

Locality/FIPS _____ Case # _____ ADAPT # _____ Date Application Received _____ Worker # _____

FUEL ASSISTANCE APPLICATION
PLEASE ANSWER ALL QUESTIONS COMPLETELY

Applications are accepted the 2nd Tuesday in October through the 2nd Friday in November
 In what city or county do you live? _____

Name _____ SEX: M F Are you Hispanic or Latino? YES NO
Last First Middle Initial
 Race (Circle One) 1. White 2. Black or African American 3. American Indian or Alaskan Native 4. Asian 5. Native Hawaiian or other Pacific Islander 0. Other
 Physical/Service Address _____ City/State _____ Zip _____ Day Phone: _____
 Mailing Address _____ City/State _____ Zip _____ Home Phone: _____
 Directions to home _____ Email Address _____

1. CHECK either YES or NO to answer each of the following questions.
 - A. I received Fuel, Crisis or Cooling Assistance in the past 12 months. YES NO
 - B. I pay to heat my home. YES NO
 - C. Oil, kerosene, gas, coal, or wood is delivered to my home. YES NO
2. CIRCLE the letter that best describes your present living situation. Read each one before you choose. **CIRCLE ONLY ONE.**
 - A. I own or am buying my home and pay all heating bills.
 - B. I own or rent my home and do not pay a heating bill.
 - C. I pay \$ _____ rent and also pay for heat separately.
 - E. I pay \$ _____ rent & my heat is included in the rent payment.
 - F. I live in subsidized housing, Section 8, HUD and occasionally pay excess usage charges.
 - G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my heating bills.
 - I. I live in one room in someone else's house.
 - L. I live in an institution, group home, treatment center or home for adults.
 - P. I live rent-free in more than one room, house or apartment and pay for heat.
 - Q. I live in an emergency shelter or I am homeless. I have arranged to move into a house, apartment, or more than one room.
3. Are all of the people in your household United States citizens? YES NO If NO, who is not a citizen? _____
4. Is anyone in your household disabled? YES NO If YES, who is disabled? _____
5. How many people live in your household? _____
6. Is anyone temporarily out of the home? YES NO If YES, who? _____ Expected Date of Return? _____

In the table below, please list yourself first then list every person living in the home. Complete all of the information (including Social Security Number) for every person in the home.

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	RACE	HISPANIC OR LATINO		WORKING		GROSS MONTHLY INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly, monthly	LIST ALL SOURCES OF INCOME Earned Income (List the Name of Employer/Company); Self-employment; Social Security; SSI; Veterans Benefit; Child Support; etc.
					Yes (Y)	No (N)	Yes (Y)	No (N)			
	Self										

7. CIRCLE ALL types of household income: A. TANF B. Social Security C. SSI D. Unemployment E. Employment or Self-employed G. General Relief
H. Veterans Benefits N. Worker's Compensation Q. Alimony or Child Support U. Rental Income W. Retirement Other: specify _____

8. Do you receive payments from the Division of Child Support Enforcement? ___YES ___NO How much? _____ Who pays the child support? _____

9. Does any household member receive SNAP benefits (formerly Food Stamps)? ___YES ___NO If yes, case name _____

10. Does any household member receive Medicaid? ___YES ___NO If yes, case name _____

11. Is Medicaid Home & Community-Based Care received? ___YES ___NO If yes, by whom? _____ Patient pay amount is \$ _____

12. Does anyone pay for Medicare Part B ___ or D ___ insurance? ___YES ___NO If yes, who? _____ How much? \$ _____

13. CIRCLE the type of equipment you use as the main heat source for your home. CIRCLE ONLY ONE.

- A. Furnace B. Radiator C. Portable Heater D. Vented Space Heater (heater with outside exhaust or Monitor system)
E. Baseboard F. Heat Pump G. Fireplace H. Coal or Wood Stove J. Cook stove K. None L. Unknown

14. CIRCLE the type of fuel you use to heat your home. CIRCLE ONLY ONE.

1. Electricity 2. Natural Gas 3. Oil (#2) 4. Clear Kerosene 0. Red Kerosene 5. Coal 6. Wood 7. Liquid Propane (LP)/Bottled Gas

15. Name and address of the company used for home heating: _____

If you heat with electricity or natural gas, attach a copy of your current electric or gas bill. A Fuel Assistance payment can only be made if you owe a balance on your electric or natural gas bill. Complete the following:

Account Name _____ Account Number _____ Who is responsible for paying the bill? _____

Is the payment made by an automatic debit/credit payment or monthly bank draft? ___YES ___NO

The following questions are for statistical purposes only. Your responses will not impact the processing of your application, your eligibility, or your benefit amount.

16. Name of the company used for electric service: _____

Account Name _____ Account Number _____

17. Please describe your household's current energy circumstances below:

- Already Disconnected Company: _____ Disconnect Date: _____
 Received Disconnect Notice Company: _____ Date Disconnect Scheduled: _____
 Prepay Electric Account Balance of \$25 or less? ___YES ___NO Account balance: \$ _____
 Propane/Bottled Gas Tank Less than 20% in tank? ___YES ___NO Size of your tank: _____ What is the percentage in your tank today? _____%
 Oil or Kerosene Tank Less than 25 gallons in tank? ___YES ___NO Size of your tank: _____ How many gallons are in your tank today? _____
 Coal or Wood Less than 7 day supply? ___YES ___NO How many days' supply of coal or wood do you have left? _____

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services (DSS) within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local DSS has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, disability, sex, age, political beliefs, religion, sexual orientation, marital or family status. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the DSS may use information on this application or that I may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal law. My signature authorizes the DSS to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance. I understand that, by providing my energy supplier(s)/ account information, I am authorizing the energy supplier(s) to provide details about my account and energy use to the DSS for the purposes of program verification, evaluation, reporting, and analysis. I agree to hold harmless and/or release my energy supplier(s) from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

If your application is approved, your Approval Notice will be mailed in late December.

Applicant's Signature OR Mark: _____ Date _____

Witness to Mark or Interpreter: _____ Phone Number _____ Date _____

Completed on behalf of applicant by: _____ Phone Number _____ Date _____