

**KEEP THIS PAGE FOR YOUR RECORDS**

## **Instructions and Information**

### **When to Apply:** RIGHT NOW!

The best time to apply is from July 15 through August 31. The second application period is from September 1 to the last day of February. The later you apply, the later the benefit will be paid if you are eligible. Later benefits may be smaller. All applications received after the last day of February will be denied; there are no exceptions.

### **How to Apply:**

COMPLETE the entire fuel application. Answer ALL questions. Write N/A or NONE if a question does not apply to you. Do NOT leave any blanks or it may delay processing of your application.

Do not send proof of your answers unless specifically required in the application. Income and resources may be verified through a computer match. If we have questions, you may be asked to provide verification of your answers.

SIGN the application. If you do not sign the application, it will be returned to you.

COMPLETE the yellow postcard with your name and address on the blank lines. Send the yellow postcard in with your application form. Use the courtesy envelope we provided, don't forget the stamp! Or drop the application and yellow postcard at your local Department for Children and Families, Economic Services Office.

### **Need Help?**

Your local Community Action Agency can help you fill out the application form. To find the Community Action Agency nearest you, look under the 'Community Service' section in the front of your telephone book. If you are age 60 or older, the Area Agency on Aging (AAA) can help you. Call the State Office on Aging toll free at 1-800-642-5119.

### **Waiting to Hear From Us? No News is Good News!**

If you put your name and address on the yellow postcard, it will be returned to you and will be stamped with a **RED** date. The **RED** date tells you when we received your application here in Waterbury. When the yellow postcard comes back to you – SAVE IT – It's Important. If you do not receive the card back within 10 days of mailing the application, please call the Fuel Office at 1-800-479-6151.

Over 30,000 people apply for fuel assistance. In order to make processing **your** application **our** first priority, we must limit the time we are available by telephone. When your application has been processed, you will receive a notice of decision letter in the mail. This is a federally funded heating assistance program. The benefit money is not available until **NOVEMBER**. Whether or not you are eligible, you will ALWAYS be notified BY MAIL. We appreciate your patience.

**Fuel Assistance Application**  
**Office of Vermont Home Heating Fuel Assistance**  
**103 South Main Street, Waterbury VT 05671-5501**  
**call toll free: 1-800-479-6151 Hearing impaired: 1-800-225-3004**

**You must answer all questions. Write N/A or None if a question does not apply to you. If you need more room, attach a separate sheet of paper. PLEASE PRINT.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing address \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_  
Street, PO Box, Town, State and Zip

Physical address \_\_\_\_\_ Daytime/Message phone (\_\_\_\_) \_\_\_\_\_  
Street, House Number, Town, State and Zip

**1. List anyone living in your home.** This includes you, your spouse or civil union partner, children, other relatives, roommates, roomers and boarders, caregivers, companions, and friends. If you need more room, attach another sheet of paper.

Name	Social Security Number	Sex (M/F)	Date of Birth	Relationship
<b>SELF:</b> _____	_____	_____	_____	<b>SELF</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please answer all the following questions about the people listed above.**

**2. Do you rent a room to someone in your home?** Yes No  
If yes, name of roomer \_\_\_\_\_ How much do they pay you for room rent? \$ \_\_\_\_\_ per month.

**3. If you are 60 or older, or disabled, does someone live in your home to provide care or services?**  
Yes No If yes, name \_\_\_\_\_ Type of care: medically necessary personal care  
homemaker/caretaker or companionship services

**4. Is anyone listed in Question #1 a full time college student?** Yes No  
If yes, Name \_\_\_\_\_ Where does the student live while attending classes? \_\_\_\_\_

**5. Check the box that best describes your living situation.**  
I own my home. I rent my home or apartment. I have a life lease to live in my home.  
I rent a room in the home of \_\_\_\_\_ and pay \$ \_\_\_\_\_ per month. Other \_\_\_\_\_  
please describe

**6. Who pays the cost of heating your home?**  
Heat is included in my rent. I pay the cost directly to my fuel supplier. My landlord bills me for heating fuel I use.

