



Giving Hope Today

# Application Form

## Warm Hearts, Warm Homes

[PLEASE PRINT]

### APPLICANT AND HOUSEHOLD INFORMATION

Household Address		Applicant's Phone Number(s)	
City/Town/Village		Postal Code	
Names of all Household Members (list applicant first) (adults and children – use reverse side if needed)	Birth Date	Medicare Number	Gross Annual Income (all sources)
1.			
2.			
3.			
4.			
5.			

### PROGRAM AND RELATED INFORMATION (circle appropriate response)

Do you pay your own heating bills?    Yes    No    Current Amount Owed: \$ \_\_\_\_\_

Is your household currently unable to pay for fuel/electricity in order to heat your home?    Yes    No

Do you urgently need money to pay for heating?    Yes    No

Do you:    Own your home    Rent

Do you currently receive income assistance from the Department of Social Development?    Yes    No

Have you received the Emergency Fuel Supplement from the Department of Social Development since November 1, 2008?    Yes    No

### HOME ENERGY INFORMATION (circle appropriate response)

Primary Source Of Heat:    ELECTRIC    FURNACE OIL    KEROSENE    WOOD    PROPANE    NATURAL GAS

Have you contacted your home heating provider to discuss the current status of your account?    Yes    No

Energy Supplier's Name & Phone No:

*In order for your home heating provider to provide assistance, it is essential that you contact them so that they understand your personal financial situation and can work with you to find a solution. Home heating providers are sensitive to these difficult times, and their representatives will work with you to provide options and advice.*

### APPLICANT STATEMENT

I solemnly declare that the statements and answers given by me in the foregoing form are true and that I have not concealed or omitted any information herein. I authorize The Salvation Army to verify this information and to contact my utility/fuel/energy supplier, the Department of Social Development, and any other agency for verification or information purposes related to this application. I have read the covering letter for this application form and I understand that submitting this application does not guarantee assistance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Approved?    Yes    No	Date Reviewed:	Amount \$
Processed by:		Reviewer's Signature:

If Not Approved, state Reason: Administered by: THE SALVATION ARMY