



Application for Newfield Heating Assistance Program

Applicant's Name: _____

Mailing Address: _____

Physical Address: _____

Length of time at Residence: _____

Telephone/Cell Number : _____

Previous Address: (if less than 2 years) _____

Applicant's Monthly net (take home) income: _____
 (please provide most recent paystub)

Property Owner (Name and Phone #) _____

Number of people in household: _____

People living with Applicant	Relationship	Monthly income (net - take home)
1		
2		
3		
4		
5		
6		
7		
8		

(please provide copies of most recent sources of income for all household members)

Name of Fuel Company: _____

Type of Fuel (k-1, propane, #2, kerosene, electric): _____

How full is tank currently: _____

Please read the statement below before signing

Signature of Applicant: _____

This program is NOT under Statutes regarding confidentiality. All information given is public knowledge. By signing this application you certify that all information provided is correct and accurate. Applicant will be responsible for repaying funds if information is false.

For Office use only

Approved _____ Denied _____

Town Official: _____ Date: _____