

## FINANCIAL ASSISTANCE APPLICATION FOR SINGLE-FAMILY RESIDENTIAL ABOVEGROUND HEATING FUEL STORAGE TANK REMOVAL/REPLACEMENT

**Rental/Multifamily Dwellings may be considered – see page 2.**

**This application is valid through 07.01.2023 – 06.30.2024 (Fiscal Year 2024)**

**Your application MUST be approved by the Financial Assistance Program before any work is completed**

<b>Name of Owner(s):</b>	<b>Phone Number:</b>			
<b>Property Address (tank location)</b>	<b>Email:</b>			
<b>Mailing Address (if different than property)</b>				
List anyone living in your home. This includes you, your spouse or civil union partner, children, other relatives, roomers and boarders, caregivers, companions, and friends.				
<b>Name</b>	<b>Sex (M/F)</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Relationship</b>
SELF:				<b>SELF</b>

**Please answer all of the following questions.**

1. Is YOUR name on the property tax bill?  Yes  No **If NO you are NOT eligible for assistance.**
2. Is your annual household income over \$65k?  Yes  No **If YES you are NOT eligible for assistance.**
3. What are you removing?  Aboveground Tank (a basement tank is considered aboveground)  Underground Tank
4. Do you rent a room to anyone in your home?  Yes  No **If YES how much rent is received monthly: \$\_\_\_\_\_**
5. Does anyone listed above have a disability?  Yes  No **If YES who: \_\_\_\_\_**
6. Size of current tank? \_\_\_\_\_ gallons. **Age of current tank? \_\_\_\_\_ years.**
7. Location of current tank?  Basement with dirt floor  Basement with concrete floor  Garage/Shed  Outside  Other
8. Reason for tank removal? \_\_\_\_\_
9. Is your tank "Red Tagged"?  Yes  No **If YES by whom: \_\_\_\_\_ - Include inspection report/checklist.**
10. Will your home continue to use fuel oil or kerosene for heating?  Yes  No  
 If YES - provide the following: Tank location:  Basement  Garage/Shed  Outside on the gable-end  Outside on the non-gable-end (roof required)
11. Upgrades OR Full Tank Replacement?  Upgrades Only (no tank needed)  Full Tank Replacement
12. Property Type:  Primary Residence  Rental  Secondary Residence  Unoccupied Property  Multifamily
13. Drinking Water Source:  Private Well  Municipal  Shared Well  Spring
14. How did you hear about this program? Name/Company: \_\_\_\_\_ Phone #: \_\_\_\_\_
15. Are you currently receiving State Fuel Assistance?  Yes  No

**OVER**

**If your property is a rental/multifamily/duplex the owner (applicant) must reside there full-time, year-round, and each unit must have its own tank and heating system. The tank to be replaced MUST be the tank that provides oil to heat to the owner's unit.**

**THE FOLLOWING MUST BE RETURNED WITH THIS APPLICATION**

- 1. PROOF OF OWNERSHIP** – Submit a copy of your property tax bill.
- 2. INCOME VERIFICATION** – Submit your most recent FEDERAL 1040 form(s) and all Schedules for all household income, IF you do not file a tax return you must submit a Social Security or Disability yearly earnings statement.

**DO NOT SUBMIT THE FOLLOWING – Your application will NOT be accepted and will NOT be processed.**

-STATE tax return

-Paystubs

-W2's

Questions for aboveground tanks call – Kristin Schultz @ 802.522.0071 or email

[Kristin.Schultz@vermont.gov](mailto:Kristin.Schultz@vermont.gov)

A full description of requirements and other compliance information can be found in the AST Rules, located here: [http://dec.vermont.gov/sites/dec/files/wmp/UST/Aboveground Storage Tank Rules 8-15-2017.pdf](http://dec.vermont.gov/sites/dec/files/wmp/UST/Aboveground_Storage_Tank_Rules_8-15-2017.pdf)

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, and information submitted herein is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false, misleading, or fraudulent information or statements as part of this application, including the possibility of fine for knowing violations.*

*I acknowledge that if awarded assistance, I am responsible for the hiring of all contractors and other persons that may be necessary to complete the required work and for ensuring that all required work is conducted in accordance with all applicable standards.*

*I understand that state funding for this work may be suspended at any time and I am responsible for payment of invoices (including any late fees for overdue payments) to contractors and other persons for the work performed*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed application with all necessary information to:**

**VT ANR, DEC, WMPD**

**Attn: Kristin Schultz**

**1 National Life Drive – Davis 1**

**Montpelier, VT 05620-3704**

**OR**

**Email completed application with all necessary information in **PDF format** to: [Kristin.Schultz@vermont.gov](mailto:Kristin.Schultz@vermont.gov)**