



2026 Application

LOG Number _____

Application completed by/Referring Agency:

Name of person submitting application: _____ Date: _____

Email / Phone Number: _____

☐ SVDP/Parish: _____

☐ Catholic Community Center

☐ Partner Organization: _____

☐ 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@ccdok.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@ccdok.org

CATHOLIC CHARITIES DIOCESE OF KALAMAZOO USE ONLY

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