



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

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

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

**Total Number of Family members living at this address:** \_\_\_\_\_ **TOTAL of ALL Annual Gross Incomes:** \_\_\_\_\_

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

Note: Eligibility for 2018 Heating Assistance is based on the FY 2017 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 heat bill (Gas, Oil, OR Electric)
- 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 "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 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 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 of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/another adult living in household: \_\_\_\_\_ Date: \_\_\_\_\_

**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 Check Sent (if approved): \_\_\_\_\_ Invoice # \_\_\_\_\_

