Keep North Yarmouth Warm

Heating Assistance Program Application

Return to:
Town of North Yarmouth
Attn.: *Town Manager or Clerk*
10 Village Square Road
North Yarmouth, ME 04097

For questions or concerns
Call
Telephone: 207-829-3705

Your name (first, middle initial, last)	**Maiden Name**	**Social Security number**	**Sex**

Birth date (month/day/year)	**Place of birth**	**Date of Application**

Mailing address:

Street or PO Box,			**Apartment or Unit Number**
City	**State**	**Zip Code**	**Phone**
If different from your mailing address, give the address where you actually live:			

List members of the household:

Last name	First name	Middle Initial	Sex	Birth - date	Social Security Number	Relationship to you

Do you have any minor children who are NOT living with you? ☐Yes ☐No
If yes, please list their names, who the child lives with and location of their residence.

_____

_____

List Applicant's and/or members of the household current employment.

Name	Employer's name	Employer's Location	Employer's Phone No.	Hours worked each

Cash on hand today? $_____ Please list below funds you have in bank or credit union accounts.				
Name(s) on account	**Type** Checking/Savings/ CD etc.	**Name of bank or institution**	**Account number**	**Current balance**

Have you sold any assets recently? ☐Yes ☐No If yes, complete below.

Asset	Date of Sale	Value	Amount of Cashed Received at sale
		$	$
		$	$
		$	$

Have you acquired any assets recently? ☐Yes ☐No If yes, complete below.

Asset	Date Acquired	Value
		$
		$
		$

Have you filed your income tax return for this year? ☐Yes ☐No Amount of your expected refund _____.

Have you applied for the Maine Residents Property Tax and Rent Refund this year? ☐Yes ☐No

Amount of your expected refund _____.

Are you expecting a Worker's Compensation, Social Security or law suit Settlement? ☐Yes ☐No

If yes, when and how much? _____

Have you received any type of cash settlement in the last 12 months? ☐Yes ☐No

If yes, when and how much?_____

How much was your income in the LAST 30 days and how was it spent? List everything you have purchased, and expenses paid, within the last 30 days. YOU ARE EXPECTED TO PROVIDE RECEIPTS FOR INCOME AND EXPENSES PAID.

Income	*Amount Received*		Expenses in last 30 days *Amount Paid*
Salaries/Wages	$	Housing	$
TANF	$	Electricity	$
SSI	$	Food	$
Social Security	$	Rx Medicine	$
Veteran's Pension	$	Telephone(s)	$
Retirement Pension	$	Cable	$
Unemployment Compensation	$	Internet	$
Worker's Compensation	$	Car Expenses	$
Child Support/Alimony	$	Cigarettes/Alcohol	$
Dividend/Interest	$	Diapers	$
Income from Relatives	$	Credit Cards	$
Other	$	Other	$
TOTAL	$	**TOTAL**	$

150% of Poverty Level:
$_____

Your Heating Fuel Supply Company _____Telephone #_____

Fuel Type _____ Account # _____

I hereby certify that the facts on this application are true, correct and complete and that I have not knowingly withheld any information regarding my eligibility. I understand that if I willfully give false information I may be disqualified from receiving assistance under the Heating Assistance grant review. I understand that the Administrator is obligated to verify the information I have given and gather other information that may have a bearing on my eligibility and I hereby give my consent.

Signature of person applying _____ Date _____

Signature of Administrator_____ Date _____

Under guidance from the Board of Selectmen, an onsite visit may be required to make the final determination for any assistance made to you and your family.

This program does accept donations. At a future date, should you be able to make a contribution for others to benefit from: Please make check payable to the Town of North Yarmouth and mail to 10 Village Square Road, North Yarmouth ME 04097.

Income Eligibility Guidelines
LIHEAP and Weatherization Programs
2014 – 2015

Maximum gross household income is based on the number of people in the household. For households with more than 10 persons, contact your Community Action Agency (CAA) for eligibility guidelines. Other program guidelines and requirements may apply - your CAA will provide you with all the details.

Poverty Level	Household Size									
	1	2	3	4	5	6	7	8	9	10
1 MONTH	$1,459	$1,966	$2,474	$2,981	$3,489	$3,996	$4,504	$5,011	$5,251	$5,363
3 MONTHS	$4,376	$5,899	$7,421	$8,944	$10,466	$11,989	$13,511	$15,034	$15,753	$16,088
12 MONTHS	$17,505	$23,595	$29,685	$35,775	$41,865	$47,955	$54,045	$60,135	$63,011	$64,352
Income guidelines for households with a member who is susceptible to hypothermia, ***such as*** elderly, a child twenty-four months of age or under, or with a doctor's diagnosis.										
1 MONTH	$1,653	$2,228	$2,804	$3,379	$3,954	$4,529	$5,028	$5,139	$5,251	$5,363
3 MONTHS	$4,960	$6,685	$8,411	$10,136	$11,862	$13,587	$15,083	$15,418	$15,753	$16,088
12 MONTHS	$19,839	$26,741	$33,643	$40,545	$47,447	$54,349	$60,330	$61,671	$63,011	$64,352

REQUIRED INFORMATION FOR ALL APPLICANTS. Please bring COPIES of all documents with you.

