



Town of
BRIMFIELD
Massachusetts

American Rescue Plan Act (ARPA) Utility Assistance Application

Application

First Name: _____ Middle Initial: ____ Last Name: _____

Address: _____

Social Security #: _____ License/I.D. #: _____

List all Household Members:

Name:	Social Security #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Type of Utility Assistance Required (Circle):

Oil Propane Gas Electric Other: _____

Please Check Off Government program benefits you are currently receiving:

- Temporary Assistance for Needy Families (TANF) <https://www.acf.hhs.gov/ofa/programs/temporary-assistance>
- Supplemental Nutrition Assistance Program (SNAP) Contact outreach department at 413-245-7253
- Free and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) programs Contact your child's school
- Medicare Part D Low-income Subsidies Contact outreach dept. at 413-245-7253
- Supplemental Security Income (SSI) Contact SSA.gov
- Head Start and/or Early Head Start <https://hcsheadstart.org/>
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <https://www.mass.gov/wic-information>
- Section 8 Vouchers <https://www.hud.gov/>
- Low-Income Home Energy Assistance Program (LIHEAP) Contact Outreach dept at 413-245-7253
- Pell Grants <https://studentaid.gov/>

Signed: _____ Date: _____

I attest that all information supplied is true and complete. I understand that a qualifying residence will receive aid one time and that I or others in my household cannot apply again.