

Vermont Fuel Assistance Application

ESD 201SF
R 06/09

You **MUST** answer all the 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 (Street, PO Box, Town, State, and Zip)	Home Phone (with area code)
Physical Address if Different (Street, House Number, Town, State, and Zip)	Day/ Message Phone (with area code)

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 of 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 have a disability, does someone live with you 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 he/she live while attending classes? _____
- 5. Check the box that best describes your living situation.**
 I own my home I rent my home or apartment and pay \$ _____ per month 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 ALL fuel I use (NOTE: if landlord bills you, a form will be sent to you for completion by your landlord.)
- 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 bedrooms)?** _____
- 9. What is your MAIN type of fuel used to HEAT your home? (check only one)**
 Wood Pellets Electric* Oil Bottled or propane gas Natural gas Kerosene Coal
 * If electric heat, we may verify this with your electric service provider
- 10. Is your rent based on your income?** Yes No
 If yes, which housing program? Section 8 Public Housing Subsidized Housing Other _____

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	Name on Account	Account Number
Address		Phone Number

- 12. Do you have a fixed price, budget plan, or some other pricing agreement with your fuel supplier?** Yes No

INCOME INFORMATION

List income from the past 30 days before any deductions such as taxes, insurance, child support, or union dues.
NEW REQUIREMENT: ATTACH COPIES OF PAYSTUBS FOR THE LAST 30 DAYS. IF SELF-EMPLOYED, ATTACH COPIES OF MOST RECENT FEDERAL TAX RETURN INCLUDING ALL FORMS AND SCHEDULES.

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

If yes, complete the information below and **ATTACH COPIES OF PAYSTUBS FOR THE LAST 30 DAYS.**

JINC

First Name	Initial	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	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 (e.g., farming, home party sales, logging etc.)? Yes No
 If yes, **YOU MUST** 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		\$
Worker's Compensation		\$
Child Support and/or Alimony		\$
Interest/Dividends		\$
Retirement		\$
Adoption Subsidy		\$
Rental Income		\$
Other		\$

16. If you have no income, please attach a letter explaining how you pay your daily living expenses (e.g., food, shelter, electricity, transportation, etc.)

17. 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:** _____

18. In the NEXT 30 days will 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:** _____

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

DCEX

Name of Person who Pays	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 _____

20. Does anyone pay for day care? Yes No

DCEX

List only YOUR OUT-OF-POCKET COSTS (not subsidy). List each child or adult who receives care separately.

Name of Person who Pays	Amount	Names of children/adults in day care	Reason
	\$ _____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/> Every two weeks		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school
	\$ _____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/> Every two weeks		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school

RESOURCE INFORMATION

Resource Maximums: \$5,000 per household or \$10,000 if any person in the household is age 60 or older.

Please list ALL resources for ALL people in your home. Written verification may be requested. Examples of resources include cash on hand; money in checking, savings, and CD accounts; stocks and bonds; Individual Retirement Accounts; and property you do NOT live in.

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

BANK

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

22. 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
			\$	\$
			\$	\$

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

PROP

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 a decision by mail.
- If I am eligible, 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 ESD Deputy Commissioner of the 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:

ESD 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 (*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.

Signature

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 _____

Person helping fill out this form:

Printed Name _____ Signature _____ Date _____

Phone Number _____ Relationship or Agency Name _____

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 (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 questions about Lifeline, call your phone company.

For information about other services that might be available, go to: www.screendoor.vermont.gov

RETURN YOUR COMPLETED AND SIGNED APPLICATION TO:

Office of Vermont Home Heating Fuel Assistance
103 South Main Street, Waterbury, VT 05671-5501
Toll free: 1-800-479-6151 • Hearing impaired: 1-800-253-0191

