



DEPARTMENT OF PUBLIC WORKS

TOWN *of* FRANKLIN

Community Financial Assistance Program **(Water/Sewer/Trash/Stormwater Services & Beaver St. Recycling Center Permit)**

The Department of Public Works has established a Community Financial Assistance Program (formerly referred to as the Lifeline Program) which provides a 50% discount on Water, Sewer, Trash and Stormwater services to eligible residents. Qualified residents may also receive an annual sticker waiver to the Beaver Street Recycling Center. Waivers are not granted for individual items being recycled within the Recycling Center.

Qualified Individuals

This program is available to eligible owners of residences and eligible lessee's of rental properties in the Town of Franklin. To qualify for the program, the household's gross income level must be at or below 200% of the Federal Poverty Guidelines for that particular fiscal year (See Income Eligibility Chart).

Application Process

1. To qualify for the Community Financial Assistance Program, the head of household must complete a Community Financial Assistance Eligibility Application (Form B). **Include backup documentation for all household members age 21 and over.** Return forms and backup to the Department of Public Works, 257 Fisher Street, Franklin, MA 02038.
2. Income is defined as income before deductions for Income Taxes, employees' Social Security Taxes, insurance premiums, bonds, etc. It includes the following:
 - A. Wages, salary, commissions or fees
 - B. Net income from self-employment Alimony and/or Child Support
 - C. Pensions or annuities
 - D. Retirement account distributions, 401K, IRA, etc.

- E. Dividends, interest trusts
- F. Social Security or Disability Payments
- G. Net royalties
- H. Veteran's benefits
- I. Unemployment Compensation
- J. Worker's Compensation
- K. Public Assistance or Welfare Payments
- L. Regular contributions for persons not residing in the household
- M. Income from rental properties
- N. Any financial assistance from other agencies
- O. Other sources of income

Proof for all sources of income must be provided.

3. The information provided on the application is confidential and will only be used for the purpose of determining your eligibility for the financial assistance program.

The Application Form is a "request form" only not a confirmation of acceptance in the program. Upon approval of the application and required forms, the applicant will receive a confirmation letter from the Department of Public Works.

Participants in the Community Financial Assistance Program will be required to complete an updated form and submit updated forms to the Department of Public Works annually.

**Town of Franklin – Department of Public Works
Income Levels for Financial Assistance – Community Assistance Program**

Annual incomes shown below are 200% of the Federal Poverty Level, which is the threshold to receive a discount on water, sewer, trash and stormwater services with the Town of Franklin.

Use this guide to determine your eligibility for the Community Discount Program (formerly called the Lifeline Program). When the household is made up of more than one adult, the income should reflect the total household income. The discount is available if the homeowner of record or lessee of a rental residence meets 200% of federal poverty level as established by the Massachusetts Department of Housing and Community Development, Division of Community Services for the Low-Income Home Energy Assistance Program (LIHEAP).

FISCAL YEAR 2026	
INCOME ELIGIBILITY LEVELS	
Family Size (Number of People in Household)	200% of Federal Poverty Level
1	\$ 31,300
2	\$ 42,300
3	\$ 53,300
4	\$ 64,300
5	\$75,300
6	\$ 86,300
7	\$ 97,300
8	\$ 108,300
9	\$ 119,300
10	\$130,300
11	\$141,300
12	\$149,360

FORM A

Town of Franklin - Department of Public Works
Community Financial Assistance Eligibility Application
Water/Sewer/Trash/Stormwater Services

Head of Household: _____

Address: _____

Number of Household Members: _____

Home Telephone Number: _____ Cell Phone: _____

E-Mail Address: _____

All Household Members - (Please Print)

Name	Relationship	Date of Birth	Gross Annual Income
Head of Household			

Total Gross Household Income \$ _____

I certify that all sources of household income have been reported and that the information provided is complete, true and correct. I understand that eligibility in the program is contingent upon the household income not exceeding 200% of the Federal Poverty Guidelines. The DPW reserves the right to require additional information, if needed, to verify household income and reserves the right to revoke the discount if household income exceeds threshold for eligibility.

Signature Head of Household: _____ Date: _____

FORM B

Town of Franklin - DPW – Community Financial Assistance

Head of Household: _____ Address: _____

Number of Household Members: _____ Home Telephone Number: _____

Cell Phone: _____ E-Mail Address: _____

Sources of Household Income –

**Gross Annual Amount
(Must Attach Documentation)**

<u>Wages, Salary, Commissions, Fees</u>	\$ _____
<u>Net Income from Self Employment</u>	\$ _____
<u>Social Security or Disability Income</u>	\$ _____
<u>Alimony and/or Child Support</u>	\$ _____
<u>Pensions or Annuities</u>	\$ _____
<u>Retirement Income (401 K, IRA, etc.)</u>	\$ _____
<u>Dividends, Interest, Trusts</u>	\$ _____
<u>Veteran’s Benefits</u>	\$ _____
<u>Unemployment Compensation</u>	\$ _____
<u>Worker’s Compensation</u>	\$ _____
<u>Other</u>	\$ _____
<u>Other</u>	\$ _____
<u>Other</u>	\$ _____
TOTAL GROSS ANNUAL INCOME:	\$ _____

I certify that the information provided is complete, true and correct and income for all household members age 21 and older has been reported. I give consent to the Franklin DPW to contact such individuals as necessary to obtain verification of the information furnished on this application. I understand that if I do not meet the eligibility guidelines to participate in this program, I will not be eligible for a discount. I also understand that the discount is awarded for the fiscal year and that I will be required to submit new documentation to participate in the program in subsequent years.

Signature: _____

Date: _____

Documents to verify income:

- Most recent tax return (if you are required to file taxes)
- Wages and Tax Statement (W-2 and/or 1099) Note: It must contain your first and last name, income amount, year and employer name (if applicable)
- Social Security Administration Statements (SSA 1099, Benefit Verification Letter, other proof of monthly payment amount) Note: It must contain your first and last name, benefit amount, and frequency of pay
- Unemployment Benefits Letter Note: It must contain your first and last name, source/agency, benefits amount, and duration (start and end date, if applicable)
- Annuity Statement that includes first and last name, amount and frequency of payment
- Pension distribution statement from any government or private source.
- Other

We **do not accept** the following documents for proof of eligibility:

Self Help Approval Letter
Electric or Utility Bill showing discount
Eligibility for Food Stamps