



TOWN OF HAMDEN OFFICE OF COMMUNITY DEVELOPMENT  
2750 DIXWELL AVENUE, HAMDEN, CONNECTICUT 06518  
EMAIL [CDBG@HAMDEN.COM](mailto:CDBG@HAMDEN.COM)

---

## HEATING OIL ASSISTANCE APPLICATION

The Heating Oil Assistance program aims to aid low-income households to help cover the costs of heating oil during the winter months. Eligible residents may apply once annually to receive 100 gallons of heating oil. This assistance is available to Hamden residents that meet program guidelines.

### DOCUMENT CHECKLIST

Prior to submitting the application for assistance, please make sure you have included the appropriate documents as indicated below. **Only completed applications will be accepted.**

- Complete and signed application.
- Proof of Hamden Residency
- Copy of most recent federal tax return for all household wage earners
- Alternative documentation is required to show income eligibility if you did not file a tax return in the past two years. Examples: Social Security Award Letter, most recent bank statement, copy of most recent mortgage statement, deed, or property tax bill which shows applicant is owner of property (if owner occupied).
- Copy of lease for residence (if renter occupied).

### I. General Program Guidelines

The Heating Oil Assistance Program offers support to Hamden residents experiencing financial insecurity and who are unable to pay the cost of heating oil to heat their residence. Eligible residents may apply once annually to receive 100 gallons of heating oil. Heating oil assistance is available to Hamden residents that meet program guidelines.

## **II. General Eligibility**

1. Applicant cannot exceed income limits as established by HUD. Total household income cannot exceed 80% of the Area Median Income (AMI) as established by HUD.
2. No corporate or commercial entity is eligible.
3. The residence must be a single family (detached) or two to four family dwelling.
4. Homeowners that occupy their dwelling unit, and renters with a signed lease are eligible to apply.
5. Gross income shall be verified at time of application. The primary determinant of such income is the most recent federal income tax return. However, other documentation may be required if a tax return for the previous filing year is not available.
6. The applicant shall provide such documentation or verification of all items requested for processing the application. The receipt of a signed application authorizes the Town to verify any information provided.

**APPLICATION FOR  
HEATING OIL ASSISTANCE**

Census Tract # _____
FOR OFFICE USE ONLY

**A. Primary Applicant**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**B. Co-Applicant**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**C. List name, age, and relationship of all others living in the housing unit.  
If additional space is needed, please attach additional sheet.**

Name: _____	Age _____	Relationship: _____	_____
Name: _____	Age _____	Relationship: _____	_____
Name: _____	Age _____	Relationship: _____	_____
Name: _____	Age _____	Relationship: _____	_____

**SECTION 2: INCOME INFORMATION**

Proof of income, the most recent tax return filed, must be provided for all adult household members, related or otherwise, residing in the applicant's household, regardless of whether the individual makes a financial contribution to the household. All such documentation will be considered in determining the applicant's income eligibility.

**HEAD OF HOUSEHOLD**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Years with current employer: \_\_\_\_\_

If less than 2 years, please list previous employer \_\_\_\_\_

**Co-Applicant:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Years with current employer \_\_\_\_\_

If less than 2 years, please list previous employer \_\_\_\_\_

**OTHER TAXABLE INCOME RECEIVED**

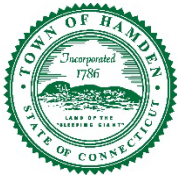
Alimony:	Primary	_____	Secondary	_____
Pension:	Primary	_____	Secondary	_____
Other:	Primary	_____	Secondary	_____

Indicate the annual income of all other persons residing in the housing unit as identified in Section 1C

Name: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Income: \$ \_\_\_\_\_



TOWN OF HAMDEN OFFICE OF COMMUNITY DEVELOPMENT  
 2750 DIXWELL AVENUE, HAMDEN, CONNECTICUT 06518

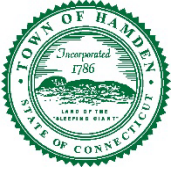
**HUD requires that we collect the following information. Please complete.**

Race	Total Persons in Household	Hispanic
White		
Black/Afr. American		
Asian		
American/Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaska Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/Afr. American		
Other/multi-racial		

FY 2024 Income Limits Summary										
FY2024 Income Limit Area	Median Family Income <a href="#">Click for More Detail</a>	Income limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
			New Haven- Meriden, CT HUD Metro FMR Area	\$116,100	Very Low (50% Income Limits (\$) <a href="#">Click for More Detail</a>	40,650	46,450	52,250	58,050	62,700
Extremely Low Income Limits (s) * <a href="#">Click for More Detail</a>	24,400	27,900			31,400	34,850	37,650	41,960	47,340	52,720
Low (80%) Income Limits (\$) <a href="#">Click for More Detail</a>	65,050	74,350			83,650	92,900	100,350	107,800	115,200	122,650

Refer to the income chart above. Please check the income level that pertains to your household.

Household Size:	Total persons in household:
Extremely Low	
Very Low Income	
Low	



TOWN OF HAMDEN OFFICE OF COMMUNITY DEVELOPMENT  
2750 DIXWELL AVENUE, HAMDEN, CONNECTICUT 06518  
EMAIL [CDBG@HAMDEN.COM](mailto:CDBG@HAMDEN.COM)

---

---

**Financial Information Disclosure Form**

I am interested in applying for the Heating Oil Assistance program offered by the Town of Hamden. As part of the application process, I authorize the Office of Community Development to make inquiries necessary to confirm eligibility for the program, for myself and any members of my household.

Applicant Signed:

---

Name (Printed):

---

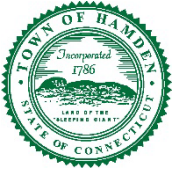
Co-Applicant(s)  
Signed:

---

---

Name(s) (Printed):

---



TOWN OF HAMDEN OFFICE OF COMMUNITY DEVELOPMENT  
2750 DIXWELL AVENUE, HAMDEN, CONNECTICUT 06518  
EMAIL [CDBG@HAMDEN.COM](mailto:CDBG@HAMDEN.COM)

---

---

### CERTIFICATION OF OPERATING SMOKE DETECTORS

The Fire Administration Authorization Act of 1992 (“the Act”) prohibits the use of housing assistance, including Community Development Block Grant Program funding, in connection with all types of dwelling units unless various fire protection and safety standards are met.

The Act mandates that housing assistance cannot be “used in connection with” any dwelling unit (including all single and multifamily properties) unless the unit is protected by a hard wired or battery-operated smoke detector installed in accordance with NFPAS 74.

As part of the application process, please certify the presence of operating smoke detectors.

I, \_\_\_\_\_, the undersigned, do hereby certify as the owner of (address) \_\_\_\_\_ that operating hard wired and/or battery smoke detector(s) are present in the dwelling unit(s) as required by the applicable codes.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

### Disclaimer

Protection to provide appropriate and safe heat to protect the source structure is the sole responsibility of the homeowner. The Town of Hamden, Office of Community Development will not be responsible for any freeze damage resulting from owner's lack of providing appropriate heat protection.

Submission of an application does not guarantee assistance, as granting of assistance is dependent upon meeting eligibility requirements and conditional upon the continued availability of funding.

*The Town of Hamden does not discriminate based on age, veteran status, race, color, creed, national origin, gender, gender identity or expression, or disability.*

*Assistance is conditional upon eligibility and funding availability.*