



## **Seasonal Assistance Program**

### **PURPOSE:**

The Seasonal Assistance Program provides space heaters for those whose gas has been disconnected during the heating season, or a window air conditioning unit or a fan to families needing cooling season assistance.

### **ELIGIBILITY:**

To apply for an air conditioning unit, the client must provide a letter from a medical doctor stating the need for the unit. (Example: asthma, heart condition, etc.). The elderly and small children (under 5 years of age) get first priority. For the use of a fan or heater, the client must have a specific need (e.g., gas is shut-off, residence does not have central air, etc.) as to why they want the appliance, but we do not require a doctor's statement. A fan or heater is distributed first come - first served.

**ALL SPACE HEATERS, WINDOW AIR UNITS AND FANS MUST HAVE AN APPLICATION FILLED OUT AND SIGNED. ADDITIONALLY, THE APPLICANT MUST AGREE TO THE DISCLAIMER AT THE BOTTOM OF THE APPLICATION.**

Applicant must provide:

1. A signed, completed SAP application.
2. Picture ID for applicant and some form of ID for all household members.
3. Proof of ALL income for everyone 18 years Old & Over.
4. Proof of residence [Mortgage Stub, Lease Agreement, Utility Bill, e.g.].
5. Letter from a medical doctor stating the need for the air conditioner, if an air conditioner is what you need.

Specific questions may be addressed by email to [FamilyServices@hopesi.org](mailto:FamilyServices@hopesi.org) or by calling 812.948.9248. Calls and emails will be answered according to when they are received and time permitted throughout the hours of 9-4, Mon. – Fri.