

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD. THIS ASSISTANCE IS FOR OIL HEAT ONLY. IF YOU RECEIVE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP), THIS ASSISTANCE WILL BE ACTIVATED WHEN YOUR LIHEAP BENEFITS ARE EXHAUSTED OR EXPIRE. YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

For office use only

Personal Information

PRIMARY APPLICANT/UTILITY ACCOUNT HOLDER (must live at the address provided)

Please print or type	First Name	M.I.	Last Name	Social Security Number
	Current Service Address (no. & street)			Apt. or floor
	Town		Email	
	Daytime Telephone Incl. Area Code		Alternate Number	Date of Birth (xx/xx/xxxx)

1) How would your household prefer to be contacted? ☐ Postal mail ☐ Email

2) Check the box that most closely describes the type of building in which you live (Check only one)

☐ Mobile Home ☐ Multi Family ☐ Single-Family ☐ Condo or Townhouse

Household Income

Enter the information completely. Including yourself first, list the names, relationships, social security number, date of birth, and gross income of everyone living in your household. **Attach proof of income, disability and copy of all social security cards.** Use a separate sheet if necessary. **Failure to provide the required income documents for at least the previous 90 days will delay the processing of your application. Please refer to program income guidelines and instructions.**

For "Income Source" box, tell us how the income is earned. For the "Last 3 Mo.," box, follow these guidelines:

- Use numbers only
- Anyone younger than 18, write in "0" unless income is earned from SSI or SSDI
- Anyone 18 or older with no income, write in "0" and complete zero income form on the next page
- If you list a name, do not leave any of the boxes next to that name blank

Household members	Relationship to you	Social Security Number	Date of Birth	Income Source	Last 3 mo.	Disabled?	U.S. Citizen?	Unemployed?
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>

Zero Income Self-Declaration

For household members 18 or older listed above with zero income who are being supported by another household member, complete the table below to tell us who is providing support.

Please print or type	First Name	M.I.	Last Name	Social Security # - -	Supported By
	First Name	M.I.	Last Name	Social Security # - -	Supported By
	First Name	M.I.	Last Name	Social Security # - -	Supported By
	First Name	M.I.	Last Name	Social Security # - -	Supported By

Oil Vendor Account Information

Company/Vendor

Account #

Is the Name on your heating bill different from the Applicant's name? ☐ Yes ☐ No

If yes , What Name

First:	Last:
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Are you in arrears? ☐ Yes ☐ No

If yes:

Do you need emergency assistance to pay this? ☐ Yes ☐ No

Did you receive this fuel delivery after October 1, 2015? ☐ Yes: Date ☐ No

Are you currently enrolled in:

LIHEAP (New England Farm Workers Council) ☐ Yes ☐ No

Case #

Salvation Army

☐ Yes ☐ No

Case#

Information About Your Home

Do you own or Rent Your Home ☐ Own ☐ Rent Landlord's name:

Address:

Telephone:

If you own your home, has your Household received weatherization services? ☐ Yes ☐ No

If Yes, which Program ? ☐ Montachusett Opportunity Council

☐ Mass Save

☐ Other

Attachments

Please attach the following forms of verification to the back of this application. Check each item attached:

- ☐ Earned income verification for the previous 90 days for all household members aged 18 or older or complete the zero income self-declaration section.
- ☐ Verification for all other forms of income for all members of the household. (social security, SSI, SSDI, Unemployment, etc.)
- ☐ A copy of all social security cards for each household member
- ☐ A copy of a picture ID for the applicant (must be the name on the heating oil bill)
- ☐ A copy of the most recent home heating oil bill.

Terms of Agreement

I Agree

To apply to the NEFWC LIHEAP program for fuel assistance if my income falls within those guidelines and to use Lancaster program assistance only if my LIHEAP benefit is exhausted or expires.

To accept any energy efficiency programs offered by Montachusett Opportunity Council (MOC) or Mass Save.

To allow my oil vendor to release my name, address, telephone number, household member information, amount of my fuel usage, and total past due amount to MRPC staff and agencies that perform weatherization services and/or provide other energy related services.

To allow MRPC to release my personal and household information to NEFWC, and to MOC and other Energy programs.

I Understand

That program benefits are available between 10/1/2015 and 9/30/2016.

That my current oil vendor may not be an approved vendor for this program and that another vendor may be used to deliver heating oil to my home.

That I must verify my total household income for the three months prior to the date of this application.

That if I move away from the address on this application I must contact MRPC to determine if any program credit balances may be carried over to my new address.

That I am legally responsible for all past due amounts on my home heating oil accounts and that the Town of Lancaster or MRPC is not obligated to pay for any past due amounts.

That I am responsible for the information provided on this application and that the Town of Lancaster may take legal action to recover funds provided if any information provided is found to be willfully inaccurate.

That by signing this application I agree to all the terms of agreement and to all applicable federal, state and local statutes governing this program.

X Sign Here _____ Application Date _____

PLEASE SIGN AND MAIL APPLICATION TO:

MRPC, 1427R Water St., Fitchburg MA 01420

Or

The Town of Lancaster, 695 Main St, Suite 4, Community Development & Planning,
Lancaster, MA 01523

Or

Email to: bkeating@mrpc.org