



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.
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Please view our website www.housingpartnershipcc.com or call us at 610-518-1522 for current Income Guidelines.

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.**