



**INCOME**

List income for all employed household members:

Current Monthly Income	Employer	Address

List household members who receive AFCD, SSL, VA, Social Security, Unemployment, etc.

Household Member	Amount	Type of Income	How often received

DO ANY HOUSEHOLD MEMBERS RECEIVE USDA COMMODITY FOODS? YES ( ) NO ( )  
 DO ANY HOUSEHOLD MEMBERS RECIEVE FOOD STAMPS? YES ( ) NO ( )

**FUEL INFORMATION**

Check one below for primary source of heating:

Natural Gas: \_\_\_\_ Electric: \_\_\_\_ Propane/Butane: \_\_\_\_ Wood: \_\_\_\_ Kerosene: \_\_\_\_

Name of Supplier	Address	Account No.	Account Name:

**FUEL INFORMATION**

Check one below:

Home: \_\_\_\_ Mobile Home: \_\_\_\_ Apartment: \_\_\_\_ Room: \_\_\_\_  
 Rented: \_\_\_\_ HUD: \_\_\_\_ Owned/or Being Purchased: \_\_\_\_

**CLIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES**

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ALL ASSISTANCE PAYMENTS WILL BE DIRECTLY MADE TO THE VENDOR, AND THAT I HAVE PROVIDED ALL INFORMATION REGARDING MY HOUSEHOLD/NEEDS. IF DENIED, I UNDERSTAND THAT I HAVE A RIGHT TO A FAIR HEARING WITH ACCESS TO RELEVANT RECORDS OF ANY ACTION OR UNREASONABLE DELAY BY UCAN. FURTHERMORE, A REQUEST FOR A FAIR HEARING MAY BE MADE IN PERSON OR BY TELEPHONE TO UCAN.

_____ APPLICANT'S SIGNATURE	_____ DATE
_____ SOCIAL SERVICE DIRECTOR	_____ DATE
_____ APPROVED BY TITLE	_____ DATE