## PROJECT COMFORT APPLICATION

Name:		Social Security Number:
Address:		Phone Number:
City:	OHIO	Zip:

(1) Including yourself, list names, ages, social security numbers, dates of birth and all gross income (before taxes) received in the past 30 days for everyone in your household. (Use a separate sheet if necessary.) Include income from work and uneamed income, such as social security, Unemployment Compensation, SSI, etc., and provide verification.

Name(s)	Social Security #	Age	Date of Birth	Gross income in past 30 days

(2) Is anyone in the household a citizen of a country other than the United States?  $\Box$  No  $\Box$  Yes

If yes, name(s) of individual(s), country of origin, and citizenship status:				
Are you a resident of Ashland County?		$\Box$ No		Yes
Is this individual a permanent U.S. resident? (Provide INS documentation)				Yes
If not, does this individual have temporary U.S. resident status?				Yes
Is this individual an alien or refugee? If yes, provide date of arrival in the U.S. Date of arrival:				Yes
(3) Service Address for Project Comfort:				
(4) What is the main source of heat?				
$\Box$ Natural Gas $\Box$ Bottled Gas or Propane (L.P. Gas) $\Box$ Fuel oil or Kerosene		oal 🗆	Elect	tric 🗆 Wood
(5) Company/Energy provider's Name and Address:				
Your Account Number with this Company:		_		
(6) Do you want to register to vote: YES or NO (circle response)				

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand that if the county department of job and family services denies my application, I have the right to request a state hearing.

Signature	Date

## ASHLAND COUNTY JOB & FAMILY SERVICES **PROJECT COMFORT HOME HEATING ASSISTANCE FOR FAMILIES**

- Provides one time help with heating costs in the amount of \$450, payable by voucher to the heating provider.
- The program will be available from November 1ST, 2023 through the close of business on February 29, 2024.
- > Assistance is provided for families with a minor child.
- A completed and signed application, verification of entire household income for the last 30 days, and a heating bill is required. If there is 0.00 income in the household, provide a written statement.
- Example: Application is received 11/1/23. Our 30 day look back period will be 10/2/23-10/31/23. The 1<sup>st</sup> day of the 30 day look back period is 1<sup>st</sup> day prior to the date the application is received by agency.
- > No face-to-face interview.

FAMILY SIZE	GROSS MONTHLY INCOME
2	3287
3	4144
4	5000
5	5857
6	6714

- > Families must be responsible for heating costs in their own home or rental unit. Proof of responsibility is needed if the bill is not in the applicant's name.
- > Qualifying heat sources are wood, heating oil, propane, coal, gas, electric, or fuel pellets.
- > Participation or eligibility in HEAP is not required.
- Although the program is PRC funded, the payment from Project Comfort will not be counted against the \$1,500 PRC limit.
- <u>PLEASE TRY TO SUBMIT COMPLETED APPLICATION, PAYSTUBS,</u> <u>AND COPY OF HEATING BILL TO EXPEDITE PROCESS.</u>
- Please be advised payment to the account may take up to 60 days, to assist in processing paperwork, do not call to check on the status until after the 60 days has lapsed.