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 ☐ #2 Heating Fuel ☐ Propane ☐ Kerosene ☐ Electric ☐ Wood ☐ Pellets ☐ Coal ☐ 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: