



# 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 oil, gas, or propane.
- Copy of most recent gas bill (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  
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 \_\_\_\_\_ 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 \$ \_\_\_\_\_

**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.**