

Locality/FIPS \_\_\_\_\_ Case # \_\_\_\_\_ Date Application Received \_\_\_\_\_ Worker # \_\_\_\_\_

**FUEL ASSISTANCE APPLICATION**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

*Applications are accepted the 2<sup>nd</sup> Tuesday in October through the 2<sup>nd</sup> Friday in November*

Your Name (last, first, middle initial): \_\_\_\_\_ In what city or county do you live? \_\_\_\_\_

Your Physical/Service Address (include Apt number): \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Mailing Address (if different from street address): \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Email Address \_\_\_\_\_ Primary Language Spoken in your home: \_\_\_\_\_

What is the best way for your worker to contact you? CIRCLE only one choice: Home Phone Cell Phone Work Phone Email Address

Preferred Method of **Correspondence** (Note: this is not the same as the best way for your worker to contact you)

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: \_\_\_\_\_

- CHECK either YES or NO to answer each of the following questions.
  - I pay to heat my home. \_\_\_\_YES \_\_\_\_NO
  - Oil, kerosene, liquid propane (LP)/bottled gas, coal, or wood is delivered to my home. \_\_\_\_YES \_\_\_\_NO
- CIRCLE the letter that best describes your present living situation. Read each one before you choose. **CIRCLE ONLY ONE.**
  - I own or am buying my home and pay all heating bills.
  - I own or rent my home and do not pay a heating bill.
  - I pay \$\_\_\_\_\_ rent and also pay for heat separately.
  - I pay \$\_\_\_\_\_ rent & my heat is included in the rent payment.
  - I live in subsidized housing, Section 8, HUD and occasionally pay excess usage charges.
  - I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my heating bills.
  - I live in one room in someone else's house.
  - I live in an institution, group home, treatment center, or home for adults.
  - I live rent-free in more than one room, house, or apartment and pay for heat.
  - I live in an emergency shelter or I am homeless. I have arranged to move into a house, apartment, or more than one room.
- Are all of the people in your household United States citizens? \_\_\_\_YES \_\_\_\_NO If NO, who is not a citizen? \_\_\_\_\_
- Is anyone in your household disabled? \_\_\_\_YES \_\_\_\_NO If YES, who is disabled? \_\_\_\_\_
- How many people live in your household? \_\_\_\_\_
- 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.**

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	GENDER (M, F)	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; Unemployment; Worker's Comp; SSI; Social Security; Veterans Benefit; Retirement; TANF; Child Support; Alimony; Rental Income; etc.
						Yes (Y)	No (N)	Yes (Y)	No (N)			
	<b>Self</b>											

7. Does any household member receive SNAP benefits (formerly Food Stamps)?  YES  NO If yes, case name(s) \_\_\_\_\_

8. Does any household member receive Medicaid?  YES  NO If yes, case name(s) \_\_\_\_\_

9. Is Medicaid Home & Community-Based Care received?  YES  NO If yes, by whom? \_\_\_\_\_ Patient pay amount is \$ \_\_\_\_\_

10. Does anyone pay for Medicare Part B \_\_\_ or D \_\_\_ insurance?  YES  NO If yes, who? \_\_\_\_\_ How much? \$ \_\_\_\_\_

11. 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

12. 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
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13. 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.**

14. Name of the company used for electric service: \_\_\_\_\_  
Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

15. 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? \_\_\_\_\_

### Commonwealth of Virginia Voter Registration Agency Certification

If you are not registered to vote where you live now, would you like to register to vote here today?

- I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to voter.
- Yes, I would like to apply to register to vote. (Please click here to apply online or click here to download a voter registration form.)
- No, I do not want to register to vote.

**IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, your application will be kept confidential, and it will be used only for voter registration purposes.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA, 23219-3497. (804) 864-8901

The Virginia Department of Housing and Community Development (DHCD) administers the Weatherization Assistance Program (WAP) through a network of nonprofit organizations around the state. The WAP reduces household energy use through the installation of cost-effective energy savings measures, which also improve resident health and safety. Common measures including sealing air leaks, adding insulation, and repairing heating and cooling systems. More information about the WAP is available at <https://www.dhcd.virginia.gov/wx> or by calling (804) 371-7000.

**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 \_\_\_\_\_

**Please return your completed application to your local department of social services.**