

YORK COUNTY COMMUNITY ACTION
FUEL ASSISTANCE
NOTE OF SUPPORT FORM

Use this form to report financial assistance given to you from charitable organization/individuals that do not live in your home.

Dear Applicant to the Low Income Home Energy Assistance Program:

Please help us serve you by providing this form to anyone outside of your home that assisted you in paying for your basic necessities.

Please provide a separate form to each individual or organization that assisted you for the months below.

Applicant's Name _____

Date of phone application _____ Date of returned application _____

Household member receiving Assistance _____

MONTHS				
FOOD				
ELECTRICITY				
HEATING				
SHELTER				
TAXES				
TRANSPORTATION (GAS, INSURANCE, AUTO PAYMENT)				
MEDICAL				
PHONE/INTERNET CABLE				
CREDIT CARDS				
OTHER				

****Information of individual/organization providing assistance**

Printed name _____

Physical address (not PO Box) _____

Phone number _____

Signature _____ Date _____