



DOING THE MOST GOOD™



Washington Gas  
A WGL Company

**Washington Area Fuel Fund (WAFF) Assistance Application 2020**

Name: \_\_\_\_\_ Social Security (last 4): XXX-XX-\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

1.) **Total Number of People in Household:** \_\_\_\_\_

Number of people of in the household who are:

a.) Age 18 or under \_\_\_\_\_

b.) Age 19 – 60 years old \_\_\_\_\_

c.) Over 60 years old \_\_\_\_\_

d) List the ages of the minor children in the household \_\_\_\_\_

2.) **Is anyone in the household a veteran?** Yes \_\_\_\_\_ No \_\_\_\_\_

3.) **Total Household Income:** \_\_\_\_\_ (bi-weekly) \_\_\_\_\_ (monthly) \_\_\_\_\_ (annually)

4.) **Primary source of heat:** (Please check one)

Gas	Electric	Oil	Coal/wood	Propane/Bottled	Other

5.) **Name of utility company for which you are seeking assistance:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Total Amount Due:** \_\_\_\_\_

6.) **Is the head of household currently employed?** Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please provide documentation to verify employment of the head of household.)

7.) **How many household members over the age of 18 are employed?** \_\_\_\_\_

(Please provide documentation to verify employment for all other employed household members.)

8.) **Have you received assistance from WAFF funds since January 2020?** Yes \_\_\_\_\_ No \_\_\_\_\_

9.) **Please explain your reason for needing assistance with your primary heating source:** \_\_\_\_\_

All information provided in this application is true and correct to the best of my knowledge. I understand that "false statements of information" could render my application invalid for funding consideration. I also understand that completion of this application does not guarantee the granting of funds. Also, by my signature below, I authorize The Salvation Army to gather any necessary information from additional agencies, vendors, or individuals involved in my case in order to qualify me for these funds. This consent will expire one year from the date below unless I indicate the withdrawal of my consent in writing to The Salvation Army.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_