



## 2026 Application

LOG Number \_\_\_\_\_

### Application completed by/Referring Agency:

Name of person submitting application: \_\_\_\_\_ Date: \_\_\_\_\_  
Email / Phone Number: \_\_\_\_\_

SVDP/Parish: \_\_\_\_\_  
 Partner Organization: \_\_\_\_\_

Catholic Community Center  
 Other: \_\_\_\_\_

### Client Information

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County \_\_\_\_\_ Number in Household: Adults \_\_\_\_\_ Children \_\_\_\_\_

### Utility Bill Information

Utility Company/Energy Provider Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
Actual amount of fuel/heating bill: \$ \_\_\_\_\_  
Type of furnace: (Please check): \_\_\_\_\_ If deliverable fuel, %remaining in tank: \_\_\_\_\_  
 Oil       Gas       Electricity       Propane       Other: \_\_\_\_\_

### Other Home Heating Aid Applied for (N/A if client does not meet income limits):

Yes  No  N/A - Utility vendor (Affordable payment plans / Assistance)  
 Yes  No  N/A - State Emergency Relief (SER)  
 Yes  No  N/A - Michigan Energy Assistance Program (MEAP)  
 Yes  No  N/A - Salvation Army / Community Action Agencies  
 Yes  No  N/A - Local Church/SVDP      Parish/City: \_\_\_\_\_  
 Yes  No  N/A - Other Organization      Name: \_\_\_\_\_

### Amount requested from Home Heating Assistance Fund \$ \_\_\_\_\_

*(Not to exceed \$300 per household per heating season.)*

Have you requested Home Heating Assistance Funds in the past 2 years?  Yes  No

**Signature (or type name) of Applicant or Authorized Person**

**Date**

*\* I the client or authorized applicant, have verified need to the best of my ability and have sought help from federal/state government, local public and private sources and partial payment from parishes/organizations.*

Complete **ALL** information and email [homeheating@cc dok.org](mailto:homeheating@cc dok.org) for fund approval and log #.

Send application via mail/email/fax with copy of heating bill to:

**Catholic Charities – Home Heating Assistance Program  
1819 Gull Road Kalamazoo, MI 49048**

**Fax: 269-381-2932**

[homeheating@cc dok.org](mailto:homeheating@cc dok.org)

### CATHOLIC CHARITIES DIOCESE OF KALAMAZOO USE ONLY

Assistance Given: \$ \_\_\_\_\_ Check No \_\_\_\_\_ Date of Check: \_\_\_\_\_ CE-Pass Commitment Entered Date \_\_\_\_\_