



**Orange County Fuel Fund Program**

Select the Program(s) you are applying for: (circle one): Energy Saver Program Fuel Fund or Both

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 home owner, 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 \_\_\_\_\_

How is the home heated? (circle one): Electric Natural Gas Kerosene Oil Propane

**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 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:

\_\_\_\_\_

**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 benefit 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 to People Fund rejection reason: \_\_\_\_\_

People to 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:

\_\_\_\_\_  
\_\_\_\_\_

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-Energy Savers Program staff and its agents to share this information with other programs which may be able to help me. The Fuel Fund-Energy Savers 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 or case with the Fuel Fund-Energy Savers Program. I understand that information about my application may be shared 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 denied for acceptance into the Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To Reach the Fuel Fund, contact RECAP at (845) 421-6280. 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. Failing to apply for other assistance may hurt your chances of receiving help from the Fuel Fund now and in the future.

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

THANK YOU

Please mail these forms to:  
RECAP  
Attention: Fuel Fund Program  
40 Smith Street  
Middletown, NY 10940  
Phone: (845) 421-6280

Applications can also be e-mailed to [manager@ocfuelfund.org](mailto:manager@ocfuelfund.org)

Our webpage: [www.ocfuelfund.org](http://www.ocfuelfund.org)