

# Town of Tunbridge Fuel Assistance Application

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

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

Mailing address (if different): \_\_\_\_\_

Phone No: \_\_\_\_\_

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

**Eligibility:**

1. Resident of Tunbridge yes/no
2. Have you received support from Tunbridge Fuel Assistance before? yes/no
3. Have you applied for other aid? yes/no
  - a. If so, with who?
4. Income:
  - a. Financial Assistance based on **Gross Monthly Household Income** and Family size

**Please circle your household size and GMI.**

**Gross Monthly Income** is the total amount of income received in a month for all individuals in the household, before any deductions. This includes , but is not limited to, wages, self-employment income, investment income, rental income, alimony, child support, retirement income, social security, VA benefits and other support payments.

Household size	Gross Montly Income (GMI)	% assistance	GMI	% assistance	GMI	% assistance	GMI	% assistance
1	2400 or less	100	2401-2900	75	2901-3300	50	3301-3600	25
2	3300 or less	100	3301-3800	75	3801-4200	50	4201-4500	25
3	4100 or less	100	4101-4600	75	4601-5000	50	5001-5300	25
4	5000 or less	100	5001-5500	75	5501-5900	50	5901-6200	25
5	5800 or less	100	5801-6300	75	6301-6700	50	6701-7000	25
6	6600 or less	100	6601-7100	75	7101-7500	50	7501-7800	25
Each add'l member, add	800	100	800	75	800	50	800	25

Revised 10/17/25

This document is considered a Government document and any false statements may result in criminal or civil sanctions.

# Town of Tunbridge Fuel Assistance Application

Please provide an invoice, estimate or purchase order from your fuel company.

Checks will be made out to the fuel company.

The maximum amount of a grant is \$500. However, the amount granted is based on the total invoice, estimate or purchase order and your gross monthly household income.

All assistance is dependent upon the availability of funds. No tax dollars are used to support this program.

Feel free to add any additional comments regarding your current situation.

Please answer all questions.

Please return the application to the Town Treasurer. Mail to PO Box 6, Tunbridge, VT 05077 or drop in the drop box at the town office building.

Signature: \_\_\_\_\_ print name \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_ print name \_\_\_\_\_

## **If this is an emergency please call Capstone.**

Resources available: Capstone Community Action, Randolph Office: 12 Prince St., Randolph; 802-728-9506 and 800-846-9506, Barre Office: 20 Gable St., Barre; 802-479-1053 and 800-639-1053 or [capstonevt.org](http://capstonevt.org)

Community Action can help with crisis fuel, seasonal fuel, utility assistance, weatherization and furnace repair or replacement as long as you meet the income guidelines.

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Fuel Assistance Application

For Committee use only:

Amount requested(a): \_\_\_\_\_ (from invoice, estimate or purchase order)

Gross Monthly Income (b): \_\_\_\_\_

% assistance (c): \_\_\_\_\_

Extenuating circumstance amount: (d) \_\_\_\_\_

$a * c =$  Maximum amount requested (e)

If e is over \$500, the maximum grant is \$500

Examples:

$a = \$750$

$c = 100\%$

$750 * 100\% = \$750$

Total amount approved: \$500

$a = \$750$

$c = 50\%$

$\$750 * 50\% = \$375$

$a = \$750$

$b = \$2401 - \$2900$

$c = 75\%$

$d = \$500$

$\$2900 - \$500 = \$2400$ ; c now becomes 100%

$\$750 * 100\% = \$750$

Approved: yes/no      Total Amount approved: \$ \_\_\_\_\_

Vendor: \_\_\_\_\_

Signature of committee member: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

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