

**APPLICATION FOR FUEL ASSISTANCE**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Who lives with you? (names, ages, relationship to you):

Where do you work now? \_\_\_\_\_ [ ] Fulltime [ ] Part-time

Where does your spouse/partner work now? \_\_\_\_\_ [ ] Fulltime [ ] Part-time

Need:  
Out of fuel \_\_\_\_\_  
Nearly Out \_\_\_\_\_

Type:  
Oil \_\_\_\_\_  
Gas/Propane \_\_\_\_\_  
Wood \_\_\_\_\_

Have you applied for public fuel assistance?

Please explain why you are applying to the Islesboro Community Fund for fuel assistance?

Please include any other relevant financial or background information.

Have you received assistance from the Community Fund before? When? Amount?

**Please mail this form to: Islesboro Community Fund P.O. Box 166 Islesboro, ME 04848**