

EMERGENCY HEATING FUEL ASSISTANCE APPLICATION

Please complete all sections of this application to apply for emergency heating assistance. This form is designed to be printed and filled out.

1. Applicant Information

Full Name:
Street Address:
City, State, Zip:
Phone Number: Email Address:
Social Security Number: Date of Birth:

2. Household & Income Information

Total Number of Household Members:
Total Gross Monthly Household Income:
Sources of Household Income:

3. Heating and Fuel Utility Details

Primary Heating Fuel Type (e.g., Oil, Propane, Gas, Wood):
Fuel Utility Vendor Name:
Utility Account Number:
Name on Utility Account:
Current Fuel Tank Level (e.g., Empty, 1/4, 10%):

4. Emergency Justification

Please describe the nature of your heating emergency (e.g., Utility shut-off notice received, completely out of fuel, delivery delivery denied due to non-payment):

Current Past Due Balance Owed:
Has a Disconnect/Shut-off Notice been issued? (Yes or No):
If yes, what is the Scheduled Disconnect Date:

5. Certification and Signature

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that providing false information may result in the denial of assistance and potential legal action.

Applicant Signature: _____ Date:

