

Town of Lamoine, Maine
606 Douglas Hwy.
Lamoine, ME 04605
207-667-2242
e-mail town@lamoine-me.gov,
website www.lamoine-me.gov



APPLICATION FOR HEATING ASSISTANCE

Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Telephone _____

Type of Heating Fuel Used

<input type="checkbox"/>	#2 Heating Fuel	<input type="checkbox"/>	Propane	<input type="checkbox"/>	Kerosene
<input type="checkbox"/>	Electric	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Pellets
<input type="checkbox"/>	Coal	<input type="checkbox"/>	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? _____

Have you applied for General Assistance? Yes No If yes, was it granted? Yes No

I understand this application will be reviewed by a committee appointed by the Lamoine Board of Selectmen 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 Lamoine Heating Assistance Committee 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 Lamoine must share my name and address with any heating fuel supply company chosen to deliver fuel. I state that all of the information supplied above is true to the best of my knowledge.

Signature

Date

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Date Received: _____ Date Reviewed by Treasurer _____

Recommendation of Treasurer: Forward to Committee Deny

If denied, reason for denial: _____

If forwarded, date _____

Disposition of Committee

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: