



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 60 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: MUST OWN AND RESIDE IN PROPERTY

Send Copies only

- Provide proof of ownership (i.e: Mortgage Statement, Deed)
- Total household income must be under 50% 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 or propane
- Copy of most recent oil/propane bill (if your heating source). We will not reimburse for automatic debits from your bank account.
- Applicants that are eligible for LIHEAP must use their entire LIHEAP benefit before applying

# of persons in home	Income limits
1	\$41,800
2	\$47,800
3	\$53,750
4	\$59,700

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. Assistance is awarded on a first come basis with prioritization for seniors and area median income less than 30% AMI. Incomplete applications will delay assistance. Applications only accepted between November 3rd - April 3rd.

Housing Partnership of Chester County
Steven Wayock, 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

Oil/Propane

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

_____ 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 _____

Self-Attestation of Household Income Certification

I, _____ (applicant name), affirm that the information provided regarding the **total income of all household members** is true and correct to the best of my knowledge.

I am unable to provide formal income documentation at this time. I attest that my household's total income is within the program limits ($\leq 50\%$ of Area Median Income).

I understand that Housing Partnership of Chester County may request verification at a later date and that knowingly providing false or incomplete information may result in denial of assistance.

Signature: _____ Date: _____

How did you hear about us? _____

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 or email fuel@housingpartnershipcc.com.