



**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.

<b>Ethnicity:</b> <input type="checkbox"/> Hispanic, Latino or Spanish <input type="checkbox"/> Not Hispanic or Latino Spanish	<b>Race:</b> <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	<b>Citizenship:</b> <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other <input type="checkbox"/> Legal immigrant ID# _____
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		

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

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<b>Gender:</b> <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
<b>How often paid?</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____				\$	\$	\$
<b>Name and phone number of employer</b>				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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<b>Name and phone number of employer</b>				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

**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.*