

Locality/FIPS _____ Case # _____ Date Application Received _____ Worker # _____

FUEL ASSISTANCE APPLICATION**PLEASE ANSWER ALL QUESTIONS COMPLETELY***Applications are accepted the 2nd Tuesday in October through the 2nd Friday in November*

Your Name (last, first, middle initial): _____ In what city or county do you live? _____

Your Physical/Service Address (include Apt Number): _____

Your Mailing Address (if different from street address): _____

Home Telephone Number: _____ Cell Telephone Number: _____ Work Telephone Number: _____

Email Address _____ Primary Language Spoken in your home: _____

What is the best way for your worker to contact you? CIRCLE only one choice: Home Phone Cell Phone Work Phone Email Address

Preferred Method of **Correspondence** (Note: this is not the same as the best way for your worker to contact you)

If you would like to receive either a text message or an email notifying you that some of your mail about your benefits can be accessed electronically through CommonHelp, select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified through a text or an email, you will receive all written correspondence through the U.S. Mail. If you are completing an application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

☐ Text ☐ Email Cell Phone for Text Message: _____ Cell Service Provider: _____ E-mail Address: _____
1. CHECK either YES or NO to answer each of the following questions.

- A. I pay to heat my home. ____YES ____NO
 B. Oil, kerosene, liquid propane (LP)/bottled gas, coal, or wood is delivered to my home. ____YES ____NO

2. CIRCLE the letter that best describes your present living situation. Read each one before you choose. CIRCLE ONLY ONE.

- A. I own or am buying my home and pay all heating bills.
 B. I own or rent my home and do not pay a heating bill.
 C. I pay \$ _____ rent and also pay for heat separately.
 E. I pay \$ _____ rent & my heat is included in the rent payment.
 F. I live in subsidized housing, Section 8, HUD and occasionally pay excess usage charges.
 G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my heating bills.
 I. I live in one room in someone else's house.
 L. I live in an institution, group home, treatment center, or home for adults.
 P. I live rent-free in more than one room, house, or apartment and pay for heat.
 Q. I live in an emergency shelter or I am homeless. I have arranged to move into a house, apartment, or more than one room.

3. Are all of the people in your household United States citizens? ____YES ____NO If NO, who is not a citizen? _____**4. Is anyone in your household disabled?** ____YES ____NO If YES, who is disabled? _____**5. How many people live in your household?** _____**6. Is anyone temporarily out of the home?** ____YES ____NO If YES, who? _____ Expected Date of Return? _____**List yourself first and every person living in the home. List the Social Security Number for everyone who lives in your home. Complete information for each person.**

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	GENDER (M, F)	DATE OF BIRTH	RACE	HISPANIC OR LATINO		WORKING		GROSS MONTHLY INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly, monthly	LIST ALL SOURCES OF INCOME Earned Income (List the Name of Employer/Company); Self-employment; Unemployment; Worker's Comp; SSI; Social Security; Veterans Benefit; Retirement; TANF; Child Support; Alimony; Rental Income; etc.
						Yes (Y)	No (N)	Yes (Y)	No (N)			
	Self											

7. Does any household member receive SNAP benefits (formerly Food Stamps)? ☐ YES ☐ NO If yes, case name(s) _____

8. Does any household member receive Medicaid? ☐ YES ☐ NO If yes, case name(s) _____

9. Is Medicaid Home & Community-Based Care received? ☐ YES ☐ NO If yes, by whom? _____ Patient pay amount is \$ _____

10. Does anyone pay for Medicare Part B ___ or D ___ insurance? ☐ YES ☐ NO If yes, who? _____ How much? \$ _____

11. CIRCLE the type of equipment you use as the main heat source for your home. CIRCLE ONLY ONE.

Furnace	Radiator	Portable Heater	Vented Space Heater (heater with outside exhaust or Monitor system)			
Baseboard	Heat Pump	Fireplace	Coal or Wood Stove	Cook stove	None	Unknown

12. CIRCLE the type of fuel you use to heat your home. CIRCLE ONLY ONE.

Electricity	Natural Gas	Oil	Clear Kerosene	Dyed (Red) Kerosene	Coal	Wood	Liquid Propane (LP)/Bottled Gas
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13. Name and address of the company used for home heating: _____

If you heat with electricity or natural gas, attach a copy of your current electric or gas bill. A Fuel Assistance payment can only be made if you owe a balance on your electric or natural gas bill. Complete the following:

Account Name _____ Account Number _____ Who is responsible for paying the bill? _____

Is the payment made by an automatic debit/credit payment or monthly bank draft? ☐ YES ☐ NO

The following questions are required for federal reporting purposes only. Your responses will not impact the processing of your application, your eligibility, or your benefit amount.

14. Name of the company used for electric service: _____

Account Name _____ Account Number _____

15. Please describe your household's current energy circumstances below:

☐ Primary Heat - Already Disconnected	Company: _____	Disconnect Date: _____
☐ Received Disconnect Notice for Primary Heat	Company: _____	Date Disconnect Scheduled: _____
☐ Prepay Electric Account	Balance of \$25 or less? ☐ YES ☐ NO	Account balance: \$ _____
☐ Propane/Bottled Gas Tank	Less than 20% in tank? ☐ YES ☐ NO Size of your tank: _____	What is the percentage in your tank today? _____%
☐ Oil or Kerosene Tank	Less than 25 gallons in tank? ☐ YES ☐ NO Size of your tank: _____	How many gallons are in your tank today? _____
☐ Coal or Wood	Less than 7 day supply? ☐ YES ☐ NO How many days' supply of coal or wood do you have left? _____	

The Virginia Department of Housing and Community Development (DHCD) administers the Weatherization Assistance Program (WAP) through a network of nonprofit organizations around the state. The WAP reduces household energy use through the installation of cost-effective energy savings measures, which also improve resident health and safety. Common measures including sealing air leaks, adding insulation, and repairing heating and cooling systems. More information about the WAP is available at <https://www.dhcd.virginia.gov/wx> or by calling (804) 371-7000.

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services (DSS) within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local DSS has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, disability, sex, age, political beliefs, religion, sexual orientation, marital or family status. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the DSS may use information on this application or that I may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal law. My signature authorizes the DSS to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance. I understand that, by providing my energy supplier(s)/ account information, I am authorizing the energy supplier(s) to provide details about my account and energy use to the DSS for the purposes of program verification, evaluation, reporting, and analysis. I agree to hold harmless and/or release my energy supplier(s) from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

If your application is approved, your Approval Notice will be mailed in late December.

Applicant's Signature OR Mark: _____

Date _____

Witness to Mark or Interpreter: _____ Phone Number _____

Date _____

Completed on behalf of applicant by: _____ Phone Number _____

Date _____