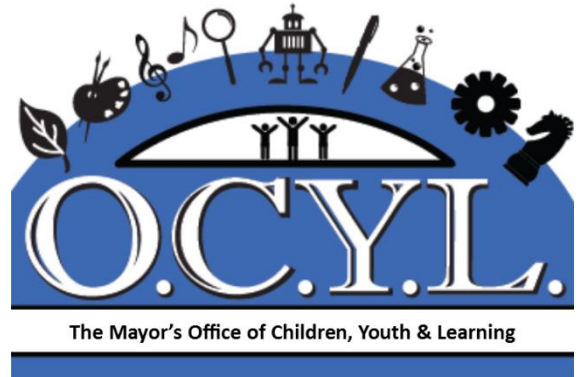


# Home Heating Assistance Application

For residents of Cumberland, RI  
Return Application by January 5, 2024, to:  
 OCYL  
 1464 Diamond Hill Road, Suite 2  
 Cumberland, RI 02864



Do you anticipate struggling to heat your home this winter?

If so, we invite you to apply to the Home Heating Assistance Program. Funds for this project are currently being raised to help offset the cost of home heating expenses for **Cumberland households with children.**

1. Complete this application and return to OCYL. The address is listed above.
2. At the end of January, applicants will be notified if approved or denied via mail, email and/or phone.
3. A check will be sent directly to the Oil/Gas/Electric Company to credit the account listed on this application.
4. We encourage you to seek aid everywhere possible for immediate assistance including LIHEAP, The United Way's "Good Neighbor Energy Fund", & the Archdiocese of Providence's "Keep the Heat On."
5. Questions- call Mrs. Jamie Droste at 475-0929 ext. 5 or email [jdroste@cumberlandri.org](mailto:jdroste@cumberlandri.org)

Applicant Information		
Name:		
Date of birth:	Phone:	Cell:
Email:		
Current address:		
City:	State:	ZIP Code:
	Own / Rent / Section 8 (Please circle)	How long at this address?
Marital Status: <b>S / M / W</b>	Spouse's Name:	
Employment Information		
Employer:		
Employer address:		How long?
Position:	Hourly Rate: \$ # hours/week:	Gross* annual income:
Second Employer (if applicable):		
Position:	Hourly Salary (Please circle)	Gross* annual income:
*Gross Income is the total dollar amount you are paid <b>before</b> paying taxes, insurance, 401K etc. OR it can be calculated as an hourly rate times number of hours per week times number of weeks worked this past year.		
Additional Sources of Income		
Amount of Income from Disability ( <b>monthly</b> ):		
Amount of Income from Unemployment ( <b>monthly</b> ):		
Other (Please specify- alimony/child support/rental/SSI):		

**Please list ALL people currently living at the listed address (including children and yourself)**

1. Full Name:	*Ethnicity:	Age:	Gross Income:
2. Full Name:	*Ethnicity:	Age:	Gross Income:
3. Full Name:	*Ethnicity:	Age:	Gross Income:
4. Full Name:	*Ethnicity:	Age:	Gross Income:
5. Full Name:	*Ethnicity:	Age:	Gross Income:

IF MORE.... Please attach a list of additional names, ages, and incomes

<b>Total Number of Family members living at this address:</b>	<b>TOTAL of ALL Annual Gross Incomes:</b>
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Note: "TOTAL of ALL Annual Gross Incomes" is the combined income of all adults age 18+ living in the Cumberland home~ including benefits, child support, all jobs, etc.

\*Ethnicity: **Optional**- Use one of the following: Hispanic/Latino, American Indian, Alaskan Native, Asian, Black/ African American, Native Hawaiian/Pacific Islander, White/Caucasian, Portuguese, Other.

**Please provide copies of these documents:**

- 1.) Current utility heat bill (Gas, Oil, or Electric) with the account number
- 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, "Good Neighbor Energy Fund", RISEO, or Archdiocese of Providence's "Keep the Heat on."

**Heating Information**

Type of Heat (Circle One):      **Gas**      **Oil**      **Electric**

Name of Heat Company: \_\_\_\_\_ **Acct #:** \_\_\_\_\_

Have you received heating assistance from us in the past? (circle one) YES    NO

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

**Other Information**

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

1.	2.	3.
4.	5.	6.

**Statement of Need (attach additional sheet if needed):**

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 Town of Cumberland/ Mayor's 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 Town/OCYL has the right to deny assistance based on its own criteria and capabilities and partners providing any funding.

Signature of applicant:	Date:
Signature of Spouse:	Date:

**Thank you for your application! We hope to be able to assist you.**

<b>FOR OFFICE USE ONLY:</b>	Eligible? Yes ___ No ___	Approved? Yes ___ No ___	Amount:
Date Notification Letter Sent:	Date Check Sent (if approved):	Invoice #	

## **We invite you to apply to the Home Heating Assistance Program.**

Funds for this project are being raised to help offset the cost of home heating expenses for families in need who reside in Cumberland, Rhode Island. Assistance is typically \$200-\$250 per family **but is based on the amount raised.**

1. Complete the application and return to OCYL.
2. The OCYL and Cumberland Youth Commission will continue to raise funds for this project into the winter.
3. At the end of January, applicants will be notified if approved or not found eligible.
4. A check will be sent directly to the Oil/Gas/Electric Company to **credit the account** listed on the application.
5. We encourage you to seek aid everywhere possible while we seek donations for this program. Other agencies include LIHEAP, “Good Neighbor Energy Fund”, and the Archdiocese of Providence’s “Keep the Heat On.” Please see our resources flyer attached.
6. Questions- call us at 475-0929 x5 or email: [Jdroste@cumberlandri.org](mailto:Jdroste@cumberlandri.org)