



**Orange County Fuel Fund Program
(2023-2024)**

Referred by: _____

Salutation: _____ First Name: _____ Last Name: _____

Gender (circle one): Male Female Ethnicity: _____

D.O.B.: _____ Age: _____ Social Security Number: _____

Home Number: _____ Work Number: _____

Cell Number: _____ E-Mail Address: _____

Legal Resident (circle one): Yes or No - If No - Is anyone (including children in the household) in the household a legal resident of the U.S.? _____

If NO, Please STOP - Your household is *not* eligible for this assistance.

Mailing Address: (Street, City, State, and Zip)

Service Address (if different from mailing): (Street, City, State, and Zip)

Date of Occupancy: _____

Number of people in the household: _____

Number of children 6 years old or under: _____

Number of adults 60 years of age or older: _____

Are you or any member of your household a veteran? (Circle one)? Yes No

Are you or any member of your household a senior? (Circle one)? Yes No

Are you or any member of your household blind or disabled? (Circle one) Yes No

Members of Household (other than applicant):

Member #1- Name: _____

Age: _____ Relationship to Applicant: _____

Member #2- Name: _____

Age: _____ Relationship to Applicant: _____

Member #3 Name: _____

Age: _____ Relationship to Applicant: _____

Member #4- Name: _____

Age: _____ Relationship to Applicant: _____

Member #5 Name: _____

Age _____ Relationship to Applicant: _____

Member #6- Name: _____

Age: _____ Relationship to Applicant: _____

Member#7 - Name: _____

Age: _____ Relationship to Applicant: _____

Do you or any members of the household have medical conditions that depend on equipment, which requires electricity? (Circle one)

Yes No If yes, please explain _____

Do you or any members of the household have medical conditions that are negatively impacted by termination? (Circle one):

Yes No If yes, please explain _____

Does the household own or rent the home? (circle one): Own Rent

What type of home do you reside in? (circle one):

Apartment Condo-Townhouse Mobile Home Single Family Home Multi-Family Dwelling

How many rooms are in the home? -----

Was the home built before 1979? (Circle one): Yes No

Has the home been weatherized? (Circle one): Yes No

How does the household get its water? (Circle one): Municipal Water Individual Well

Monthly Household Income: \$ _____ Household Savings Amount: \$ _____

Household Outstanding Debt: \$ _____ Earned Income or Tax Refund Amount \$ _____

Monthly Child Support Payments: \$ _____ Monthly Spousal Support Amount: \$ _____

Weekly Unemployment Benefit Amount: \$ _____

Did Applicant file income taxes last year? (Circle one): Yes No

If No, reason for not filing: -----

If a homeowner, are there any liens on the property or dwelling? (Circle one) Yes No Not Applicable

Name and Address of Mortgage or Rent Holder: _____ Monthly Amount \$ _____

Does the household receive any assistance for rental payments? (Circle one): Yes No

If yes, monthly amount received\$ _____

Has the household situation changed in a way that requires assistance? (Circle one): Yes No

If yes, explain -----

Does the household have cash savings over \$10,000 and/ or assets over \$60,000 (circle one) Yes No

Is the household facing conditions which should be considered for waiving the cash savings limit?

If yes, explain _____

FUEL FUND VENDOR INFORMATION:

Type of Fuel/Energy (circle one) : Electric Natural Gas Kerosene Oil Propane

Name and address of Fuel/Energy Vendor: _____ Customer Account Number: _____

_____ Vendor Phone Number: _____

Is the applicant the customer of record? (Circle one) Yes No

Has the applicant received a shut-off notice? (Circle one) Yes No If yes, amount needed to restore service \$ _____

Does applicant have a deferred payment agreement? (circle one): Yes No If yes, monthly amount \$ _____

Does the applicant have less than 10 days of fuel left? (circle one): Yes No

Has the applicant been offered a budget plan? (circle one): Yes No If yes, budget plan amount\$ _____

