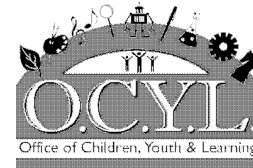




Cumberland Youth Commission "Oil Project"
Oil Assistance Application for Residents of Cumberland, RI
RETURN TO: OCYL 1464 Diamond Hill Road, Suite 2
Cumberland, RI 02864 (401) 475-0929



Date _____

Name _____ DOB _____

Address _____ SS# last four digits _____

Home phone _____ Work phone _____ Cell phone _____

Circle: Rent/Own/Section 8 Landlord name and phone: _____ # of apts in building _____

How long at this address? _____ Marital Status _____ Spouse Name: _____

Employer: _____ Position: _____ Wage: _____

Employer address _____ Phone _____

Source(s) of income _____ Disability? _____ Unemployment? _____

Other income/Alimony/Child Support/Rental/SSI _____

Please list all people currently living at above address and their ages (including children; besides yourself)

1. Full Name: _____ Age: _____
2. Full Name: _____ Age: _____
3. Full Name: _____ Age: _____
4. Full Name: _____ Age: _____
5. Full Name: _____ Age: _____
6. Full Name: _____ Age: _____

*If more than 6 people live at above address, please attach a list of additional names and ages

Total Members in Family _____ Total Household Income _____

Please provide copies of the additional information on the following list:

Current utility bill (Gas OR Oil)

Two (2) most recent paycheck stubs or other verification of all income available from all household adults including unemployment benefits if applicable.

Social Security letter / SSI/ SSDI letters (if applicable)

Award/Denial letters from: LIHEAP, Salvation Army's "Good Neighbor Energy Fund", RISEO, or The Archdiocese of Providence's "Keep the Heat on" Challenge

Heating Assistance Needed (circle one):

GAS

OIL

Name of Company _____ **ACCOUNT NUMBER:** _____

Account(s) 30 days past due: gas _____ oil _____ electric _____ rent/mortgage _____ water _____

Have you applied for aid with any agencies? If so, which one? _____

Please list any outstanding household expenses you currently have (include auto payments, credit card payments, student/other loans):

Statement of Need _____

Please provide any additional information on an attached sheet that will assist us in our application process. (optional)

Statement: I (we) certify that all the information provided on this application is true to the best of my knowledge. I understand that, by submitting this application, I freely release any information contained on this application or included with this application to the Cumberland Youth Commission and its affiliates. I also understand that I am not guaranteed to receive assistance in the form of heating assistance and the Cumberland Youth Commission has the right to deny assistance based on its own criteria and capabilities.

Signature: _____

Spouse/ other adult living in household: _____

FOR OFFICE USE ONLY: Eligible? Yes ___ No ___ Approved? Yes ___ No ___

Date Notification Letter sent: _____ Date Bill Paid if approved: _____ Invoice # _____