

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

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

This application form is valid from 07/01/2024 to 06/30/2025 (State Fiscal Year 2025)

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

Name of Owner(s):	Phone Number:			
Property Address (tank location)	Email:			
Mailing Address (If different than property)				
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.				
Name	Sex (M/F)	Date of Birth	Age	Relationship
SELF:				SELF

**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 through this program**
2. Is your annual household income over \$75k?  Yes  No **If YES, you are NOT eligible for assistance**
3. Is this application for an  Aboveground Tank (a basement tank is considered aboveground)  Underground Tank
4. Is this property your primary residence year-round?  Yes  No **If NO, you are NOT eligible for assistance**
5. Does this property contain an apartment(s) that is rented?  Yes  No
6. Do you rent a room(s) in your home?  Yes  No **If YES, how much rent is received monthly: \$\_\_\_\_\_**
7. Does anyone living in your home have a disability?  Yes  No **If YES, who: \_\_\_\_\_**
8. Are you currently receiving State Fuel Assistance?  Yes  No
9. Size of current tank? \_\_\_\_\_ gallons **Age of current tank?** \_\_\_\_\_ years (approximate age if install date unknown)
10. Location of tank?  Basement - dirt floor  Basement - concrete floor  Garage/Shed  Outdoors  Other
11. Is your current tank "Red Tagged"?  Yes  No **If YES, by whom: \_\_\_\_\_**
12. If tank is not "Red Tagged", reason for tank removal/upgrade \_\_\_\_\_
13. Do you plan to continue using fuel oil or kerosene for heating your home?  Yes  No  
**If NO, do you plan to convert to**  Heat Pump  Advanced Wood Heat (pellet stove)  Other \_\_\_\_\_
14. Is this application for:  Full Tank Replacement  Upgrades to Existing Tank System (example: new foundation)  
 Tank Removal and Upgrade to Heat Pump/Advanced Wood Heat  Tank Removal Only
15. Has your property flooded in the last 15 years?  Yes  No  Don't know
16. Did anyone assist you with this application? Name/Phone: \_\_\_\_\_
17. How did you hear about this program? \_\_\_\_\_

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/upgraded MUST be the tank that provides fuel to heat to the owner’s unit; tanks providing fuel to heat rental units are not eligible for this financial assistance program.

**THE FOLLOWING MUST BE RETURNED WITH THIS APPLICATION FOR YOUR APPLICATION TO BE PROCESSED. INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.**

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 WITH YOUR APPLICATION**

- STATE tax return
- Paystubs
- W2’s

For Questions contact Kristin Schultz (802) 522-0071; [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: <https://dec.vermont.gov/waste-management/storage-tanks/aboveground-storage-tanks-asts>

*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 required supporting 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 required supporting information in **PDF format** to:**

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