Additional notes concerning the applicants relationship with the dealer:

ENERGY SAVERS VENDOR INFORMATION (if any) OR (skip to BENEFITS INFORMATION below)

Type of Fuel/Energy (circle one): Electric Natural Gas Kerosene Propane

Name and address of Fuel/Energy Vendor: Customer Account Number: _____

_____ Vendor Phone Number: _____

Is the applicant the Customer of Record? (Circle one) Yes No

Has the applicant received a shut off notice? (Circle one) Yes No If yes, amount needed to restore service\$ _____

Does applicant have a deferred payment agreement? (Circle one): Yes No If yes, monthly amount\$ _____

Does the applicant have less than 10 days of fuel left? (Circle one): Yes No

Has the applicant been offered a budget plan? (Circle one): Yes No If yes, budget plan amount\$ _____

Additional notes concerning the applicants relationship with the dealer:

BENEFITS INFORMATION:

Has the household received help from the Fuel Fund in the past 12 months? (Circle one): Yes No

If yes, when was the Fuel Fund received: _____

If denied by the Fuel Fund in the past, please provide the reason: _____

Please indicate efforts to receive assistance from these sources and the results:

DSS Open & Close (circle one): Applied Did not Apply Received Rejected

DSS Open & Close rejection reason: _____

DSS Open & Close Amount Awarded \$ _____ DSS Open & Close Award Date: _____

Central Hudson (circle one): Applied Did not Apply Received Rejected

Central Hudson rejection reason: _____

Central Hudson Amount Awarded: \$ _____ Central Hudson Award Date: _____

Salvation Army (circle one): Applied Did not Apply Received Rejected

Salvation Army rejection reason: _____

Salvation Army Amount Awarded \$ _____ Salvation Army Award Date: _____

People to People Fund (circle one): Applied Did not Apply Received Rejected

People for People Fund rejection reason: _____

People for People Fund Amount Awarded: \$ _____ People to People Fund Award Date: _____

Catholic Charities (circle one): Applied Did not Apply Received Rejected

Catholic Charities rejection reason: _____

Catholic Charities Amount Awarded \$ _____ Catholic Charities Award Date: _____

Orange and Rockland (circle one): Applied Did not Apply Received Rejected

Orange and Rockland rejection reason: _____

Orange and Rockland Amount Awarded \$ _____ Orange and Rockland Award Date: _____

NYSEG (circle one): Applied Did not Apply Received Rejected

NYSEG rejection reason: _____

NYSEG Amount Awarded \$ _____ N.Y.S.E.G Award Date: _____

HEAP (circle one): Applied Did not Apply Received Rejected

HEAP rejection reason: _____

HEAP Amount Awarded: \$ _____ H.E.A.P. Award Date: _____

Veterans Assistance (circle one): Applied Did not Apply Received Rejected

Veterans Assistance rejection reason: _____

Veterans Assistance Amount Awarded: \$ _____ Veterans Assistance Award Date: _____

S.T.A.R. Rebate (circle one) Applied Did not Apply Received Rejected

Economic Stimulus (circle one) Applied Did not Apply Received Rejected

Other Rebates:

Orange County Fuel Fund

40 Smith Street
Middletown, NY 10940
Tel (845) 421.6255



The Orange County Fuel Fund assists households who cannot pay their energy bills and need help. Here are some of the things your household should think about before applying.

Does Your Income Qualify for Our Fund and Other Programs?

1. Does your household income qualify? It might if:

<i>If Your Household Size Is:</i>	<i>Your Household Monthly Income is below:</i>	<i>HEAP 2023-2024 Household Income Limits</i>
1	\$ 3,642	\$ 3,035
2	\$ 4,764	\$ 3,970
3	\$ 5,884	\$ 4,904
4	\$ 7,005	\$ 5,838
5	\$ 8,126	\$ 6,772
6	\$ 9,247	\$ 7,706
7	\$ 9,457	\$ 7,881
8	\$ 9,667	\$ 8,056
9	\$ 9,877	\$ 8,231
10	\$ 10,088	\$ 8,407
11	\$ 10,298	\$ 8,582
12	\$ 10,668	\$ 8,890
13	\$ 11,438	\$ 9,532
14+	\$770 for each additional person	\$642 for each additional person

2. Are you eligible for HEAP?

If you are, we can help you to apply for HEAP before coming to the Fuel Fund.

