

Department for Children and Families
Office of Home Heating Fuel Assistance

103 South Main Street
Waterbury, VT 05671-5501
www.dcf.state.vt.us

[phone] 802-241-1165
[fax] 802-241-4327

[Toll Free] 800-479-6151

Apply Now for Fuel Assistance

If you want to apply for Fuel Assistance benefits for the upcoming season, fill out the application and the yellow postcard and mail it in the envelope enclosed. Don't forget the postage stamp!

Don't wait! Apply by August 31. You can apply between September 1 and the last day of February but if you are eligible, the benefit may be smaller and issued later. All applications received after the last day of February will be denied. Crisis Fuel Assistance is available from your local community action agency from the end of November through April.

You can be a homeowner or renter. You can pay for your own heat or heat can be included in your rent. **The only way to find out if you can get Fuel Assistance is to APPLY.**

A Fuel Assistance Benefit Specialist will look at your application to see if you are eligible based on your resources and income. You will always be notified of the decision by mail.

This heating assistance program is federally funded. The benefit money is available to help with heating needs beginning in NOVEMBER.

Turn this letter over and follow the instructions for completing the fuel assistance application. Do not forget to fill out the yellow postcard and mail it to us with your application.

Need help? The back of this letter tells you where to get help filling out the application form.

NOTE: If you receive food stamps and heat is included in your rent, you must apply for Fuel Assistance once a year by October 31 or your food stamp benefits may go down or close.

PLEASE TURN THIS NOTICE OVER FOR INSTRUCTIONS AND INFORMATION



Keep this page for your records.

Want to stretch your food dollars? If you do not currently receive food stamp program benefits, call your local Economic Services office or 1-800-287-0589 for an application. Call today!

KEEP THIS PAGE FOR YOUR RECORDS

Instructions and Information

✘ When to Apply: RIGHT NOW!

The best time to apply is from July through August 31. The second application period is from September 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 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 envelope we provided or drop the application and the 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 31,000 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. 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. For general information and the answer to frequently asked questions, visit our website at www.dcf.vermont.gov/esd

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
SELF: _____	_____	_____	_____	SELF
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 get help with housing costs from a public, subsidized, or section 8 program? Yes No

11. If you pay the cost of heat yourself (or the landlord bills you) we MUST have the following:

Name of fuel or wood supplier: _____ Telephone _____

Address _____

Name on the account: _____ Account number: _____

12. Do you have a fixed price, budget plan, or some other pricing agreement with your 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.

First name		Initial		JINC		
Date paid	Hours worked	Hourly Rate	Income before deductions	Tips & commissions		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		

How often paid?	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month
<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Name and phone number of employer	

First name		Initial		JINC		
Date paid	Hours worked	Hourly Rate	Income before deductions	Tips & commissions		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		

How often paid?	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month
<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Name and phone number of employer	

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 _____	<input type="checkbox"/> alimony <input type="checkbox"/> child support for _____
	\$ _____ per _____	<input type="checkbox"/> alimony <input type="checkbox"/> child support for _____

19. Does anyone pay day care costs? Yes No

DCEX

Name	Amount	Type of expense and whom expense is for
	\$ _____ per _____	<input type="checkbox"/> day care for _____
	\$ _____ per _____	<input type="checkbox"/> day care for _____

Does anyone receive a day care subsidy? Yes No

If yes, the subsidy amount is: \$ _____ per week month

And the out-of-pocket cost is: \$ _____ per week month

RESOURCE INFORMATION:

Resource Maximums are up to \$5,000 per household. Please list ALL resources for ALL people in your home. Written verification may be requested. Some examples of resources include cash on hand, money in checking, savings, CD accounts, stocks, bonds, Individual Retirement Accounts, and property you do not live in. Some examples of resources we do not count are cars, personal belongings, the house you live in, life insurance policies and pre-paid burial plans.

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:

- Applications are accepted from July 15 through the last day of February. If I apply after the last day in February I will be denied; there are no exceptions.
- I will receive a notice of decision by mail.
- If I am eligible, the fuel benefits will be paid during the winter months (late November, December, January, February or March).
- 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.
- 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 Fuel Assistance Office 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.

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 and be disqualified from receiving future assistance.

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/Fairpoint 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 – If an application form were available on the internet, would you apply for assistance on line? **Yes** **No**

For more information about other services that might be available to help you go to: 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

PRINT THIS PAGE & MAIL WITH YOUR FUEL APPLICATION!