VETERANS HOME HEATING ASSISTANCE PROGRAM

The Suffolk County Legislature, through the Veterans Emergency Assistance Commission, has made available $100,000 to assist veterans in need with the procurement of funding for fuel for heating and HVAC necessities. This program is directed toward veterans on a fixed income that are having trouble with the cost of heating/cooling their homes. The aim is to mitigate the rising cost of living for this population.

Eligibility:

- DD-214 with character of discharge
  - Honorable
  - General Under Honorable
- Completed application
- Last two years W-2
- Proof of heating Expenses (oil, gas, electric)
- Letter Justifying the need for assistance

To Apply, click the below link below:
https://www.scnylegislature.us/CivicAlerts.aspx?AID=3068

Point of Contact:
Suffolk County Veterans Service Agency
100 Veterans Memorial Highway
Hauppauge, NY 11788-0099

Phone: (631) 853-8387

COUNTY OF SUFFOLK

OFFICE OF THE COUNTY EXECUTIVE

Edward P. Romaine
SUFFOLK COUNTY EXECUTIVE

James Brennan, Deputy Director

Marcelle Leis, Director
VETERANS SERVICE AGENCY

Veterans Emergency Home Heating Assistance Program
Suffolk County Legislature Resolution # 1111-2023

Recipient Criteria:

- Completed Application
- DD Form 214 with Character of Discharge Honorable or General Under Honorable Conditions
- Household Income (W-2, Disability Rating, Social Security, etc.)
- Proof of Heating Expenses (oil, electricity, gas) or Boiler/Pluming Estimate
- Narrative letter describing need for assistance

*****Important: All above information must be submitted with application to:**

Keith O'Reilly, VSO
Suffolk County Veterans Service Agency
100 Veterans Memorial Hwy.
P.O. Box 6100
Hauppauge, NY 11788-0099

OR
Scan: veteransinfo@suffolkcountyny.gov
Fax: 631-853-8390

PHOTOS WILL NOT BE ACCEPTED AS DOCUMENTATION

For additional information please contact this office directly: (631) 853-8387

Suffolk County Veterans Emergency Home Heating Assistance Application

Name: _____
Last First Middle

Address: _____
Street Apt# City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Circle One: Rent Own

Type of Heating: Fuel Oil Gas Electric

Amount of Payment Requested: _____

Marital Status: _____ If Married, Name of Spouse: _____

List All Dependents: _____
Name Relationship Age

*** Please continue with any additional dependents on a separate page

List All Sources of Income for Household Members:

_____
Source Amount Monthly Amount Annually

_____
Source Amount Monthly Amount Annually

***Please continue with any additional sources of income on a separate page

On a separate page, please share your story to include why you are requesting this home heating assistance to be considered in letter format.

_____ _____
Applicant Signature Date

_____
Applicant Printed Name