



VERMONT FUEL ASSISTANCE ELIGIBILITY REVIEW

Answer all the questions. Write N/A if a question doesn't apply. Use a separate sheet of paper if you need more room. PLEASE PRINT.

| | |
|---|---|
| Name | Social Security Number |
| Mailing Address <i>(Street, PO Box, Town, State, and Zip)</i> | Home Phone <i>(with area code)</i> |
| Physical Address if Different <i>(Street, House Number, Town, State, and Zip)</i> | Day / Message Phone <i>(with area code)</i> |

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 | SSN | Date of Birth | Relationship |
|-------|-----|---------------|--------------|
| SELF: | | | SELF |

The following question is voluntary. It will not affect eligibility or the level of benefits. It is asked only to assure that program benefits are distributed without regard to ethnicity, race, color, or national origin.

| | | |
|---|---|--|
| Ethnicity: <input type="checkbox"/> Hispanic, Latino or Spanish <input type="checkbox"/> Not Hispanic or Latino Spanish | Race: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native | Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other <input type="checkbox"/> Legal immigrant ID# _____ |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

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| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

Please answer all of the following questions about the people listed on page 1.

1. 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.

2. 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

3. Is anyone listed in Question #1 a full-time college student? Yes No

If yes, name: _____ Where does he/she live while attending classes? _____

4. 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)

5. 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.)

6. Type of housing? Single-family house Mobile home Apartment Other: _____
(please describe)

7. How many bedrooms do you have (even if not presently used as bedrooms)? _____

8. 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

9. Is your rent based on your income? Yes No

If yes, which housing program? Section 8 Public Housing Subsidized Housing Other: _____

10. Who is your fuel supplier? Name of supplier: _____

Address: _____ Phone number: _____

Name on account: _____ Account number: _____

11. Who is your electricity provider? Name of provider: _____

Name on account: _____ Account number: _____

13. Income Information: If anyone has income from a job, complete this section.

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| 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 | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |

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| 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 self employment income (e.g., farming, home party sales, logging, rental income)? 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: | | \$ |

I agree to report all changes, including but not limited to: physical or mailing address, members of my household, housing, heating, and income. If I knowingly give false or misleading information, I understand I can be taken to court for fraud and if found guilty, may be fined, jailed, or both; may have to pay back any extra benefits received; and be disqualified from receiving future assistance. If I receive fuel assistance, I agree to accept free weatherization services. I also give ESD permission to obtain and share any data about my annual energy consumption, cost, usage data, utility charges, payment history and other account information from my primary and/or secondary heating and energy company or companies. I authorize the company or companies to provide this information to ESD.

Signature of applicant: _____ Date: _____

Name of person helping fill out this form (printed)

Signature

Date

Phone Number

Relationship or Agency Name

Households who receive fuel assistance agree to accept services from the Weatherization Office to help lower heating costs.

Send completed form to: *Economic Services Division, Application & Document Processing Center, 280 State Drive, Waterbury, VT 05671-1500.*