



Keep North Yarmouth Warm

Heating Fuel Assistance Program Application

PERSONAL INFORMATION

Name (first, middle initial, last)	Social Security Number
Birth Date (month/day/year)	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:			
Email Address:			

HOUSEHOLD MEMBERS

Full Name	Sex	Date of Birth	Age	Relationship

EMPLOYMENT

Full Name	Employer Name/Address	Weekly Income

MONTHLY INCOME & EXPENSES

Income		Expenses	

Keep North Yarmouth Warm / Heating Fuel Assistance Program

Heating Assistance: _____ Granted _____ Denied

Amount Granted: _____

Heating Fuel Supply Company: _____

Telephone # _____

Fuel Type: _____ Account # _____

I/We 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/We understand that if I/we willfully give false information I may be disqualified from receiving assistance under the heating assistance program review. I understand that the administrator is obligated to verify the information I/we have given and gather other information that may have a bearing on my/our eligibility and I/we hereby give my/our consent.

Signature of person(s) applying:

Date: ____/____/____

Signature of Administrator: _____ Date: ____/____/____

This program accepts donations, if in the future you are in a positive financial position we encourage you to make a contribution to the fund to aid others in need of this benefit. Please make checks payable to the Town of North Yarmouth and mail to 10 Village Square Road, North Yarmouth ME 04097. Thank you.