



## METROCARE HEAT ASSISTANCE PROGRAM

Date: \_\_\_\_\_ Applicant SSN Number: \_\_\_\_\_

### Section 1: Primary Account Holder Information

Place the primary Account holder's information in the space below.

<b>Full Name:</b>			
<b>Service Address:</b>	City:	State: <b>VA</b>	Zip:
<b>Phone / Email:</b>	Primary:	Email:	
<b>Heating Account No.:</b>	Amount Needed: \$ _____ (Provide Copy of Bill)		

### Section 2: Household Information Proof of Income is required from all sources.

Please list all members living in the home within the space(s) below. Continue on a separate page if more than five.

Full Name	Age	Disabled?	Relation to Applicant	Monthly Income	Source of Income (Wages, SSI, TANF, etc.)
			Self	\$	
				\$	
				\$	
				\$	
				\$	

### Section 3: Housing Information Proof of Residency is required.

Complete the information below. (Check all that apply)

<b>Amount of Mortgage or Rent:</b> \$ _____	<b>Mortgage Company</b> _____
<b>Housing Status:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Rent is subsidized <b>Landlord</b> _____	
How Do You Heat Your Residence? <input type="checkbox"/> DPU-Gas <input type="checkbox"/> Dominion <input type="checkbox"/> Boisseau-Oil <input type="checkbox"/> Woodfin Oil <input type="checkbox"/> Other	
Did You Receive MetroCare Heating Assistance Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Already Received? <input type="checkbox"/> LIHEAP <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> EnergyShare <input type="checkbox"/> Crisis Assistance	
Can you make a contribution at this time towards payment of your bill? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? \$ _____	
<b>Note: MetroCare Assistance Program does not pay deposits, recycling and solid waste charges.</b>	

**REASON FOR REQUEST:** (Describe hardship: e.g., Job loss, serious illness, increase in expenses)

**Statement of Applicant:** I certify that the information provided herein is accurate to the best of my knowledge. I am both the resident and the customer of record of the premises for which application is made. I understand that providing false information may result in disqualification of eligibility for the MetroCare Heating Assistance Program. I am aware that other documentation may be required. I authorize the Agency permission to verify the information provided above.

☐ \_\_\_\_\_ **Applicant grants permission for Agency to request and track financial assistance history.** (Check box and initial)

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

#### FOR AGENCY USE ONLY:

☐ **APPROVED FOR PROCESSING**

Heating / Charges: \$ \_\_\_\_\_

Customer Contribution: \$ \_\_\_\_\_

**MetroCare Heating Credit:** \$ \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Manager Signature** \_\_\_\_\_

☐ **DENIED (See Below)**

☐ Already Received Assistance

☐ Over Income

☐ Bad Debt – Collections; High Balance

☐ Account is Inactive

☐ Other – DPU Determination / Ineligible