

**Low Income Home Energy Assistance  
Crisis Fuel Assistance Program  
Statement of Understanding**

**I understand that if I apply for or receive home heating assistance under the Crisis Fuel Assistance Program, during regular business hours or through the after-hours crisis line, it is my responsibility to check my heating system tank gauge regularly to prevent future emergencies. I understand that should I need assistance in the future, I must apply at the ¼ tank level. If I allow the tank to run dry before seeking assistance, the Crisis Fuel Program will not assist with any costs related to the lack of fuel in the tank. The costs that are not covered under the Crisis Fuel Assistance Program include but are not limited to:**

**Special Trip Fee  
Pressure Test Cost  
Furnace Start Up Fee  
Service Charges**

**I \_\_\_\_\_ understand that effective as of today's date**

*Applicant Name, please print*

**the Crisis Fuel Program will not provide assistance for Special Trip Fees, Pressure Tests, Start Up Fees or any other costs associated with running out of fuel. I have been provided with a copy of this statement of understanding. The original will remain a permanent record in my file at the Community Action Agency.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Crisis Fuel Program Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**CAP name/Location : \_\_\_\_\_**