**7. Type of housing?** Single family house Mobil home Apartment Other \_\_\_\_\_  
please describe

**8. How many bedrooms do you have (even if not presently used as a bedroom)?** \_\_\_\_\_

**9. What is your MAIN type of fuel used to HEAT your home? (check only one)**  
Electric\* Wood Oil bottled or propane gas Natural gas Kerosene Coal

\* If electric heat, we will verify this with your electric service provider

**10. Do you live in subsidized rental housing or have a section 8 housing rent subsidy?** Yes No

**11. List name and address of your MAIN fuel or wood supplier who has agreed to take you as a customer.**  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**12. Whose name is on the account with the fuel company?**  
Name \_\_\_\_\_ Account number \_\_\_\_\_  
(from your fuel bill)

**I have a fixed price or budget plan agreement with my fuel supplier**  Yes  No

**13. Does anyone have income from a job?** Yes No

List income from the past 30 days, before any deductions such as taxes, insurance, child support, or union dues.

JINC

First name	Initial
How often paid?	
Weekly	Twice a month
Every two weeks	Monthly Other _____
name and phone number of employer	

Date paid	Hours worked	Income before deductions	Tips and commissions
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

First name	Initial
How often paid?	
Weekly	Twice a month
Every two weeks	Monthly Other _____
Name and phone number of employer	

Date paid	Hours worked	Income before deductions	Tips and commissions
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**14. Does anyone have income from self employment (Examples: farming, home party sales, logging etc.)?**

Yes No If yes, please send copies of your most recent federal tax return, including all forms and schedules. If you have not filed taxes, send a statement of business income and expenses for the past three months.

**15. Does anyone have unearned income?** Yes No

If yes, fill in the name of the recipient and the gross monthly amount before any deductions such as Medicare premiums, taxes, insurance, child support, or union dues.

Type of Unearned Income Received	Name(s)	Amount Per Month
Social Security		\$
Supplemental Security Income (SSI)		\$
Veteran's Benefits		\$
Unemployment Compensation		\$
Workers Compensation		\$
Child Support and/or Alimony		\$
Interest/Dividends		\$
Retirement		\$
Adoption Subsidy		\$
Rental Income		\$
Other		\$

**16. In the LAST 30 days did anyone start or stop employment or start or stop getting unearned income?**

Yes No If yes, Name \_\_\_\_\_ start stop Type of income: Earned Unearned  
Date: \_\_\_\_\_

**17. In the NEXT 30 days will anyone start or stop employment or start or stop receiving unearned income?**

Yes No If yes, Name \_\_\_\_\_ start stop Type of income: Earned Unearned  
Date: \_\_\_\_\_

18. Does anyone pay alimony or court-ordered child support? Yes No DCEX

Name	Amount	Type of expense and whom expense is for
	\$ per	alimony child support for _____
	\$ per	alimony child support for _____

19. Does anyone pay day care costs? Yes No DCEX

Name	Amount	Type of expense and whom expense is for
	\$ per	day care for _____
	\$ per	day care for _____

Does anyone receive a day care subsidy? Yes No  
 If yes, amount of subsidy: \$ \_\_\_\_\_ per week month

**RESOURCE INFORMATION**

Examples of resources are cash on hand, money in checking, savings, CD accounts, stocks, bonds, Individual Retirement Accounts, and property you do not live in. We do not count the home you live in, cars, personal belongs, life insurance policies, or pre-paid burial plans.

- Written verification may be requested

20. Does anyone have money in a bank, credit union, or other institution? Yes No BANK

Type	Name of owner and co-owner	Name of bank, credit union, or other institution	Identifying number	Balance or value
Savings account				\$
Checking account				\$
IRA , Keogh Plan, 401K				\$
Savings bond or trusts				\$
Certificate of deposit (CD)				\$
Stocks or Bonds				\$
Other _____				\$

21. Other than the home you now live in, does anyone in your household own other property such as land, mobile homes, buildings or real estate? Yes No PROP

Name of owner and co-owner, if any	Type of property	Location	Assessed value	Amount owed
			\$	\$
			\$	\$

22. Does anyone receive rental income from any property? Yes No

If YES, fill in below and send a copy of your Federal Income Tax Schedule E

Name of owner	Type of rental property	Assessed value	Amount owed	Monthly rental income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Continue to page 4. Your application will not be processed without your signature.**

I have read and answered all questions on this form. My answers are correct and complete to the best of my knowledge.

