

Application for Energy Assistance from Vermont Gas Systems, Inc.



201EA-VGS

The VT Gas Assistance Program helps low-income Vermonters afford natural gas for their homes. If we determine that you are eligible, you'll get a 20% discount off your monthly natural gas bill.

To be eligible, you must:

1. Be a residential customer of Vermont Gas Systems, Inc.; and
2. Have a total gross household income at or below 185% of the federal poverty level.

To apply, you must:

1. Fill out both sides of this form. **PRINT CLEARLY.**
2. Sign and date the form in the space provided on the next page.
3. Mail the following to the address at the bottom of this page:
 - a. Your completed and signed application; and
 - b. A copy of **your most recent natural gas bill**. *If you send an original bill, it will not be returned.*

IMPORTANT: If you do not fully complete both sides of this form & attach a copy of your most recent bill, your application will be denied and you will have to start over. You must reapply each year.

Household Information

Vermont Gas Systems, Inc. Account Number (THE ACCOUNT NUMBER ON YOUR NATURAL GAS BILL) <u>ATTACH A COPY OF YOUR MOST RECENT BILL</u>	
Account Holder's Name (THE PERSON NAMED ON THE NATURAL GAS BILL)	Social Security Number
Your Spouse or Partner's Name	Social Security Number
Physical Address (STREET, HOUSE NUMBER, TOWN, STATE, & ZIP CODE) Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address If Different (STREET & HOUSE NUMBER OR PO BOX, TOWN, STATE, AND ZIP CODE)	
Home Phone (WITH AREA CODE)	Daytime Phone/Cell Phone (WITH AREA CODE)
Number of People in your Home: _____	Is this your first application for energy assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No



SEND YOUR APPLICATION TO:
 DCF - Economic Services Division
 Application & Document Processing Center
 103 South Main Street,
 Waterbury VT 05671-1500
 1-800-775-0516

Household Income

Please complete *either* Section A or Section B, not both. Use an extra sheet of paper if necessary.

Section A: Public Benefits (If no one in your household gets public benefits, skip to Section B)

Please check the benefits household members currently get. The Economic Services Division of the Department for Children and Families (DCF) will use the information already on file to determine your eligibility.

Names of Household Members	3SquaresVT	Essential Person	Fuel Assistance	Health Care (e.g., Medicaid)	Reach Up (Reach First, Reach Ahead, PSE)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Gross Monthly Household Income (If you completed Section A, don't complete this section)

Include the **total gross monthly income** (income before deductions such as taxes) for **all** members of your household. You may be required to submit documents to verify income. If your household income changes, call 1-800-775-0516 to report these changes – within 10 business days.

- a. Wages, salaries, tips, etc..... a. _____
 - b. SSI, Social Security, railroad retirement, veteran's benefits, taxable and nontaxable. b. _____
 - c. Pensions and annuities, taxable and nontaxable..... c. _____
 - d. Unemployment compensation/worker's compensation..... d. _____
 - e. Interest and dividends (e.g., US, state and municipal bonds)..... e. _____
 - f. Alimony, child support..... f. _____
 - g. Business income: (for loss, enter -0-)..... g. _____
 - h. Capital gains, taxable and nontaxable (for loss, enter -0-)..... h. _____
 - i. Rental income (for a loss, enter -0-)..... i. _____
 - j. Farm/partnership/Subchapter S income (for a loss, enter -0-)..... j. _____
 - k. Other income. Please specify _____ k. _____
- TOTAL GROSS INCOME** (add lines a through k) **\$** _____

Applicant's Declaration & Signature

I declare under penalty of perjury that this application is true, correct, and complete to the best of my knowledge. I agree to call 1-800-775-0516 to report any changes to my household income/household members – within 10 business days. Failure to report changes that make me ineligible for assistance may result in legal action against me for discounts improperly received. I authorize DCF - Economic Services Division to use information the department maintains about members of my household to determine my eligibility for energy assistance.

Account Holder's Name (print) **Date** **Account Holder's Signature**

Return your completed application & a copy of your most recent natural gas bill to: DCF - Economic Services Division, Application & Document Processing Center, 103 South Main Street, Waterbury VT 05671-1500 • 1-800-775-0516