

# DUTCHESS COUNTY SUPPLEMENTAL COOLING ASSISTANCE PROGRAM

## 2026 APPLICATION FORM

### Application Information:

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name (Last, First, MI): \_\_\_\_\_

Daytime Phone Number(s) (with area code): \_\_\_\_\_

Home Address (Street, Apt#): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address (if different from above):  
\_\_\_\_\_

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Are you a U.S. citizen?  Yes  No

Are you a resident of Dutchess County?  Yes  No *If you answer no, you are not eligible for this program*

Do you have a special medical situation?  Yes  No

If yes, please specify: \_\_\_\_\_

Spoken Language: Please tell us the language that you speak \_\_\_\_\_

Interpreter Required  Sign Language Required  Other: \_\_\_\_\_

Did someone help you complete this form?  Yes  No

Name of person assisting you: \_\_\_\_\_

Their phone number with area code: \_\_\_\_\_

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**Household Information:**

List the people who live with you: Attach additional sheets if needed

Name (Last, First, MI): \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female  Different Identity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female  Different Identity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female  Different Identity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female  Different Identity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_**Do you, or anyone in your household, receive any of the following incomes?**

| Type of Income        | Amount of Income | Frequency of Income | Name of Person Who Receives Income |
|-----------------------|------------------|---------------------|------------------------------------|
| Social Security       |                  |                     |                                    |
| SSI                   |                  |                     |                                    |
| Pension               |                  |                     |                                    |
| Veteran's Benefits    |                  |                     |                                    |
| Workers' Compensation |                  |                     |                                    |
| Wages                 |                  |                     |                                    |
| Other                 |                  |                     |                                    |

How much do you pay for your rent or mortgage each month? \$ \_\_\_\_\_

Do you have a working air conditioner?  Yes  NoHave you received an air conditioner from HEAP in the past 5 years?  Yes  NoDo you pay to heat your home with oil, gas, electricity, propane, etc.?  Yes  NoAre you enrolled in the New York State of Health Essential Plan?  Yes  No

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**Authorized Representative:** You can authorize someone who knows your household circumstances to apply for you.

**If you would like to authorize someone, print the person's name, address and telephone number, and sign below.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Important Notice:** You should be aware that there is limited money available for the Dutchess County Supplemental Cooling Program. Once available money is exhausted, no further awards will be issued. Therefore, it is strongly recommended that you complete and submit your application, with all required documentation, as soon as possible. Applications will be reviewed, processed and awarded on a first-come, first-served basis.

**For your application to be accepted, you MUST sign and date below.**

**Certification:** By signing this application, I hereby certify under penalty of perjury that I have read (or have had read to me), and the answers in this application and any additional document I provide to the Department in the future are accurate and complete to the best of my knowledge. I also certify that all members of my household are either U.S. citizens or noncitizens in satisfactory immigration status.

**Your signature is required below to complete the application process.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach required documents to your application.**

**Please do not mail the application as it will take too long.**

**Remember, this is first-come, first-served as funding is limited.**

# Dutchess County Supplemental Cooling Assistance Program

2026

## Required Documents

**Please check off what document is included in this submission**

- Government issued Photo ID or Birth Certificate for all household members - **Required**
- Proof of residence such as a bill for your electric, water/sewer, cable/internet, etc. - **Required**
- Medical documentation of heat-related illness risk (if applicant is under 65). - **Required**

**One of the following must be submitted (check the one you are submitting).**

- Award letters for all unearned income, such as Social Security, SSI, Pension, Veterans Benefits, etc.
- Paystubs from the past four weeks before your application date
- Income tax forms for self-employment

***Please Note: You may be asked to provide additional documentation to determine eligibility.***

## Income Eligibility Guidelines

Gross monthly household income must be below the following limits, based on how many people live in your household.

| Household Size | Maximum Monthly Gross Income |
|----------------|------------------------------|
| 1              | \$3,473                      |
| 2              | \$4,542                      |
| 3              | \$5,611                      |
| 4              | \$6,680                      |
| 5              | \$7,749                      |
| 6              | \$8,818                      |

**Submit application with all required documents via fax or email or in person.**

**Fax: 845-486-3232**

**Email: [Zoe.Levy-Serrano@dfa.state.ny.us](mailto:Zoe.Levy-Serrano@dfa.state.ny.us) or [Donna.Parker2@dfa.state.ny.us](mailto:Donna.Parker2@dfa.state.ny.us)**

In Person: At one of the following offices:

**Dutchess County Department of Community and Family Services, offices:**

60 Market Street, Poughkeepsie, **or**

223 Main Street, Beacon, **or**

131 County House Road, Millbrook, **or**

**At the Office for the Aging, 114 Delafield Street, Poughkeepsie 12601**