**United Way of Carlisle & Cumberland County 2021-2022 Heating Assistance Application**

Intake questions:

* 1. Where do you live? **Circle One**: Carlisle, Boiling Springs, Mt. Holly Springs, Gardners, New Kingstown, Newville or Plainfield.
	2. Have you applied for LIHEAP? \_\_\_\_\_Yes \_\_\_\_\_No

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_ (**Attach Proof)**

Age of applicant\_\_\_\_\_\_\_\_\_\_ # of people in household\_\_\_\_\_\_\_\_\_

# Adults\_\_\_\_\_\_\_\_\_\_\_# Children under 18 years of age\_\_\_\_\_\_\_\_\_\_\_\_

Name and ages of all adults in Household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for this program before? Yes \_\_\_\_\_ If so, what year? \_\_\_\_\_\_ No\_\_\_\_\_

Are you working? Yes \_\_\_\_ No \_\_\_\_ Your Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are others in your household working? Yes \_\_\_\_ No\_\_\_\_\_ Others Employer(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not working, when did you last work? \_\_\_\_\_\_\_\_\_\_\_\_\_ Former Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for unemployment or workmen’s compensation? Yes\_\_\_\_\_ No\_\_\_\_\_\_

Do you receive Public Assistance? Yes\_\_\_\_ No\_\_\_\_\_ Do you have an ACCESS card? Yes\_\_\_\_ No\_\_\_\_

Do you receive rental assistance from: HUD\_\_\_\_\_\_ Family Housing \_\_\_\_\_\_ Carlisle Opportunity Homes \_\_\_\_ Pine Ridge Apts. \_\_\_\_\_\_ Plaza Drive Apts. \_\_\_\_\_\_\_ Safe Harbour \_\_\_\_\_\_\_

 **MONTHLY** EXPENSES **MONTHLY** INCOME OF HOUSEHOLD MEMBERS

Rent/Mortgage\_\_\_\_\_\_\_\_ Credit Card Pmts. \_\_\_\_\_\_\_ Present Job (applicant) \_\_\_\_\_\_\_\_\_\_ (other people) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gas (Home) \_\_\_\_\_\_\_\_\_\_\_ Loan Pmts. \_\_\_\_\_\_\_\_\_\_\_\_ Pensions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electric \_\_\_\_\_\_\_\_\_\_\_\_ Fines \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oil/Propane \_\_\_\_\_\_\_\_\_\_\_ Child Support \_\_\_\_\_\_\_\_\_\_ Social Security\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water/Sewer \_\_\_\_\_\_\_ Child Care \_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_ Furniture Rental \_\_\_\_\_\_\_\_ Public Asst. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TV Cable \_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Expenses \_\_\_\_\_\_\_ Food Stamps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cigarettes \_\_\_\_\_\_\_\_\_\_\_\_\_ Workmen’s Comp \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Payment(s) \_\_\_\_\_\_\_\_ Alcohol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemp. Comp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Insurance \_\_\_\_\_\_\_\_\_ Health Insurance \_\_\_\_\_\_\_\_ Disability Payment \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gasoline (Car) \_\_\_\_\_\_\_\_ Life Insurance \_\_\_\_\_\_\_\_\_\_ Insurance Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diapers \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage Unit \_\_\_\_\_\_\_\_\_\_ Internet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lot Rent \_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Balance \_\_\_\_\_\_\_\_\_\_\_\_ Savings Balance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you currently have heat in your home? \_\_\_\_\_\_\_\_**

**If not, when was the last time you did have heat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the average temperature you keep your house at? \_\_\_\_\_\_\_\_**

Do you own your home? \_\_\_\_\_\_\_\_\_ Rent your home? \_\_\_\_\_\_\_\_\_\_\_\_

Type of heat: Oil\_\_\_\_\_\_\_\_\_ Natural Gas\_\_\_\_\_\_\_\_\_ Electric\_\_\_\_\_\_\_\_\_\_ Kerosene \_\_\_\_\_\_\_\_\_\_\_\_\_

 Propane\_\_\_\_\_\_\_\_\_\_Wood\_\_\_\_\_\_\_Coal\_\_\_\_\_\_\_\_\_Pellets\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is your heating vendor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe current situation/need for assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I verify that the statements in the foregoing application for benefits are true and correct. I understand that false statements herein will cause my application to be dismissed without any further consideration. I also authorize and request the disclosure to the Todd Baird Lindsey Foundation, United Way of Carlisle & Cumberland County, Samaritan Fellowship, Maranatha Financial Management, Cumberland County Asst. Office, and the Cumberland County Co-op Network information concerning myself, including my age, residence, citizenship, employment, income, and any other necessary information required to determine my eligibility for assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant or Attorney-In-Fact Date

**If under 55 years of age, send to: If 55 years of age or older, send to:**

United Way of Carlisle & Cumb. Co. Todd Baird Lindsey Foundation

145 South Hanover Street P.O. Box 724

Carlisle PA 17013 **or fax to: 243-8005**  Carlisle, PA 17013 or **fax to: 486-3959**

***For Intake Person to Complete***

Assistance allocated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Paid to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date paid: \_\_\_\_\_\_\_\_\_\_\_ Is follow up required?\_\_\_\_\_\_\_\_\_Follow Up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Signature of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach documentation to form: ID, Proof of Income, LIHEAP Application Validation, Vendor Bill/Info**

Maximum assistance amount per household is not to exceed $300.00