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? _____________________________

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<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email Address</th>
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Preferred Contact Method – CIRCLE ONE Contact Method above

Your Name (last, first, middle initial) _____________________________

Your Physical/Service Address (include Apt number) _____________________________

Your Mailing Address (include Apt number) _____________________________

Preferred Method of Correspondence

If you would like to receive either a text message or an email notifying you that some of your mail about your benefits can be accessed electronically through CommonHelp, select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified through a text or an email, you will receive all written correspondence through the U.S. Mail. If you are completing an application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

- ☐ Text
- ☐ Email

Cell Phone for Text Message: _____________________________

Cell Service Provider: _____________________________

E-mail Address: _____________________________

1. CHECK either YES or NO to answer each of the following questions.
   - A. I pay to heat my home. ____YES ____NO
   - B. Oil, kerosene, liquid propane (LP)/bottled 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.
   - D. I pay $________ rent & my heat is included in the rent payment.
   - E. I live in subsidized housing, Section 8, HUD and occasionally pay excess usage charges.
   - F. 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? ___________________________________________

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? _____________________________**

List yourself first and every person living in the home. List the Social Security Number for **everyone** who lives in your home. Complete information for each person.

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<tr>
<th>NAME</th>
<th>RELATION TO PERSON ON LINE #1</th>
<th>SOCIAL SECURITY#</th>
<th>GENDER</th>
<th>DATE OF BIRTH</th>
<th>RACE</th>
<th>HISPANIC OR LATINO</th>
<th>GROSS MONTHLY INCOME AMOUNT</th>
<th>INCOME PAID</th>
<th>LIST ALL SOURCES OF INCOME</th>
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7. CIRCLE ALL types of household income: Employment or Self-employed Unemployment Worker’s Compensation Rental Income Alimony Child Support
Social Security SSI Veterans Benefits Retirement TANF General Relief 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(s) ____________________________

10. Does any household member receive Medicaid? ___YES ___NO If yes, by whom? ____________________________ Patient pay amount is $___________

11. Is Medicaid Home & Community-Based Care received? ___YES ___NO If yes, by whom? ____________________________ How much? $___________

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.
Furnace Radiator Portable Heater Vented Space Heater (heater with outside exhaust or Monitor system)
Baseboard Heat Pump Fireplace Coal or Wood Stove Cook stove None Unknown

14. CIRCLE the type of fuel you use to heat your home. CIRCLE ONLY ONE.
Electricity Natural Gas Oil Clear Kerosene Dyed (Red) Kerosene Coal Wood 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 required for federal reporting 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____________________ Disconnect Date: ___________________

17. Please describe your household’s current energy circumstances below:
☐ Primary Heat - Already Disconnected Company: ____________________________ Disconnect Date: ________________
☐ Received Disconnect Notice for Primary Heat 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: ____________________________
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