



Housing Partnership of Chester County

41 W. Lancaster Ave.

Downingtown, PA 19335

(610) 518-1522

The Housing Partnership of Chester County is now accepting applications for the **Fuel Assistance Program**. Qualified applicants with preference given to 70 years of age and older, will receive a **one-time** grant of approximately \$500 that will be paid directly to the fuel provider.

Eligibility requirements: Send Copies only

- Provide copies of income verification for **all** members of the household (ie: SS/SSI/SSDI award letter, pension, RR retirement, etc).
- Total household income must be under 30% of the median income. See chart below for income limits.
- Provide a copy of photo ID or recent Driver’s License.
- Fuel type may be electric, oil, gas, or propane.
- Copy of most recent electric/gas bill (if your heating source). We will not reimburse for automatic debits from your bank account.

# of persons in home	Income limits
1	\$24,100
2	\$27,550
3	\$31,000
4	\$34,400

This is a one-time only program! Our funds are limited so please return your application, along with the necessary documents, as soon as possible. **WE WILL NOT PAY PAST DUE ACCOUNTS!** Assistance is awarded on a first come basis. Incomplete applications will delay assistance. Thank you.

Housing Partnership of Chester County
Robert Malone, Director of Programs
41 W. Lancaster Avenue
Downingtown, PA 19335
(610) 518-1522

Winter Fuel Assistance Application

Name _____

Address _____

Phone _____ Age _____ Date of Birth _____

Have you received assistance from the Housing Partnership before? _____

What type of fuel do you use to heat your home?

_____ Oil _____ Propane _____ Electric _____ Gas

Oil/Propane

If you use oil or propane, what is the name of your fuel company?

_____ Phone Number _____

Do you receive automatic deliveries? _____ yes _____ no

If yes, last delivery date? _____ Account number _____

How much oil/propane do you have in your tank? _____

(In order to receive the maximum assistance, please tell us how much fuel is in your tank. Remember, this is a one-time only program!)

Does your water heater run on oil? _____ yes _____ no

Are you behind on your fuel bill? _____ no _____ yes By how much? _____

Do you owe another company for past fuel delivery? _____ no _____ yes

If yes, who do you owe? _____

Do you receive assistance from LIHEAP? _____ no _____ yes

Have you applied for and/or received LIHEAP assistance?

Applied? _____ Received? _____ Amount received \$ _____

Electric

Are you behind on your electric/gas bill? _____ no _____ yes

If yes, by how much? _____

Is your power scheduled to be shut off? _____ When _____

Do you receive assistance from LIHEAP? _____ no _____ yes

If yes, have you received LIHEAP assistance for the current year? _____

INCOME (For ALL household members)

Source **Monthly Amount Received**

Marital Status: Married Divorced Single Widow/Widower

Do you Own or Rent _____ **Date of Birth** _____

Members of Household:

_____ Age _____

_____ Age _____

_____ Age _____

Notes: _____

Please return your completed application and requested documents to:

Housing Partnership
41 W. Lancaster Avenue
Downingtown, PA 19335

**If you have any questions or need assistance with this application
please call (610) 518-1522.**