HOME ENERGY ASSISTANCE PROGRAM APPLICATION

If you are blind or seriously visually impaired and need this application in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available and how you can request an application in an alternative format, see the attached instructions or visit www.otda.ny.gov.

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? ____ Yes ____ No

If Yes, check the type of format you would like:

___ Large Print ___ Data CD ___ Audio CD

___ Braille, if you assert that none of the other alternative formats will be equally effective for you.

If you require another accommodation, please contact your social services district.

LDSS-3421 (Rev. 5/16)

HOME ENERGY ASSISTANCE PROGRAM APPLICATION

PLEASE READ THE INSTRUCTIONS ATTACHED TO THE BACK OF THE APPLICATION. ANSWER **ALL** QUESTIONS. **DO NOT** WRITE IN THE **SHADED** AREAS. PLEASE **PRINT** CLEARLY, AND SIGN THE FORM ON PAGE 5. **COMPLETE THE WHITE BOXES BELOW IN BLUE OR BLACK INK.**

CONTACT THE AGENCY ABOVE IF YOU NEED HELP	AGENCY USE ONLY	
	DSS	**OFA/ALTERNATE CERTIFIER**
	DATE RECEIVED	**DATE RECEIVED**

AGENCY USE ONLY

APPLICATION DATE	OFFICE	UNIT ID	WORKER ID	CASE TYPE	CASE NUMBER	REGISTRY NUMBER	VERS.

CASE NAME	☐ REGULAR ☐ HEATING EQPT ☐ COOLING ☐ EMERGENCY ☐ OTHER_____

SECTION 1: HOUSEHOLD COMPOSITION

APPLICANT INFORMATION

FIRST NAME	MI	LAST NAME

OTHER NAMES BY WHICH I HAVE BEEN KNOWN ARE:	**OTHER NAME**	**OTHER NAME**

CURRENT STREET ADDRESS	APT. #	CITY

STATE	ZIP CODE	COUNTY	**LENGTH OF TIME AT THIS ADDRESS? YEARS_____ MONTHS_____**

DAYTIME PHONE NUMBER WHERE I CAN BE REACHED (Area Code + Phone No.)	BEST TIME TO CALL	IF AN INTERVIEW IS NEEDED, I WOULD LIKE A: ☐ Phone Interview ☐ In Person Interview

MY MAILING ADDRESS (IF DIFFERENT FROM ABOVE) IS:

ADDRESS	APT. #	CITY	COUNTY	STATE	ZIP CODE

HAVE YOU EVER APPLIED FOR HEAP? ☐ NO ☐ YES IF YES, ENTER DATE OF MOST RECENT APPLICATION ➔

LIST EVERYONE INCLUDING YOURSELF WHO CURRENTLY LIVES IN THE SAME HOUSE (If no one else, write **NONE UNDER YOUR NAME**):

CD	LN	FIRST NAME	MI	LAST NAME	DATE OF BIRTH MO.	DAY	YR.	SEX M/F	RELATION TO ME	SOCIAL SECURITY NUMBER	CITIZEN / NATIONAL OR QUALIFIED ALIEN	BLIND OR DISABLED
1	**01**								**SELF**		☐ No ☐ Yes	☐ No ☐ Yes
1	**02**										☐ No ☐ Yes	☐ No ☐ Yes
1	**03**										☐ No ☐ Yes	☐ No ☐ Yes
1	**04**										☐ No ☐ Yes	☐ No ☐ Yes
1	**05**										☐ No ☐ Yes	☐ No ☐ Yes
1	**06**										☐ No ☐ Yes	☐ No ☐ Yes
1	**07**										☐ No ☐ Yes	☐ No ☐ Yes

If there are more members in your household, please attach a separate sheet of paper. **Total Number in Household:** _____

DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET OR HAVE RECENTLY APPLIED FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)? ☐ No ☐ Yes

If yes, who? _____ CASE NUMBER _____

DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET OR HAVE RECENTLY APPLIED FOR TEMPORARY ASSISTANCE?

