

**Heating Assistance Fund**  
**APPLICATION WINTER 2021-2022**  
**Town of Yarmouth, Maine**

**HOUSEHOLD APPLICATION**

Name of Applicant		DOB	Social Security #	Telephone
Street Address	Mailing Address		Town	Length of Residence
Most Recent Previous Address			Town	Length of Residence
Number in household	How many related?		Total number of people seeking assistance	
Have you ever applied for the Town's fuel assistance before?	When?	Have you applied for Liheap for the current heating season?  If so, when?		What other fuel assistance programs/organizations have you applied to?
<b>People Living with the Applicant</b>		<b>Relationship</b>	<b>Birthdate</b>	<b>Social Security</b>
1. Name				
2. Name				
3. Name				
4. Name				
5. Name				

**EMPLOYMENT HISTORY**

Is applicant currently employed?	If yes, type of job:	Job Title:	
Name of Employer	Address	Number of hours per week:	Length of Employment:
Are any other members of the household employed?	If yes, who and where? (list below)		
Name	Employer	Town/City	
Name	Employer	Town/City	

## INCOME

(Enter the amount of all money to be received in the next 30 days by the applicant, applicant's family, unrelated household members – include earned income, benefits, loans, gifts, etc.)

Type of Income	Money Applicant Receives		Money Other Family Members Receive		Money Other Household Members Receive		Monthly Total
	Amount	How Often	Amount	How Often	Amount	How Often	
Employment	\$		\$		\$		\$
TANF	\$		\$		\$		\$
Social Security	\$		\$		\$		\$
Military/Veterans Benefits	\$		\$		\$		\$
Unemployment Benefits	\$		\$		\$		\$
Retirement/Pension	\$		\$		\$		\$
Child Support	\$		\$		\$		\$
Other (please specify)	\$		\$		\$		\$
Totals	MONTHLY HOUSEHOLD INCOME FROM ALL SOURCES						\$

## ASSETS

Check yes or no for each asset & enter the value. Enter who in the household owns the asset.

Type of Asset	Yes	No	Value	Owned by
Home				
Real Estate (other than home)				
Vehicles (car, truck, motorcycle, camper, ATVs, snowmobile, boat)				
Additional Vehicles				
Savings and Checking Accounts				
Other				

## EXPENSES

MONTHLY EXPENSES	ACTUAL COST FOR NEXT 30 DAYS	OFFICE USE ONLY
Food:	\$	
Rent (name of landlord):	\$	
Mortgage(name of mortgage holder)	\$	
Taxes (if not included above)	\$	
Electricity	\$	
Heating Fuel (list type: oil, K-1)	\$	
LP Gas	\$	
Water/Sewer	\$	
Household/Personal Care	\$	
Daycare	\$	
Medications	\$	
Other (please specify):	\$	
Other (please specify):	\$	
Other (please specify):	\$	
<b>TOTAL MONTHLY HOUSEHOLD EXPENSES</b>	\$	

## GENERAL INFORMATION

How much fuel is in your tank today?: \_\_\_\_\_

Does this heat your hot water? \_\_\_\_\_

Does your furnace provide heat for any other households beyond your own immediate household or heat any commercial/non –residential areas? \_\_\_\_\_

Do you own your home? \_\_\_\_\_

How did you hear about this program?: \_\_\_\_\_

Where else have you been for assistance?: \_\_\_\_\_

Have you received funds from the Town's Fuel Fund or the YCAN Program this heating season? \_\_\_\_\_  
\_\_\_\_\_. If so, how much? \_\_\_\_\_

Who is your regular dealer? \_\_\_\_\_

**INFORMATION NEEDED FOR FUEL DELIVERY / FUEL COMPANY:**

Type of Fuel: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Color/Description of House: \_\_\_\_\_

Location of fill: \_\_\_\_\_

How soon is delivery needed? \_\_\_\_\_

Will Someone Be Home?: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Office Use Only:*

**ASSISTANCE GRANTED:**

Referral(s): \_\_\_\_\_

Heating Assistance (amount and type): \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF RETURNING THIS APPLICATION BY MAIL PLEASE BE SURE TO COMPLETE THOROUGHLY AND INCLUDE THE FOLLOWING:**

- Copies of documentation of all income (earned income as well as any benefits such as social security, disability, unemployment and child support for ALL household members)
- Documentation of household expenses for all basic necessities (rent/mortgage, electricity, water/sewer, phone)

**FOR THOSE WHO HAVE RECEIVED HEATING ASSISTANCE IN THE PAST, THIS IS ALSO A REMINDER THAT:**

- An application for HEAP (Home Energy Assistance Program) needed to be completed by December 30, 2021. Please provide verification that you have applied to this program.
- You need to watch your tank. You must complete an application prior to running out of oil. No funds will be used for emergency deliveries, weekend/night deliveries, and/or priming furnaces when households run out of oil.

**COMPLETED APPLICATIONS WITH SUPPORTING DOCUMENTATION SHOULD BE RETURNED TO:**

Town of Yarmouth,  
Yarmouth Community Services / General Assistance  
200 Main Street  
Yarmouth, ME 04096

ATTN: Heating Assistance Fund

*Please be aware that fuel assistance will not be issued until October 15, 2021 and only in the event of a documented emergency will assistance be issued more than once during the heating season and not until after January 15, 2021.*