



Town Of Durham

630 Hallowell Road
Durham, Maine 04222

Incorporated 1789

durhammaine.gov

207-353-2561

Town of Durham, Maine

Administrative Policy

Policy for Administration and Use of the Discretionary Heating Fuel Fund

Adopted by the Board of Selectmen: September 29, 2009

Authority: 22 M.R.S. §4305–4309; 30-A M.R.S. §2636; 30-A M.R.S. §3001

Responsible Official: General Assistance Administrator

1. Purpose

The purpose of this policy is to establish clear administrative guidelines for the General Assistance Administrator in managing and awarding assistance from the Durham Discretionary Heating Fuel Fund.

The Fund provides limited heating assistance to eligible Durham residents who do not qualify for Municipal General Assistance under 22 M.R.S. §4305–§4309, but who are experiencing financial hardship during the heating season.

Funding for the program may be derived from:

1. Voluntary donations from residents, civic groups, and businesses;
2. Annual appropriations authorized by the Town's legislative body, upon recommendation of the Select Board;
3. Other fundraising activities as approved by the Select Board.

This policy ensures that the Fund is administered responsibly, equitably, and in compliance with applicable state and local requirements.

2. Definitions

For the purposes of this policy, one unit of heating assistance is defined as:

- 100 gallons of No. 2 heating oil
- 100 gallons of K-1 kerosene
- 100 gallons of liquefied petroleum (LP) gas
- 1 cord of seasoned firewood
- An equivalent value of coal or wood pellets
- Up to \$250 toward a Central Maine Power (CMP) bill for electric heat

A household may receive:

- One unit of assistance per heating season (October 1 – April 30)
- A second unit only when the Administrator determines that a verified extreme emergency exists

All emergency determinations must be documented in writing and retained in accordance with Town policy and the Maine Freedom of Access Act (1 M.R.S. §401–§414).

3. Eligibility Criteria

To qualify for assistance, a household must:

1. Reside in the Town of Durham at the physical address where assistance will be delivered;
2. Be ineligible for Municipal General Assistance (22 M.R.S. §4308);
3. Demonstrate financial hardship consistent with the prudent use of income standard in the Town's General Assistance Ordinance.

3.1 Priority of Assistance

When resources are limited, priority will be given in the following order:

1. Retired households living on a fixed income (e.g., Social Security, pensions, annuities);
2. Households with wage earners at or below 200% of the federal poverty level for Androscoggin County;
3. Seasonal workers laid off for an anticipated period of 120 days or more;

4. Other households experiencing documented hardship, at the discretion of the Administrator.

Applicants demonstrating no increase in disposable income since the prior heating season may receive priority.

4. Referrals

The Administrator may accept referrals from community members who know of a household in need.

- The Administrator will make one attempt to contact the referred household.
- If the household declines to apply or cannot be reached after reasonable effort, no further action will be taken.

All referral information is confidential in accordance with 22 M.R.S. §4308(3).

5. Application Process

1. Application Intake:

- Applications may be received directly from residents or through referral.
- Households that may qualify for Municipal General Assistance must be encouraged to apply for GA first, pursuant to 22 M.R.S. §4305(3).

2. Forms:

- Applicants ineligible for GA will complete the Discretionary Heating Fuel Fund Application, which includes household composition, financial information, and heating need.

3. Decision-Making:

- All determinations will be provided in writing and made as promptly as the situation requires.

4. Delivery of Assistance:

- All payments are made directly to vendors.
- Assistance may only be provided to a physical residence within Durham.

5. Recordkeeping:

- The Administrator shall maintain records of applications, decisions, and expenditures consistent with Town policy.

- Records are subject to FOAA (1 M.R.S. §408-A), except where confidentiality is required under 22 M.R.S. §4308(3).

6. Administration

The Administrator shall:

- Monitor and track the Fund balance;
- Report expenditures to the Select Board as required;
- Administer the Fund in accordance with this policy and applicable statutes;
- Recommend policy updates as needed.

7. Oversight

The Select Board retains oversight and administrative authority under 30-A M.R.S. §2636 and §3001. The Board may amend, suspend, or repeal this policy at any time.



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Discretionary Heating Fuel Fund Application

Administered by the General Assistance Administrator

Heating Season: October 1 – April 30

Applicant Information

Applicant Name: _____

Date of Birth: _____

Phone Number: _____

Email (optional): _____

Physical Address (Durham only):

Mailing Address (if different):

Type of Residence: ☐ Own ☐ Rent ☐ Other (explain): _____

Landlord Name (if applicable): _____

Landlord Phone: _____

Household Composition

Please list all individuals living in your household.

Full Name	Date of Birth	Relationship to Applicant	Income Source(s)

(Add additional sheets if needed.)

Heating Information

Primary Heating Source (check one):

☐ Fuel Oil (#2) ☐ K-1 Kerosene ☐ LP Gas (Propane)

☐ Wood ☐ Wood Pellets ☐ Coal ☐ Electric Heat (CMP)

Vendor Name: _____

Vendor Phone: _____

Tank/Cage/Wood Storage Location: _____

Amount of Fuel Remaining: ☐ Empty ☐ < ¼ ☐ ¼–½ ☐ > ½

Have you received assistance from this Fund this heating season? ☐ Yes ☐ No

General Assistance Eligibility

Have you applied for Municipal General Assistance? ☐ Yes ☐ No

If No, please explain why:

If Yes, what was the outcome? ☐ Approved ☐ Denied ☐ Pending

If denied, please attach the denial notice.

Financial Information

Please provide the following information for your household for the last 30 days.

Income Sources (monthly):

Source	Amount
Employment	\$ _____
Social Security / SSI	\$ _____

Pension / Retirement	\$ _____
Unemployment	\$ _____
Child Support / Alimony	\$ _____
Other Income	\$ _____

Total Monthly Household Income: \$ _____

Monthly Household Expenses:

Expense	Amount
Rent / Mortgage	\$ _____
Electricity	\$ _____
Heat	\$ _____
Vehicle Payment(s)	\$ _____
Vehicle Fuel	\$ _____
Food	\$ _____
Medical / Prescriptions	\$ _____
Insurance (auto, health, etc.)	\$ _____
Childcare	\$ _____
Other	\$ _____

Total Monthly Household Expenses: \$ _____

Hardship Explanation

Please explain why you are requesting assistance at this time and describe any emergency circumstances:

Certification and Authorization

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize the Town of Durham and the General Assistance Administrator to verify the information provided, contact vendors, landlords, or others as necessary to determine eligibility, and make payment directly to the fuel vendor or utility provider. I understand that providing false information may result in denial of assistance and repayment obligations.

Applicant Signature: _____ Date: _____

For Official Use Only

Date Application Received: _____

Documentation Provided:

☐ Income Verification ☐ Expense Verification ☐ GA Decision / Denial ☐ Other

Eligibility Determination: ☐ Approved for One Unit ☐ Approved for Emergency Second Unit
☐ Denied

If denied, reason: _____

Type of Assistance Approved:

☐ 100 gal fuel oil ☐ 100 gal K-1 ☐ 100 gal LP gas

☐ 1 cord seasoned wood ☐ Pellets/coal equivalent ☐ \$250 CMP electric assistance

Vendor Contacted: _____

Delivery/Payment Date: _____

Administrator Signature: _____

Date: _____