☐ No ☐ Yes If yes, who? _____ CASE NUMBER _____

SECTION 2: HOUSING – CHECK (✓) ONE BOX ONLY

HOMEOWNER

- ☐ **Single Family House or Mobile Home**
- ☐ **Multi-Family House; List Number of Units ____**
- ☐ **Co-op/Condo Owner**
- ☐ **Life Estate/Use**

OTHER

- ☐ **I live with someone else and share expenses**
- ☐ **I pay for a room**
- ☐ **I pay room and board**
- ☐ **Permanent hotel/motel**
- ☐ **Other living situation _____**

RENTER

- ☐ **Private House, Apartment or Mobile Home**

SUBSIDIZED RENT

- ☐ **Private Subsidized Housing**
- ☐ **Public Housing Project or Senior Housing**
- ☐ **Public Subsidized Housing**

Do you receive a HUD utility allowance?

☐ **No** ☐ **Yes If yes, how much $_____**

MY MONTHLY RENT OR MORTGAGE PAYMENT IS: $ _____ ☐ NONE

IF APPLICABLE, THE NAME OF THE APARTMENT BUILDING OR HOUSING PROJECT I LIVE IN IS: _____

DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD RECEIVE A SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE)? ☐ No ☐ Yes

SECTION 3: HEAT AND UTILITY INFORMATION

1. **DO YOU PAY SEPARATELY FOR HEAT?** ☐ **No** ☐ **Yes- Complete information below**

My main source of heat is

☐ Natural Gas ☐ Fuel Oil ☐ PSC Electric ☐ Coal or Corn

☐ Wood/Wood Pellets ☐ Kerosene ☐ Propane or Bottle Gas ☐ Municipal Electric

My fuel tank is: ☐ Individual Tank ☐ Metered Tank

Is the heating bill in your name? ☐ No ☐ Yes

If **No**, name on the bill: _____ Relationship to you: _____

Are you directly responsible to pay the bill? ☐ No ☐ Yes

Your heating account number is:

☐ **Please check if this is a landlord's account number**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Your heating company's name is:_____

STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE

2. **DO YOU PAY A SEPARATE ELECTRIC BILL FOR UTILITIES OTHER THAN HEAT?** ☐ **No** ☐ **Yes –Complete information below**

If yes, is the electric bill in your name? ☐ NO ☐ YES If No, name on the bill _____

Your electric account number (if you have one) is:

☐ **Please check if landlord's account number**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Your utility company's name is: _____

Is electric necessary to run the furnace? ☐ **No** ☐ **Yes**

Is electricity necessary to operate the thermostat in your apartment? ☐ **No** ☐ **Yes**

3. **ARE BOTH HEAT AND ELECTRIC INCLUDED IN YOUR RENT?** ☐ **No** ☐ **Yes**

SECTION 4: HOUSEHOLD INCOME

REPORT ANY INCOME FOR **ALL HOUSEHOLD MEMBERS**. ALL AMOUNTS MUST BE REPORTED AS **GROSS MONTHLY INCOME** BEFORE ANY DEDUCTIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

