

HOME ENERGY ASSISTANCE PROGRAM (HEAP) HEATING EQUIPMENT CLEAN AND TUNE REQUEST FOR BENEFIT

I. Applicant Information		Date Stamp:	
Social Security Number:	Date of Birth:		
Name:		Heating Source	
Address:		<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Electric
Telephone Number:		<input type="checkbox"/> Kerosene	<input type="checkbox"/> Natural Gas
Are you a: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter		<input type="checkbox"/> Propane/Bottled Gas	<input type="checkbox"/> Wood/Wood Pellets
Do you have a programmable thermostat? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Coal or Corn	
If no, would you like one installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a working carbon monoxide detector less than 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, one will be installed.	
II. Fuel Vendor			
Name of Vendor:			
Address of Vendor:			
Do you have a service contract with this vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does vendor provide clean and tune service: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know		Date of last heating equipment clean and tune/chimney cleaning:	
Name of vendor who provided clean and tune service if different than above:			
III. Applicant Signature			
Signature:			Date:
AGENCY USE ONLY			
<input type="checkbox"/> Denied	Reason:		
<input type="checkbox"/> Approved	Date:	Vendor Name:	Vendor Number:
Worker's Signature:		Supervisor Signature:	
Comments:			