



Home Heating Assistance Program APPLICATION
2016/17 Application for Low- Income Residents of Cumberland, RI
RETURN BY January 1, 2017 to:
Cumberland Youth Commission/OCYL 1464 Diamond Hill Road, Suite 2
Cumberland, RI 02864 (401) 475-0929 ext. 5



Name: _____ DOB _____

Address _____ Email _____

Best phone # to reach you at _____ Secondary phone _____

Circle: (Rent/Own/Section 8) Landlord name and phone: _____ # of apts in building _____

How long at this address? _____ Marital Status: _____ Spouse Name: _____

Employer: _____ Position: _____ Gross* Annual Wage:\$ _____

Employer address: _____ Phone: _____

Additional source(s) of employment income: Employer/Other: _____ Gross* Annual Wage: _____

Amount of Income from Disability: _____ (monthly)

Amount of Income from Unemployment: _____ (monthly)

Other income: Please Specify: /Alimony/Child Support/Rental/SSI _____

Please list information for all people currently living at above address (including children; including yourself)

1. Full Name: _____ Ethnicity: _____ Age: _____ Total Income: _____
2. Full Name: _____ Ethnicity: _____ Age: _____ Total Income: _____
3. Full Name: _____ Ethnicity: _____ Age: _____ Total Income: _____
4. Full Name: _____ Ethnicity: _____ Age: _____ Total Income: _____
5. Full Name: _____ Ethnicity: _____ Age: _____ Total Income: _____
6. Full Name: _____ Ethnicity: _____ Age: _____ Total Income: _____

◆ If more than 6 people live at above address, please attach a list of additional names and ages
 Total of Family Members living at same address/apt.: _____

Total Annual Gross* Income (Combine income of all adults age 18+ living in the Cumberland home~ including benefits, child support, all jobs etc.): \$ _____ .00

*Gross Income is the total dollar amount you are paid before paying taxes, insurance, 401K etc. OR it can be calculated as hourly rate times number of hours per week times number of weeks worked this past year.)

Required Information~ Ethnicity: Please circle one of the following: Hispanic/Latino, American Indian, Alaskan Native, Asian, Black/ African American, Native Hawaiian/Pacific Islander, White/Caucasian, Portuguese

Note: Eligibility for 2017 Heating Assistance is based on the FY 2016 Income Limits Summary RI-MA HUD amounts and the amount awarded is based on the amount of funding available via grants and fundraising events.

Please provide copies of these documents:

- 1) Current utility bill (Gas OR Oil OR Electric) **AND** 2) Two (2) most recent paycheck stubs or other verification of all income available from all household adults including unemployment benefits if applicable. 3) Social Security letter / SSI/ SSDI letters (if applicable). 4) Award/Denial letters from: LIHEAP, Salvation Army's "Good Neighbor Energy Fund", RISEO, or The Archdiocese of Providence's "Keep the Heat on."

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Type of Heating Assistance Needed (circle one): **GAS** **OIL** **ELECTRIC**

Name of Company _____ ACCOUNT NUMBER: _____

Check which account(s) are 30 days past due: gas____ oil____ electric____ rent____ mortgage____

Have you applied for aid with any agencies? If so, which one(s)? _____

Please list any outstanding household expenses you currently have (include auto payments, credit card payments, medical bills, student/other loans):

Statement of Need: _____

Please provide any additional information on an attached sheet that will assist us in our application process. (optional)

Statement: I certify that all the information provided on this application is true to the best of my knowledge. I understand that, by submitting this application, I freely release any information contained on this application or included with this application to the Cumberland Youth Commission, the Office of Children, Youth and Learning and its affiliates. I also understand that I am not guaranteed to receive assistance in the form of heating assistance and the Cumberland Youth Commission has the right to deny assistance based on its own criteria and capabilities and partners providing any funding.

Signature: _____ Date: _____

Signature of Spouse/another adult living in household: _____ Date: _____

If you are awarded funding, a check will be sent to your service provider and credited to your account. Funds will not be available until end of January 2017. The Youth Commission will mail an acceptance/denial letter as soon as possible.

Thank you for your application. ~ The Cumberland Youth Commission

FOR OFFICE USE ONLY: Eligible? Yes____ No____ Approved? Yes____ No____ Amount: _____
Date Notification Letter sent: _____ Date Bill Paid/Check sent if approved: _____ Invoice # _____