Commonwealth of Virginia - Department of Social Services AGENCY USE ONLY:

Locality/FIPS_____ Case #_____ ADAPT #_____ Date Application Received_____ Worker #_____

FUEL ASSISTANCE APPLICATION *accepted the 2nd Tuesday in October through 2nd Friday in November*

PLEASE ANSWER ALL QUESTIONS COMPLETELY **In what city or county do you live?** _____

Name_____ SEX:__**M**__**F** Are you Hispanic or Latino? ____**Y**ES ____**N**O
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

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

D. Did you relocate to Virginia due to a natural disaster? ___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.

3. Are all people in your household United States citizens? ___YES ___NO If no, who?_____

4. Is anyone in your household disabled? ___YES ___NO If yes, who?_____

5. How many people live in your household? **[#_____]**

List yourself first and every person living in the home. Complete information for each person.

NAME	RELATION TO PERSON ON LINE #1 Self	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			

6. Circle ALL types of household income: **A.** TANF **B.** Social Security **C.** SSI **D.** Unemployment **E.** Employment or Self-employed **G.** General Relief

H. VA Benefits **N.** Worker's Compensation **Q.** Support or Alimony **U.** Rental Income **W.** Retirement Other:specify_____

7. Do you receive a check from the Division of Child Support Enforcement? ___YES ____NO How much? _____ Who pays the child support? _____

8. Does any household member receive Food Stamps? ___YES ___NO If yes, case name_____

9. Does anyone pay for Medicare Part B insurance? ___YES ___NO If yes, who? _____ How much? $_____

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. CIRCLE equipment used most frequently to heat 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

13. Circle the fuel used most frequently to heat your home. **CIRCLE ONLY ONE.**

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

What size is your fuel tank? ___ gallons

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

Verification from the utility company is needed 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:

In whose name is the bill? _____ Account Number_____

Who is responsible for paying the bill? _____

FUEL ASSISTANCE APPLICATION DATES*:* ***Applications are accepted from the second Tuesday in October through the second Friday in November***

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 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 department of social services 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, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtained assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud; subject to imprisonment of up to 20 years and further prosecuted under other Federal and State laws. 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 Department of Social Services 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 Department of Social Services to obtain any verification needed to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance. If your application is approved your Approval Notice will be mailed in late December.

Applicant Signature or Mark and Witness_____ **Date**_____

Completed on behalf of applicant by: _____ **Date**_____