

DATE: _____ TIME: _____

FUEL COLLABORATIVE APPLICATION

NAME: _____

ADDRESS: _____

LENGTH OF TIME AT ADDRESS: _____

REASON FOR REQUEST:

MONTHLY INCOME:

- UNDER \$1,000
- \$1,001 TO \$2,500
- \$2,501 TO \$4,000
- OVER \$4,000

Number of Adults in Household ____
Number of Children in Household ____

*The final decision rests with the Collaborative though HUD Guidelines will be a factor.

MONTHLY RENT or MORTGAGE: _____

MONTHLY FUEL: _____

MONTHLY UTILITIES: _____

MONTHLY HOUSHOLD/PERSONAL: _____

VENDOR'S NAME: _____

LOCATION OF FILL PIPE: _____

STATEMENT OF APPLICABILITY: I understand if this application is approved it means 100 gallons of heating fuel may be provided if funds are available. I further agree to follow up on other available resources that may meet my fuel needs. I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent.

I understand that I remain solely responsible for any damages to my home and its heating, water and sewer systems in the event I run out of heating fuel oil before the delivery is made.

Signature of the Applicant