



2025 Application

LOG Number _____

Application completed by/Referring Agency:

Name of person submitting application: _____ Date: _____

Email / Phone Number: _____

SVDP/Parish: _____

Catholic Community Center

Partner Organization: _____

Other: _____

Client Information

Client Name: _____ Phone Number: _____ Email: _____

Street Address: _____ City: _____ Zip Code: _____

County _____ Number in Household: Adults _____ Children _____

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/SVDP Parish/City: _____

Yes No N/A - Other Organization Name: _____

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

** 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.*

Complete ALL information and call [269-381-9800](tel:269-381-9800) on Thursday from 10am to 12pm OR email homeheating@ccdok.org for fund approval and log #.

Send application via mail/email/fax with copy of heating bill to:

**Catholic Charities – Home Heating Assistance Program
1819 Gull Road Kalamazoo, MI 49048**

**Fax: 269-381-2932
homeheating@ccdok.org**

CATHOLIC CHARITIES DIOCESE OF KALAMAZOO USE ONLY

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