

Upon completion of this application,  
please mail it to:

**Fuel Emergency Fund**  
**Mad River Valley Community Fund**  
**PO Box 353**  
**Waitsfield, VT 05673**

We should be able to help or respond  
to you within a day or two of receiving  
this application.



**FUEL EMERGENCY FUND**  
Mad River Valley Community Fund  
PO Box 353  
Waitsfield, VT 05673  
(802) 496-3638  
[info@mrvcommunityfund.org](mailto:info@mrvcommunityfund.org)

Mad River Valley Community Fund

# **FUEL EMERGENCY FUND**

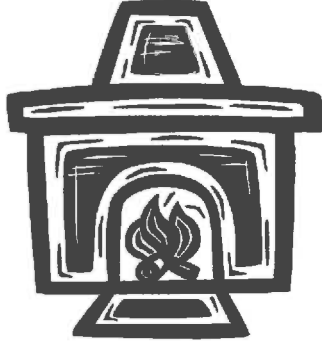


**NEIGHBORS  
HELPING  
NEIGHBORS  
IN THE  
MAD RIVER VALLEY**

# NEIGHBORS REACHING...

This fund has been established so that Mad River Valley residents can assist each other in assuring that everyone can have a warm home.

If you are unable to heat your home and have not been able to get sufficient assistance from the State fuel program, please contact the Mad River Valley Community Fund at 496-3638. Help is available in the form of payment directly to your fuel dealer.



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

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

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

Phone: \_\_\_\_\_

Own or Rent: \_\_\_\_\_ Own \_\_\_\_\_ Rent

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

Occupation: \_\_\_\_\_

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

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

# OUT TO NEIGHBORS!



Spouse: \_\_\_\_\_

Children/Age(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Need? \_\_\_\_\_ Out of Fuel \_\_\_\_\_ Nearly Out

Type? \_\_\_\_\_ Oil \_\_\_\_\_ Gas \_\_\_\_\_ Wood

Fuel Supplier: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

I **have** applied for State of Vermont Fuel Assistance:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Other assistance I currently receive:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant

Signature: \_\_\_\_\_