- **Date of birth, copies of 'Social Security Card' for all household members, and a photo ID for head of household.**
- **Central Main Power (CMP) bill**: Please bring the top portion of the CMP bill. We cannot accept disconnection notices. Note: the bill must be current.
- **Verification of your HEATING Company**: (example: a copy of your most recent … Unitil bill, most recent delivery ticket, or a bill from your fuel company which shows your account number.)
- **Portland Water District**: Please bring your most current bill IF you pay for water or sewer.
- **FOR RENTERS:** Please bring a copy of your current leases AND your landlords name, address and phone number.
- **FOR OWNERS:** Please bring proof of your mortgage AND a current tax bill.

Proof of All Income coming into the household from all household members for the last (3 or 12 months) prior to the month you are applying.

Examples of acceptable proof of income:

- **Wages:** all pay check stubs with check date within the income period (3 or 12 months) prior to the month you are applying, **OR** a statement with this information prepared on company letterhead and signed by your employer.
- **Pensions/Retirement**: a check stub (3 or 12 months) showing gross amount, **OR** an award letter stating the current gross amount before taxes.
- **Self Employment Income:** your most recent signed completed tax return of 2013.
- **Social Security (All Types)** (3 or 12 months): an award letter from Social Security. Call 1-800-772-1213 to get a copy of your award letter.
- **Child Support/ Alimony:** a printout from DHHS, Cashiers Unit, PO Box Augusta, ME 04332 **OR** a court order. Call 207-822-2000 to get a copy.
- **TANF:** a printout from DHHS. (3 or 12 months prior to your appt.)
- **Foster Care & Adoption Subsidy:** a printout from DHHS OR all check stubs. (3 or 12 months prior to your appt.)

DO NOT MISS YOUR SCHEDULED APPOINTMENT!! *Due to an extremely high volume of appointments it is important for you to attend your scheduled appointment – failure to do so may result in a longer waiting periods. If you do not have ALL the documentation at the time of your appointment – you will be given a reminder to send items in. Reschedule: 553-5900, or FAX our Housing and Energy Program at: 200-2606. Contact:* ***Val Fitzgerald, CRC 553-5937***

Discretionary Heating Assistance Funds Policy

This policy will provide guidance to the Administrative Assistant and/or Town Clerk in granting assistance from the Keep North Yarmouth Warm Heating Fuel Fund. The Town Meeting may appropriate an amount from Fund Equity to be placed into a fund. Donations may also be accepted. These funds are for discretionary use by the Administrative Assistant and/or Town Clerk to insure that the citizens of the Town of North Yarmouth have a reasonable expectation of keeping warm during the heating season.

I. <u>Units of heating fuel/amount of assistance:</u>

A unit of heating fuel for the purpose of this policy shall be:

a.) 100 gallons of #2 or K-1 heating fuel
b.) 1 cord of seasoned wood
c.) 100 gallons of liquefied petroleum (LP) gas
d.) An equivalent amount of coal or pellet fuel
e.) $ 100 toward a CMP bill for electric heat

A family may be eligible for a grant or loan of one unit of heating fuel once only during the months of December through April. A second unit of heating fuel may be granted in an extreme emergency. Both the Town Clerk and Administrative Assistant shall find that an emergency need exists to grant a second unit of heating fuel. Assistance from the Keep North Yarmouth Warm Fund is not guaranteed and can only be offered if money is available in the fund.

II. <u>Eligible families:</u>

In order to be eligible for assistance for one (1) unit of heating fuel, a family or families sharing a dwelling unit must be ineligible for Municipal General Assistance. Priority will be given to those applicants in the following order:

a.) retired families with fixed income (e.g. Social Security, Pension, Annuity, retirement fund)
b.) families with one or more wage earners at 150% or below the poverty level for Cumberland County as established by DHS.
c.) families that have applied for LIHEAP and have been found eligible under PROP guidelines.
d.) families with seasonal workers who have recently been laid off and expect to be laid off for 120 days or more.

e.) families in need at the discretion of the Town Clerk and/or Administrative Assistant.

III. <u>Referrals</u>

The Town Clerk and/or Administrative Assistant shall respond to requests from applicants and referrals from members of the community who have knowledge of a family in need. The referral will not be pursued if, after initial contact as a result of a referral from someone outside the family, the family who has been referred does not wish to tender an application.

IV. <u>Application Process</u>

a.) The Town Clerk and/or Administrative Assistant may receive applications.

b.) Applicants who may qualify for General Assistance will be urged to complete a Municipal General Assistance application. Other applicants will complete an alternate application for use in awarding assistance from the Keep North Yarmouth Warm Fund. Decisions made in accordance with this policy will be made in writing to applicants in a timely fashion.

c.) Only those applicants ineligible for Municipal General Assistance may qualify for assistance from the Keep North Yarmouth Warm Heating Fuel Fund.

d.) The standard for prudent use of income in the Town of North Yarmouth General Assistance Ordinance shall apply.

e.) Assistance will be for one equivalent heating unit as defined above.

f.) Deliveries of assistance will be to a physical address in the Town of North Yarmouth only.