



SMOC Fuel Assistance

FUEL ASSISTANCE CHECKLIST/ INSTRUCTIONS

IMPORTANT NOTES: Deadline for application intake: April 30, 2021

PROGRAM SEASON AND COVERAGE OF BENEFIT PAYMENT: 11/1/2020 TO 4/30/2021

PLEASE VERIFY INFORMATION ON YOUR APPLICATION. ANSWER ALL QUESTIONS ON THE APPLICATION FORM BEFORE SUBMITTING ALL STATE REQUIREMENTS TO SMOC:

- **CURRENT COPY OF PHOTO ID OF HEAD OF HOUSEHOLD**
- **SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS OR PROOF OF CITIZENSHIP** (*please see below*)*
 - Birth Certificates (*NO birth records accepted*)
 - US Passport
 - Naturalization Paperwork and Green Card, etc. (*Work Authorization Social Security Cards are not accepted as Proof of Citizenship*)

**Please call regarding other forms of documents for proof of Citizenship 508-620-2342*

- **CURRENT INCOME DOCUMENTATION:**
 - Wages
 - Social Security Benefits-SSA/SSDI/SSI/SSP (*please submit a letter from social security instead of bank statement, if possible*)
 - TANF(TAFDC) or EAEDC
 - Self-employment (*Current 1040 Tax Return with ALL schedules. If self-prepared, complete 4506-T and Fax to IRS*)
 - Pensions, Interest/Dividend, Odd Jobs, Rental Income, Child Support, Unemployment, Workers Compensation, IRA, Lump Sum, Capital Gains, Veterans Benefits (PLEASE SEE BACK OF THE PAGE)
- **CURRENT HOUSING DOCUMENTS:**
 - For home owners:** mortgage statement, real state tax bill, home owners insurance, condo fee
 - For renters:** current lease, if subsidized send the tenant profile from your housing authority
 - Tenant at will:** complete and sign the Release Authorization form, SMOC will mail a form to your landlord.
 - If heat is included in rent:** current signed lease contract showing heat is included in rent
- **CURRENT COPY OF HEATING BILL AND 2-SIDED ELECTRIC BILL**
- **STANDARD FORMS TO COMPLETE/SIGN/SUBMIT:**
 - Sign application form** Report all household members. All 18 years old and over **MUST** sign the back of the form.

THERE ARE ONLY 4 TELEPHONE LINES FOR 7000+ CLIENTS; IT'S DIFFICULT TO GET A LIVE PERSON

If your application is incomplete or denied, follow instructions on the letter and write a note about any issues/claims and submit proof of your claims. Then fax/mail required documents directly to SMOC FAP. **NO NEED TO CALL SMOC**

TO DETERMINE STATUS OF APPLICATION OR PAYMENTS: CALL (508)620-1230 OR 508-620-2342

FUEL ASSISTANCE ACCEPTABLE INCOME DOCUMENTATION

WAGE INCOME: 4-5 consecutive pay stubs, 30 days prior to application date. Letter from employer on company letterhead that includes gross amount paid and how often paid ONLY if you do not receive paystubs.

SSA, SSI, SSDI, and SSP: Current award letter, copy of benefit check, 1099's and certain instances bank statements are acceptable.

VETERANS BENEFITS: Current award letter, benefit print out, copy of check stub or form 1099.

PENSION: Current official statement of benefits, letter from the source, copy of check stub, or form 1099.

SNAP/WELFARE/EAEDC: Income verification from DTA/TANF.

SELF-EMPLOYMENT: All signed tax forms prepared by an accountant. If self-prepared, you will be required to submit Form 4506-T and we will fax it to IRS to request transcript of records.

INTEREST/DIVIDENDS: Forms 1099 INT/DIV/R or bank statements for all checking and saving accounts.

RENTAL INCOME: All tax forms prepared by an accountant. If self-prepared, you will be required to submit Form 4506-T and we will request transcript of records from IRS. Copy of signed lease and rent receipts are also acceptable. If you live in the rental property, complete the "Owner Occupied Property Income Worksheet", ONLY if you did not file taxes.

CHILD SUPPORT/ALIMONY: Indicate whether or not you receive alimony/ child support from either a non-custodial parent/ ex-spouse by completing the Child Support / Alimony form and submitting corresponding documentation. *(I.e. Court orders/ divorce decree, DOR History, Checks/money orders, or if unobtainable a notarized statement by giver of support)*

UNEMPLOYMENT: Please submit a termination letter from your previous employer, 4 current consecutive check stubs from DUA or DUA print out. A wage match will be conducted. **(NO bank statements accepted)**

WORKER'S COMPENSATION: 4 weeks of stubs or statement from employer/insurance/union office showing GROSS amount and frequency of payments.

LUMP SUM INCOME: Example; income from sale of stocks/bonds, capital gains, royalties, inheritances, one-time insurance payments, lottery winnings, stipends/fellowships, scholarships (*used for household maintenance*), estate or trust income for current year.

NO INCOME Complete and sign the Statements of No Income form

FINANCIAL SUPPORT: If receiving financial support from others, submit "Financial Assistance Form" (back of the Low Income/No Income Form- *pink*) which should be completed/notarized by giver of financial support.

STUDENTS: If over 18 and a Full-Time student, please submit a letter from the school's registrar office stating you are a Full-Time student.

- **AFTER REVIEWING YOUR SUBMITTED DOCUMENTS, WE WILL THEN DETERMINE IF ANYTHING ELSE IS NEEDED AND NOTIFY YOU IN WRITING.**