

United Way of Carlisle & Cumberland County 2023-2024 Heating Assistance Application

Intake questions:

- A. Where do you live? Carlisle _____, Boiling Springs _____, Mount Holly Springs _____,
Gardners _____, New Kingstown _____, Newville _____, Plainfield _____
- B. Have you applied for LIHEAP? _____ Yes _____ No

Name _____

Address _____

City & Zip Code _____ Phone _____ Work Phone: _____

Date of Birth _____ (**Attach Proof**) Age _____ # 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 workers' 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

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:
United Way of Carlisle & Cumberland County
145 South Hanover Street
Carlisle PA 17013 or email to jason@uwcarlisle.org

If 55 years of age or older, send to:
Todd Baird Lindsey Foundation
P.O. Box 724
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 is dependent on fuel prices at the time the application is approved.