3. Have you applied for other types of assistance?

You may be eligible for help from other local programs through Salvation Army, FEMA, Catholic Charities, and People for People or your utility. We ask you to apply for other types of help first.

4. Do you have savings or investments of \$60,000 or less?

How Often Can You Apply For Help From the Fuel Fund?

One time in a twelve-month period. Our program year is November 1, 2023 until March 15, 2024. Or when the funds are exhausted.

What Kind of Help Can You Receive From the Fund?

The Fund can help with a onetime payment per heating season to your heating provider.

What Type of Documentation Will You Need to Apply?

1. **Identification: (The following is required for all members of household)**
 - o Driver's Licenses or Government ID
 - o Social Security numbers cards
2. **Proof of all income: (All of the following is required for all members of household)**
 - o Social security benefit awards **or**
 - o Disability stubs, Unemployment benefits, Alimony **or**
 - o Payroll wages **(most recent pay stubs-if paid weekly, submit 4. If paid bi-weekly submit 2)**
 - o Proof of savings and investments
 - Additional information may be required after initial review.
 - o Copy of most recent heating bill and/or gas-electric bill.

How Can You Apply?

Here are ways to apply for help from the Orange County Fuel Fund. Please use the one that works best for you.

How To Apply	Where To Apply	Phone
ONLINE at www.ocfuelfund.org	From a computer in your home or Public Library.	(845) 421-6255 (Phone) (845) 421-6280 (Phone) (845) 344-1889 (Fax)
Do not forget to send all the documents requested above, and signed application.	Mail these to Orange County Fuel Fund Program Attn: Fuel Fund Program Coordinator 40 Smith Street Middletown, NY 10940	(845) 421-6255(Phone) (845) 344-1889 (Fax)

For More Information, Contact: The Orange County Fuel Fund at 845-421-6255 or (845) 421-6280

****IMPORTANT-** When doing the application on-line, the required documentation and signature page must be mailed

or

dropped off at the Orange County Fuel Fund, ATTN: Fuel Fund Program Coordinator in order to complete the processing of the application.

Orange County Fuel Fund

40 Smith Street
Middletown, NY 10940
Tel (845) 421.6255

www.ocfuelfund.org



ORANGE COUNTY FUELFUND PROGRAM APPLICATION

CONFIRMATION/SIGNATURE PAGE

I, _____, (print name) have read the information listed on this application. I believe that it is accurate and that it reflects my household's situation. I also give permission to the Fuel Fund Program staff and its agents to share this information with other programs, which may be able to help me. The Fuel Fund Program has my permission to contact my vendor, utility company and any other agents needed to verify information about my account and to share information with them. I also give my permission for contacts listed in this application to share information about my account. I understand that information about my application may be share with the Department of Social Services and that the Department of Social Services may share information about my application with other local service providers. Failure to sign this document may cause your application to be deny for acceptance into the Program.

Signature

Date

To reach the Fuel Fund, contact RECAP at (845) 421-6255. The Fuel Fund may notify some or all of the following organizations that your application is pending: Salvation Army, Catholic Charities, People to People, the Orange County Department of Social Services, and your utility vendor. We encourage you to seek assistance with these organizations if you have not already done so.

DO NOT FORGET TO SIGN AND MAIL THIS SIGNATURE PAGE.....

THANK YOU

Please mail these forms to:

RECAP

Attention: Fuel Fund

40 Smith Street

Middletown, NY 10940

Phone: (845) 421-6255 or (845) 421-6280

Applications can also bee-mailed to

mcontes@recap.org