



Steven M. Neuhaus
County Executive

Contact us

RECAP

40 Smith Street
Middletown, NY 10940

(845) 421-6255
mcontes@recap.org

www.ocfuelfund.org

A program of **Regional Economic Community Action Program**

40 Smith Street
Middletown, NY 10940
(845) 342-3978

www.recap.org

A 501c3 not-for-profit anti-poverty
organization established in 1965

**Weatherization
Department of Health Homes
Orange County Fuel Fund
Head Start
Nutrition & Advocacy
Supportive Housing
Substance Use Disorder
Orange County Reentry
Neighborhood Preservation
Newburgh Services**

RECAP empowers people and communities challenged by poverty, racism, and social injustice by collaborating with public and private partners to provide high quality health and human services, education, advocacy, and hope. Our mission is realized when our neighbors achieve self-sufficiency.



Orange County Energy Initiatives

**Need assistance
heating your home?**



*"Helping People.
Changing Lives."*



9/2024



Orange County Fuel Fund is funded through Orange County government and may be able to provide a heating benefit to households that exceed the income guidelines limits from HEAP.

What Do We Provide?

Payments to home heating providers to help families overcome short-term financial hardships, case management, and weatherization. Staff enhance energy awareness through community outreach and strong relationships with local utility companies.

Other services...

- * Referrals to other community resources (DSS, People for People Fund, Catholic Charities, etc.)
- * Referrals to the other programs from RECAP (Food Pantry, Head Start, etc.)
- * Farmers Market coupons for Seniors (July-September)
- * Cooling Program benefit, through the Department of Social Services

Eligibility requirements:

- Orange County resident
- U.S. Citizen or Legal Resident
- Income eligible (see chart below)
- Savings or assets less than \$60,000

2024-2025 heating season funds are available 11/1/2024 through 3/15/2025, or until funds are exhausted. Funds **are not** for emergency purposes.

Orange County Fuel Fund Household Income Limits 2024-2025

Household Size	Household Monthly Income
1	\$ 3,986
2	\$ 5,214
3	\$ 6,440
4	\$ 7,668
5	\$ 8,894
6	\$ 10,121
7	\$ 10,351
8	\$ 10,582
9	\$ 10,812
10	\$ 11,041
11	\$ 11,272
12	\$ 11,502
13	\$ 11,942

HELP WITH HOME ENERGY ASSISTANCE PROGRAM (HEAP) APPLICATIONS

HEAP is a federally funded program that provides a heating benefit to supplement a household's annual energy costs. You can contact and apply to HEAP at (845) 291-2002.

If you prefer, the Orange County Fuel Fund staff can process the applications for HEAP. Please contact us at (845) 421-6255 or (845) 421-6280.

HEAP Household Income Limits 2024-2025

Household Size	Household Monthly Income
1	\$ 3,322
2	\$ 4,345
3	\$ 5,367
4	\$ 6,390
5	\$ 7,412
6	\$ 8,434
7	\$ 8,626
8	\$ 8,818
9	\$ 9,010
10	\$ 9,201
11	\$ 9,393
12	\$ 9,585
13	\$9,952



RECAP Orange County Fuel Fund

Payments to home heating providers to help families overcome short-term financial hardships, case management, and referrals.



Call or visit us online for income requirements

www.ocfuelfund.org

**40 Smith Street, Middletown NY - (845) 421-6255
Or (845) 421-6280**

A program of
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Community
Action Program**
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Changing Lives."*





**Orange County Fuel Fund Program
(2024-2025)**

Referred by: _____

First Name: _____ Last Name: _____

Gender (circle one): Male Female Ethnicity: _____

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

Home Number: _____ E-Mail Address: _____

Cell Number: _____

Legal Resident or US Citizen? (circle one): Yes or No

If not, 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 not, 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? (circle one) Yes No

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

If yes, explain _____

FUEL 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 applicant's 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

Rejected, why? _____ Received, amount and when? _____

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

Rejected, why? _____ Received, amount and when? _____

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

Rejected, why? _____ Received, amount and when? _____

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

Rejected, why? _____ Received, amount and when? _____

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

Rejected, why? _____ Received, amount and when? _____

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

Rejected, why? _____ Received, amount and when? _____

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

Rejected, why? _____ Received, amount and when? _____

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

Rejected, why? _____ Received, amount and when? _____

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

Rejected, why? _____ Received, amount and when? _____

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.

You may qualify for Fuel Fund, HEAP or other community Programs?

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

If your household size is:	Your household monthly income is below:	HEAP 2024-2025 household income Limits
1	\$ 3,986	\$ 3,322
2	\$ 5,214	\$ 4,345
3	\$ 6,440	\$ 5,367
4	\$ 7,668	\$ 6,390
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10	\$ 11,041	\$ 9,201
11	\$ 11,272	\$ 9,393
12	\$ 11,502	\$ 9,585
13	\$ 11,942	\$ 9,952
14+	\$806 for each additional person	\$672 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, Catholic Charities, People for People or your utility company. We ask you to apply for other types of help first.

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

How often can you apply for help from the Fuel Fund?

One time per heating season. Our program year is November 1, 2024 until March 15, 2025. Or when the funds are exhausted.

What Kind of help can you receive from the Fuel Fund?

We can help with a one-time 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 of 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 Additional information may be required after initial review, such as **proof of savings and investments**
- 3. Copy of the most recent heating bill and/or gas-electric bill.**

How can you apply? Please choose the one that works best for you.

- Online at www.ocfuelfund.org
- Request an application form at 40 Smith St. Middletown, NY 10940
- Request an application calling our office at (845) 421-6255 or (845) 421-6280

How to submit all the documents above mentioned along with the application form?

- Dropped off (or mail it to) at the Orange County Fuel Fund at 40 Smith St. Middletown, NY 10940 - Att. Program Coordinator or Program Assistant
- By fax at (845) 344-1889 - Att. Program Coordinator or Program Assistant
- By email to mcontes @recap.org or tembler@recap.org

Orange County Fuel Fund

40 Smith Street
Middletown, NY 10940
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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 denied acceptance into the Program.

Signature

Date

The Fuel Fund may notify some or all the following organizations that your application is pending, such as Salvation Army, Catholic Charities, People for 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*****