File	O	M	Y	3	Y	5	H	3	7	N							

Do you need an accommodation regarding your application because of a disability? Yes No

Income Codes Use these codes to show income sources for each family member above.

Alimony=M	Disability=S	Interest=K	Rental Income=L	SSDI=U	VA Compensation : Disability Service Related=H
Annuities=I	Dividends=K	Odd Jobs=P	Self Employ.=B	SSI/SSP=D	VA Pension : Disability Not Service Related=V
Child Support=M	EAEDC=F	Pension=I	Soc. Sec.=C	TANF (AFDC)=E	Unemployment=G Wages=A Workers Comp=J

Lump Sum Income=Q (e.g. Lottery Winnings, Cash Prizes, Insurance Settlements, Capital Gains, Inheritances, and Sale of Stocks/Bonds)  
Financial Support=R IRA/401K=T Other Income=N (includes any other monies coming into your household) No Income=O

Member Information/HousingPlease complete/correct this section by circling or filling in answers.

Family type: (circle one)  
1. Single Parent Female 2. Single Parent Male 3. 2 Parent Household 4. Single Person 5. 2 Adults, No Child 6. Other 7. Un-related Adults w/Child 8. Multi-Generational

Do you? Own Home Own Condo Rent Apt/Hse Rent Condo Other:  
Housing Type: 1. Single Family 2. Two Family 3. Three Family 4. Mobile Home 5. Apt. (Over 3 Apts.)

Number of apartments in the building: 13  
Rent or Housing cost: \$289.00 Monthly \$ Weekly  
Owners (Monthly Amts): Principal + Interest + Taxes + Insurance  
Specify status if not current: Past Due Pre-Foreclosure Foreclosed

Do you share your heating system? Yes No  
If yes, how many share?

Is heat included in your? Rent Condo Fee Not Included  
Do you live in subsidized housing? Yes No  
If yes, subsidy type: PUBLIC

Do you consent to share data with the agency? Yes No

Do you plan on living at the above address from Nov 1st through Apr 30th (the heating season)? Yes No

Your Landlord's Name: HUD - PRESIDENTIAL GARDENS (MALONEY PROPE) Phone: (978)373-2543

Your Landlord's Address: 0 140 EVERGREEN DRIVE City: HAVERHILL State: MA Zipcode: 01835

Supplier Information/ConservationPlease complete/correct this section by circling or filling in answers.

Do you pay for your own heat? Yes No  
Heat 1. Oil 2. Gas 3. Coal 4. Kerosene 5. Wood 6. Propane 7. Elect 8. Heat Included In Rent

Do you use secondary\* (additional) heating source(s)? If yes, specify:  
1. Oil 2. Gas 3. Coal 4. Kerosene 5. Wood 6. Propane 7. Electric 8. Other:

\*Secondary heating sources are used to enable the primary heat sources to operate or are the energy sources used to provide 49.9% or less of the space heating needs of the dwelling.

Company	Account Number	Name on Bill if Not Yours	Currently Shutoff	Shutoff Notice	Past Due
Heat			Yes No	Yes No	Yes No
Gas			Yes No	Yes No	Yes No
Electric	0	0 0	Yes No	Yes No	Yes No

Do you use an air conditioner? Yes No If Yes, type of air conditioner: Window/Portable Central Air

If owner, does your heating system need repair? Yes No If available, would you like to hear about additional services? Yes No

How did you hear about Home Energy Assistance Program? Social Media

Did you receive a shutoff notice or did your oil company refuse to deliver oil in the past year? Yes No

Were your services shut off or did you run out of oil in the past year? Yes No

Was your heat restored because of Home Energy Assistance Program? Yes No

Do you wish to participate in community solar? Yes No