CHECK YES OR NO FOR EACH (√)	TYPE OF INCOME	IF YES, GIVE AMOUNT	ADDITIONAL INFORMATION	WHO RECEIVES?
☐ No ☐ Yes	SOCIAL SECURITY AMOUNT BEFORE MEDICARE PART B & D	GROSS MONTHLY AMOUNT $	Indicate amount you pay for : Medicare Part B: Medicare Part D:	
☐ No ☐ Yes	SOCIAL SECURITY DISABILITY AMOUNT BEFORE MEDICARE PART B & D	GROSS MONTHLY AMOUNT $	Indicate amount you pay for : Medicare Part B: Medicare Part D:	
☐ No ☐ Yes	SUPPLEMENTAL SECURITY INCOME (SSI)	GROSS MONTHLY AMOUNT $		
☐ No ☐ Yes	WAGES SUBMIT WAGE STUBS FOR THE PAST **4 WEEKS**. Note: **Gross Weekly** amounts are multiplied by 4.333333 to calculate the monthly amount. **Gross Bi-Weekly** amounts are multiplied by 2.166666 to calculate the monthly amount.	☐ WEEKLY $ ☐ BI-WEEKLY $ ☐ MONTHLY $ ☐ SEMI-MONTHLY	Employer	
		☐ WEEKLY $ ☐ BI-WEEKLY $ ☐ MONTHLY $ ☐ SEMI-MONTHLY	Employer	
		☐ WEEKLY $ ☐ BI-WEEKLY $ ☐ MONTHLY $ ☐ SEMI-MONTHLY	Employer	
		☐ WEEKLY $ ☐ BI-WEEKLY $ ☐ MONTHLY $ ☐ SEMI-MONTHLY	Employer	
☐ No ☐ Yes	PENSION/RETIREMENT Private and/or government	GROSS MONTHLY AMOUNT $	Source of Pension	
☐ No ☐ Yes	VETERAN'S BENEFITS	GROSS MONTHLY AMOUNT $		
☐ No ☐ Yes	DISABILITY private or NYS	GROSS WEEKLY AMOUNT $	Source	
☐ No ☐ Yes	CONTRIBUTION from someone outside the household	GROSS MONTHLY AMOUNT $	Name of Contributor	
☐ No ☐ Yes	CHILD SUPPORT	GROSS WEEKLY AMOUNT $	Source	
☐ No ☐ Yes	ALIMONY/SPOUSAL SUPPORT including payments for mortgage, utility bills, etc.	GROSS MONTHLY AMOUNT $	Source	
☐ No ☐ Yes	RENTAL INCOME apartment, garage, land, etc.	GROSS MONTHLY AMOUNT $	Type of Rental	
☐ No ☐ Yes	ROOM/BOARD (received) etc.	GROSS MONTHLY AMOUNT $	Name of Room/Boarder	
☐ No ☐ Yes	WORKER'S COMPENSATION	GROSS WEEKLY AMOUNT $		
☐ No ☐ Yes	UNEMPLOYMENT BENEFITS	GROSS WEEKLY AMOUNT $	Start Date: End Date:	
☐ No ☐ Yes	Income from savings, checking, CDs, money market accounts, stocks, bonds, securities. IRA, annuity, and 401K distributions.	**ENTER INFORMATION ON NEXT PAGE**		
☐ No ☐ Yes	IS THERE ANY OTHER INCOME FROM ANY OTHER SOURCE? ATTACH EXPLANATION	AMOUNT $	Source	WHO RECEIVES
☐ No ☐ Yes	SELF-EMPLOYMENT INCOME_____ TYPE OF BUSINESS _____ If yes, you may choose to have your self- employment income calculated based on your filed federal tax return for the current year or prior tax year if you have not yet filed for the current year, including all applicable schedules or based on the three (3) months prior to your application. Please choose one method: ☐ Filed Federal Tax Return ☐ Three Months			

IS THERE ANYONE IN YOUR HOUSEHOLD AGE 18 OR OLDER WHO **DOES NOT** HAVE ANY INCOME FROM ANY SOURCE?

☐ No ☐ Yes, list members with no income:

IS THERE ANYONE IN YOUR HOUSEHOLD WHO IS A FULL-TIME DEPENDENT HIGH SCHOOL OR COLLEGE STUDENT?

☐ No ☐ Yes, list member(s):

INTEREST AND INVESTMENT INCOME

LIST EACH ACCOUNT SEPARATELY. ATTACH ADDITIONAL SHEETS IF NECESSARY.	LIST AMOUNT RECEIVED FOR THE 12 MONTHS PRIOR TO THE MONTH OF APPLICATION	SOURCE
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT $	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT $	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT $	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT $	Name of Bank
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT $	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT $	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT $	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT $	Source of Dividends
DISTRIBUTIONS from IRA, 401K, annuity, etc.	ANNUAL AMOUNT $	Source of Distributions
DISTRIBUTIONS from IRA, 401K, annuity, etc.	ANNUAL AMOUNT $	Source of Distributions
DISTRIBUTIONS from IRA, 401K, annuity, etc.	ANNUAL AMOUNT $	Source of Distributions

AUTHORIZED REPRESENTATIVE

You can designate someone who knows your household circumstances to be your authorized representative. Your Authorized Representative may: complete and file your HEAP application, contact the agency and speak with your worker, have access to eligibility information in your case file, complete all forms for you, provide documentation, appeal agency decisions. You must still sign this application. The Authorized Representative designation will remain in effect for the current HEAP season unless revoked by you. Each HEAP season you will be asked if you want to designate an Authorized Representative.

