

Citizens Energy Assistance Program (CEAP) Application Instructions

The Citizens Energy Assistance Program (CEAP) is funded by donations from Bethel citizens and others concerned for the welfare of our residents. There are no tax dollars funding this program. The purpose of the assistance is to supplement heating costs for Bethel residents whose are in need.

Please attach copies of proof of income. The amount of assistance may be limited due to the number of eligible applicants. Each applicant may be eligible for a one time assistance payment of \$150.

PLEASE PROVIDE WITH APPLICATION:

_____ **PROOF OF BETHEL RESIDENCY**

_____ **COPY OF CURRENT HEATING BILL**

_____ **PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS**

For more information on CEAP call BLDC Chairman Daniel Sturm at (845) 583-4350 ext. 102.

To apply for federally funded HEAP: Senior Citizens over 60 can apply at the Office for the Aging at the Sullivan County Government Center. All other applicants can apply at the Sullivan County Dept. of Family Services, 16 Community Lane, Liberty from 8 a.m. – 1 p.m. and emergency applications until 5 p.m. Monday-Friday. For more information about HEAP contact (845) 807-0142. Eligibility of the HEAP program is based on income and housing.

Town of Bethel Citizens Energy Assistance Program (CEAP) Application

First Name _____ Middle Name _____ Last Name _____

Physical Address _____

City _____ Zip _____

Mailing Address, if different than above _____

House Phone No. _____

Were you denied HEAP in the Fall/Winter? _____

(If yes, provide copy of your current HEAP denial letter)

Household Composition, other than applicant:

	First Name	MI	Last Name	Date of Birth	Relation to You
2					
3					
4					
5					
6					
7					
8					
9					
10					

Type of Housing:

___ Homeowner ___ Renter Private House ___ Renter Apartment Complex

___ I live with someone and share expenses ___ I rent a room

If you rent, name of Landlord _____

Heat Source (check all that apply):

Does your fuel operate your hot water and cooking? _____

___ Electric ___ Wood ___ Coal ___ Propane
___ Fuel Oil ___ Kerosene ___ Natural Gas

Is the cost of your heat included with your monthly rent? _____

Whose name is the heating bill in? _____

Name of Heat Supplier: _____

Supplier Mailing Address: _____

Account No. _____

Is there a balance due on your account at this time: _____

If yes, how much is due _____

Are you on a Cash on Delivery Account: _____

I swear/or affirm that the information given on this application is true and correct. I realize that any false statements or other misrepresentation knowingly made by me in connection with this application for assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statement or representation knowingly made by me for the purposes of obtaining assistance under this program may result in action against me which may subject me to Civil and or Criminal penalties. I understand by signing this application/certification, I consent to any investigation to verify or confirm the information I have given and any other investigation by any Authorized Government Agency in connection with this request for Energy Assistance.

Signature of Applicant: _____ **Date:** _____

Print Name: _____

Office Use Only:

Proof of Income Attached: _____

Current Heating Bill Attached: _____

Application Signed: _____ Yes _____ No

Date Application Received: _____

Total Income of Household: _____ **# of people in Household** _____

Approved _____ **Denied** _____

Reason for denial: _____

Approving BLDC Signatures:

BLDC Chairman _____ **Date:** _____

BLDC Manager _____ **Date:** _____

Amount Paid: _____

Paid to: _____ **Date:** _____ **Check No.** _____