



Home Heating Assistance Application

Name of person completing application: _____

Agency/Parish (if applicable): _____

Phone Number: _____

Log Number _____
Date _____

Client Information

Client Name: _____

Phone Number: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Number in Household: Adults _____ Children _____

Email: _____

Call 269-381-9800 on Thursdays
9am-12pm for fund approval/log#
or email homeheating@ccdok.org

Utility Bill Information

Utility Company/Energy Provider Name: _____ Address: _____

Account Number: _____ Name on Account: _____

Actual amount of fuel/heating bill: _____

Type of furnace: (Please check): _____ If deliverable fuel, %remaining in tank: _____

Oil Gas Electricity Propane Other: _____

Other Home Heating Aid Applied for (N/A if client does not meet income limits):

- Yes No N/A - Utility vendor (Affordable payment plans / Assistance)
- Yes No N/A - State Emergency Relief (SER)
- Yes No N/A - Michigan Energy Assistance Program (MEAP)
- Yes No N/A - Salvation Army / Community Action Agencies
- Yes No N/A - Local Church Parish/City: _____

Amount requested from Home Heating Assistance Fund \$ _____

(Must match request approved by Catholic Charities, not to exceed \$300 per household per heating season.)

Have you requested Home Heating Assistance Funds in the past 2 years? Yes No

_____ Signature of Applicant or Authorized Staff/Volunteer/Partner Agency	_____ Date
_____ Name and Referring Agency (if applicable) <i>* I the client or authorized applicant have verified need to the best of my ability and have sought help from federal/state government, local public and private sources and partial payment from parishes.</i>	

Complete **ALL** information and mail/email/fax application with original/copy of heating bill to:

Catholic Charities Diocese of Kalamazoo – Home Heating Assistance Program
1819 Gull Road Kalamazoo, Michigan 49048
homeheating@ccdok.org Fax: 269-381-2932

FOR CATHOLIC CHARITIES DIOCESE OF KALAMAZOO USE ONLY

Assistance Given: \$ _____ Check No _____ Date of Check: _____ CE-Pass Commitment Entered Date _____