SEACOMM FUEL GRANT APPLICATION

1.	What is your full name?	
2.	What is your legal address?	
3.	How many people reside in your home?	
	a. Is anyone in your household disabled? Yes / No	
4.	Do you receive heating assistance currently? Yes / No	
5.	Are you a SeaComm member? Yes / No	
	a. What are the last 4 digits of your social security number:	
6.	Which SeaComm branch location do you visit most?	
7.	Circle the letter that best describes your living situation: a. I own or am buying my home and pay all heating bills b. I pay rent and also pay for heat separately c. I pay rent and have shared heating costs d. I pay rent and utilities (heat) are included in my monthly bill e. I rent a room in someone else's home. No utility expenses f. I live rent free in more than one room, house or apartment and pay for utilities to include heat. g. I live in subsidized housing and occasionally pay excess usage charges	
8.	What type of heating system do you have? CIRCLE ONLY ONE a. Furnace b. Electric c. Portable Heater d. Vented monitor system e. Wood, coal or pellet stove	
9.	le the fuel used most frequently to heat your home. CIRCLE ONLY ONE	
	a. Electricity b. Natural Gas c. Oil d. Kerosene e. Propane f. Wood g. Pellets h. Other:	
10.	ame and address of the company used for home heating.	
	a. Please attach a copy of your current heating bill.	

11. Describe what this grant would mean to you:	
12. Please provide the best way to contact you.	
FUEL GRANT APPLICATION DATES: Applications must be reco	eived on or before <u>January 6", 2023</u>
Applicant Certificat	ion
I certify that the above statements and attachments are true All benefits received must be used for the purpose approved full value of any assistance received as a result of fraudulent information.	. I understand that I may be liable for the
Applicant Name:	Date:
Applicant Name: (print name)	
Applicant Signature:	Date:
· · · · · · · · · · · · · · · · · · ·	<u> </u>