



P.O. Box 1144, 110 Portland Street  
Morrisville, VT 05661  
(802) 888-3252  
unitedway@uwlamoille.org

Approval: ☐ YES ☐ NO

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

## UWLC Financial Assistance Application: 2025-2026

**Applicants must live in Lamoille County, Hardwick, Greensboro or Woodbury.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total # of adults in household: \_\_\_\_\_

Total # of children in household age 5 and under: \_\_\_\_\_

Total # of children in household between the ages of 6-18: \_\_\_\_\_

Is anyone in your household 60+: YES NO

Is anyone in your household disabled? YES NO

Is anyone in your household a veteran: YES NO

I understand that the wood received from this program is NOT for resale. If I sell the wood that I am given, I will be ineligible to participate in this program in the future.

### FIREWOOD PROJECT MONTHLY INCOME GUIDELINES

| Family size | 185% FPL |
|-------------|----------|
| 1           | \$2,412  |
| 2           | \$3,262  |
| 3           | \$4,109  |
| 4           | \$4,956  |
| 5           | \$5,805  |
| 6           | \$6,653  |
| 7           | \$7,500  |
| 8           | \$8,349  |

Gross Income: \$ \_\_\_\_\_ Per Month (You may be asked for income verification if your application is chosen).

- Have you applied for the VT Seasonal Fuel Assistance Program this year? YES NO  
We strongly encourage you to apply at: <https://dcf.vermont.gov/benefits/fuel>.
- Were you approved? YES NO If no, please explain why your application was denied.

\_\_\_\_\_

- United Way of Lamoille County has my permission to discuss this application with the VT Department of Children and Families Fuel Assistance Program to help determine my eligibility. YES NO
- Do you receive the 3SquaresVT Benefit (formerly known as Food Stamps)? YES NO

I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, I could be found ineligible for this or future assistance.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are able to pick up your wood, this would assist greatly; if you can't get a truck or trailer, we'll be in touch with you about a delivery date. Can you pick up your own wood? Yes No

If you are unable to have your wood picked up, please provide clear directions to your house and describe where you would like the wood dropped (Please use back of paper).