I understand that:

- The first application period is July 15 to August 31. The second application period is September 1 to the last day of February. If I am eligible and apply during the second period the benefit amount may be smaller. Benefits are paid starting in November. The later I apply the later the benefit will be paid. If I apply after the last day in February I will be denied; there are no exceptions.
- I should not send proof of my answers unless specifically required or requested. Income and resources may be verified through other computer sources. I may be asked for proof of my answers.
- If I know that I am giving false or misleading information or holding back information, I can be taken to court for fraud. If found guilty, I may be fined, jailed, or both. I may have to pay back any extra benefits I received.
- I may ask for a fair hearing on any action with which I disagree or feel was not acted on in a timely manner by contacting the Office of Home Heating Fuel Assistance or by writing to the Deputy Commissioner, Department for Children and Families within 90 days of the decision or action.
- If I believe I have been discriminated against because of race, color, religious creed, sex, disability, national origin, or political beliefs, I have the right to contact:

Deputy Commissioner  
 Department For Children and Families  
 103 South Main Street  
 Waterbury, VT 05671-5501

ADA Coordinator  
 Department for Children and Families  
 103 South Main Street  
 Waterbury, VT 05671-1201 (about discrimination due to disability)

If I receive fuel assistance, I must agree to accept services from the local Weatherization office to help lower my heating costs. If my home has not been weatherized already, I understand I may be contacted by the local Weatherization office.

I give my word, under penalty of perjury, the information I give in this application is true and complete to the best of my knowledge and belief. I understand if any information is incorrect, assistance may be denied.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of person helping fill out this form** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed name of person helping fill out this form** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Relationship or Agency** \_\_\_\_\_

**Telephone Lifeline** – monthly credit on your home phone bill. The phone number must be listed in your name, or you must pay part of the bill.

If you do not receive a Lifeline credit, do you want to apply?  Yes (complete below)  No

Account number from your bill \_\_\_\_\_  
 Name of the phone company \_\_\_\_\_  
 Last name of person whose name is on bill \_\_\_\_\_  
 Customer number (Verizon Customers only) \_\_\_\_\_

If you check Yes to Lifeline and you qualify, we will send your name, address, phone number and other information to the phone company. They may contact you for more information. If you have more questions about Lifeline, contact your phone company.

**Voter Registration** – If you wish to be sent forms to fill out so you may register to vote, check “yes” below and the forms will be mailed to you. Checking yes does not register you to vote. This is only to have the voter registration forms mailed to you.

**Yes** - send me voter registration forms  **No** - do not send forms

**Internet Access** – Do you have access to a personal computer and the internet?  **Yes**  **No**

For more information about other services that might be available to help you go to: [www.screendoor.vermont.gov](http://www.screendoor.vermont.gov)

**PRINT THIS PAGE & MAIL WITH YOUR FUEL APPLICATION!**

PRINT YOUR FULL NAME AND COMPLETE MAILING ADDRESS IN THE BOX BELOW:

SEND THIS PAGE WITH YOUR FUEL ASSISTANCE APPLICATION FORM TO:

OFFICE of HOME HEATING FUEL ASSISTANCE  
103 SOUTH MAIN STREET  
WATERBURY VT 05671-5501

**The Fuel Assistance Office received your application on:**

DO NOT WRITE IN THIS SPACE.  
FOR OFFICE USE ONLY

**You will receive a notice of decision BY MAIL.  
We are unable to give eligibility  
information by telephone.**

If you move or have other changes in your living situation,  
please report changes to: 1-800-479-6151

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