



HEATING OIL FY 2023 UNDERGROUND* STORAGE TANK (UST) REMOVAL
FINANCIAL ASSISTANCE APPLICATION FOR LOW INCOME SINGLE FAMILY VT RESIDENCE

*Underground means a tank buried on the property. Tanks in basements are considered aboveground storage tanks (ASTs).

This application is valid through 07.01.2022 – 06.30.2023 (Fiscal Year 2023)

Financial Assistance awards are made after July 1, 2022, and tank work done before July 1 will not be considered in the program.
Applicant will be notified in writing if application is approved or not.

Name of Owner(s):
VT Property Address (tank location) #, street/town/Zip:
Mailing Address (If different than property):
Phone Number: Email:

Applications with annual household income over \$75k and the UST is less than 1100 gallons will not be considered
Only Complete applications will be considered for a financial assistance award

A. SUBMIT with this application:

- 1. PROOF OF OWNERSHIP – Submit a copy of your property tax bill or deed
2. INCOME VERIFICATION – Submit your most recent FEDERAL 1040 form showing ALL household income, IF you do not file a tax return, you must submit a Social Security or Disability yearly earnings statement.
3. Name of an ENVIRONMENTAL CONSULTANT:

UST removals through this program require a release assessment which determines if a release of petroleum has occurred from the UST system. The assessment is performed by an environmental consultant during tank removal/closure. DEC maintains a list of consultants on the website: https://dec.vermont.gov/sites/dec/files/wmp/Consult.lst .pdf

B. Please answer all the following questions:

- 1. Property Type: [] Primary Residence [] Rental [] Secondary Residence (does not rent any part of residence) [] Unoccupied Residential Property (estate, abandoned home)
2. How many people reside at the property:
3. Do you rent a room/apartment to anyone in your home? [] Yes [] No
If yes, how many renters:
4. Does anyone living in the home have a disability? [] Yes [] No
If YES, who and relation to applicant:
5. Reason for UST removal:
6. Are you currently receiving State Fuel Assistance? [] Yes [] No
7. Drinking Water Source:
[] Private Well [] Municipal [] Shared Well [] Spring [] Other(describe):
8. Other sensitive receptors near property (e.g., schools, daycare centers, ecological areas, # of drinking water wells in area, name of surface waterbody within a 1/4 mile of the property:

9. Tank information:

i. Is the UST still in service? Yes; No, date when the tank went out of service: _____

ii. Size of UST to be removed? _____ gallons. Age of UST? _____ years.

iii. Will your home continue to use fuel oil or kerosene for heating?

a. Yes

Is there already an existing AST* being used to store fuel use for heating the residence?

Yes, Size of existing AST _____ Gallons, Age of AST _____

No, a brand new never used AST will be installed, New AST size: _____ Gallons,
Anticipated Install date of new AST _____

b. No, how will the home be heated? _____

iv. AST* location: Basement Garage/Shed Outside on the gable-end

Outside on the non-gable-end (roof required)

If an AST is being installed as part of this project, it must be new & **never have been used in any other capacity**. *All ASTs for heating oil storage must meet the minimum standards set forth in the AST Rules: <https://dec.vermont.gov/waste-management/storage-tanks/aboveground>

Applicant's signature

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 work completed before receiving written approval of application from the Financial Assistance Program will not be eligible payment/reimbursement.

Signature of Applicant: _____

Date: _____

Mail completed application with all required information to:

VT ANR, DEC, WMPD

Attn: Susan Thayer

1 National Life Drive, Davis 1 Montpelier, VT 05620-3704

OR

Email completed application with all necessary information/documentation in **PDF format** to:

susan.thayer@vermont.gov

Use [SECURE] in the email subject line when sending personal information.

Questions? Please call 802-522-0487 or email susan.thayer@vermont.gov