



# Town of Tremont

P.O. Box 159  
Bernard, Maine 04612  
207-244-7204

## APPLICATION FOR HEATING/ELECTRIC ASSISTANCE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Telephone \_\_\_\_\_

Type of Heating Fuel Used     #2 Heating Fuel     Propane     Kerosene  
                                           Electric                                    Wood             Pellets  
                                           Other

Heating Fuel Supplier \_\_\_\_\_ Telephone \_\_\_\_\_

Location for heating fuel container/fill spout \_\_\_\_\_

How much fuel do you have on hand as of today's date: \_\_\_\_\_

How long do you expect it to last? \_\_\_\_\_ (Days)

How much money do you have on hand as of today's date: \_\_\_\_\_

What income do you expect in the next 30-days? \_\_\_\_\_

I understand this application will be reviewed by the Town Manager and the Chair and Vice Chair of the Select Board and the amount of any grant is limited by policy. I understand that I may not apply again during this heating season if approval is granted. I understand that if granted, the Town of Tremont will arrange for delivery of the granted fuel amount as soon as possible. I understand that any and all grants under this program are limited by the amount of donated funds available for distribution. I declare that I am in imminent danger of running out of heating fuel and that I do not have the means to purchase heating fuel. I understand that while this application is confidential, that the Town of Tremont must share my name and address with any heating fuel supply company chosen to deliver fuel, or Versant Power. I state that all of the information supplied above is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please note that assistance may also be available through the Tremont General Assistance Program, LiHEAP (Low Income Heating Assistance Program). The LiHEAP program is administered by Downeast Community Partners (664-2424), Or the Campfire Coalition (administered by Harbor House 244-3713*

FOR MUNICIPAL USE ONLY

Date Received: \_\_\_\_\_ Date Reviewed by Treasurer \_\_\_\_\_

Recommendation of Treasurer:  Forward to Board  Deny

If denied, reason for denial: \_\_\_\_\_

If forwarded, date \_\_\_\_\_

***Disposition of Board***

Votes to approve \_\_\_\_\_ Votes to deny \_\_\_\_\_ Hold for funding \_\_\_\_\_

Available funds as of application date: \_\_\_\_\_

Amount of approval \_\_\_\_\_

Date approved: \_\_\_\_\_

Vendor \_\_\_\_\_ Expected delivery date \_\_\_\_\_

Date applicant notified of decision \_\_\_\_\_

Other Notes: