

## **Citizens Energy Assistance Program (CEAP) 2018-2019 Application Instructions**

The Citizens Energy Assistance Program (CEAP) is funded by donations from Bethel citizens and others concerned for the welfare of our residents. There are no tax dollars funding this program. The purpose of the assistance is to supplement heating costs for Bethel residents whose are in need.

Please attach copies of proof of income. The amount of assistance may be limited due to the number of eligible applicants. Each applicant may be eligible for a one time assistance payment of \$150.

**PLEASE PROVIDE WITH APPLICATION:**

\_\_\_\_\_ PROOF OF BETHEL RESIDENCY

\_\_\_\_\_ COPY OF CURRENT HEATING BILL

\_\_\_\_\_ PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS

For more information on CEAP call BLDC Chairman Daniel Sturm at (845) 583-4350 ext. 102.

To apply for federally funded HEAP: Senior Citizens over 60 can apply at the Office for the Aging at the Sullivan County Government Center. All other applicants can apply at the Sullivan County Dept. of Family Services, 16 Community Lane, Liberty from 8 a.m. – 1 p.m. and emergency applications until 5 p.m. Monday-Friday. For more information about HEAP contact (845) 807-0142. Eligibility of the HEAP program is based on income and housing.

## Town of Bethel Citizens Energy Assistance Program (CEAP) 2018-2019 Application

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if different than above \_\_\_\_\_

\_\_\_\_\_

House Phone No. \_\_\_\_\_

Were you denied HEAP in the Fall/Winter of 2017/2018 ? \_\_\_\_\_  
(If yes, provide copy of your current HEAP denial letter )

**Household Composition, other than applicant:**

	First Name	MI	Last Name	Date of Birth	Relation to You
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Type of Housing:**

Homeowner       Renter Private House       Renter Apartment Complex

I live with someone and share expenses       I rent a room

If you rent, name of Landlord \_\_\_\_\_

**Heat Source (check all that apply):**

Does your fuel operate your hot water and cooking? \_\_\_\_\_

Electric       Wood       Coal       Propane  
 Fuel Oil       Kerosene       Natural Gas

Is the cost of your heat included with your monthly rent? \_\_\_\_\_

**Whose name is the heating bill in?** \_\_\_\_\_

**Name of Heat Supplier:** \_\_\_\_\_

**Supplier Mailing Address:** \_\_\_\_\_

**Account No.** \_\_\_\_\_

**Is there a balance due on your account at this time:** \_\_\_\_\_

**If yes, how much is due** \_\_\_\_\_

**Are you on a Cash on Delivery Account:** \_\_\_\_\_

I swear/or affirm that the information given on this application is true and correct. I realize that any false statements or other misrepresentation knowingly made by me in connection with this application for assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statement or representation knowingly made by me for the purposes of obtaining assistance under this program may result in action against me which may subject me to Civil and or Criminal penalties. I understand by signing this application/certification, I consent to any investigation to verify or confirm the information I have given and any other investigation by any Authorized Government Agency in connection with this request for Energy Assistance.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Office Use Only:**

**Proof of Income Attached:** \_\_\_\_\_

**Current Heating Bill Attached:** \_\_\_\_\_

**Application Signed:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Date Application Received:** \_\_\_\_\_

**Total Income of Household:** \_\_\_\_\_ **# of people in Household** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

**Reason for denial:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approving BLDC Signatures:**

**BLDC Chairman** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BLDC Manager** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Paid to:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Check No.** \_\_\_\_\_