



# 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)

**Amount of Mortgage or Rent:** \$ \_\_\_\_\_ **Mortgage Company** \_\_\_\_\_

**Housing Status:**  Own  Rent  Rent is subsidized **Landlord** \_\_\_\_\_

How Do You Heat Your Residence?  DPU-Gas  Dominion  Boisseau-Oil  Woodfin Oil  Other

Did You Receive MetroCare Heating Assistance Last Year?  Yes  No

Have You Already Received?  LIHEAP  Fuel Assistance  EnergyShare  Crisis Assistance

Can you make a contribution at this time towards payment of your bill?  Yes  No If Yes, how much? \$ \_\_\_\_\_

*Note: MetroCare Assistance Program does not pay deposits, recycling and solid waste charges.*

**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