I would like to designate an authorized representative. ☐ No ☐ Yes- Complete information below

Name of authorized representative:	Address and phone number:

PLEASE SIGN APPLICATION ON PAGE 5

SECTION 5: IMPORTANT NOTICES

IMPORTANT NOTICE

YOU SHOULD BE AWARE THAT THERE IS LIMITED MONEY AVAILABLE FOR HEAP BENEFIT PAYMENTS. ONCE AVAILABLE MONEY IS USED UP, NO BENEFITS WILL BE ISSUED. THEREFORE, IT IS STRONGLY RECOMMENDED THAT YOU COMPLETE AND SUBMIT YOUR APPLICATION AS SOON AS POSSIBLE.

PERSONAL PRIVACY LAW - NOTIFICATION TO CLIENTS

The State's Personal Privacy Protection Law, which took effect September 1, 1984, states that we must tell you what the State will do with the information you give us about yourself and your family. We use the information to find out if you are eligible for the Home Energy Assistance Program and, if so, for how much. The section of the Law that gives us the right to collect the information about you is Section 21 of the Social Services Law. To make sure that you are getting all of the assistance you and your family are legally entitled to receive, we check with other sources to find out more about the information you have given us. For example:

- We may check to find out if you or anyone in your household were working. We do this by sending your name and Social Security Number to the State Department of Taxation and Finance, and also to known employers, to tell us whether you worked and, if so, how much you made.
- We may ask the State to check with the Unemployment Insurance Division to see if you or anyone in your household were getting unemployment benefits.
- We may check with banks to make sure we know about any income you or anyone in your household may have received.

Besides using the information you give us in this way, the State also uses the information to prepare statistics about all the people receiving Home Energy Assistance. This information is used for program planning and management. The information is used for quality control by the State to make sure local districts are doing the best job they can. It is used to verify who your energy supplier is and to make certain payments to such vendors. Your failure to provide us with the information we need may prevent us from finding out if you are eligible for assistance and we may then have to deny your application. This information is kept by the Commissioner, Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, New York 12243-0001. Do not send your application to this address. If you or anyone in your household does not have a Social Security Number, a Social Security Number must be applied for at the U.S. Social Security Administration.

Read the Important Information Below

I swear and/or affirm that the information given on this application and subsequent phone interviews is true and correct. I realize that any false statements or other misrepresentation knowingly made by me in connection with this application and subsequent requests for HEAP assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statement or misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in an action against me which may subject me to civil and/or criminal penalties.

CONSENT

I understand that by signing this application/certification, I consent to any investigation to verify or confirm the information I have given and other investigation by any authorized government agency in connection with this and any other requests for Home Energy Assistance Program (HEAP) benefits. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and my utility company's low income programs.

I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance, the local Social Services District and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

TO GET HEAP- ALL QUESTIONS MUST BE ANSWERED AND YOUR APPLICATION MUST BE SIGNED AND DATED BELOW.

SIGN HERE: **X**	DATE SIGNED
NAME OF PERSON, IF ANY, WHO ASSISTED YOU:	PHONE NUMBER:

AGENCY USE ONLY

APPLICATION TYPE: ☐ Full Documentation ☐ Simplified

Vendor	Account Number	Vendor Code	Vendor Relationship: ☐Current Bill/Vendor Statement ☐Collateral Contact

IDENTITY OF HOUSEHOLD MEMBERS

LN	HOUSEHOLD MEMBER'S NAME	DOCUMENTATION
01		
02		
03		
04		
05		
06		

IS ANYONE IN THE HOUSEHOLD VULNERABLE? ☐ Under the age of 6 ☐ Age 60 or older ☐ Permanently Disabled

Who_____ Documentation_____

RESIDENCE – CHECK TYPE OF DOCUMENTATION OBTAINED

☐ Current Rent Receipt w/Name & Address ☐ Water, Sewage, or Tax Bill ☐ Mortgage Payment Book/Receipts w/Address

☐ Homeowner's/Renter's Insurance Policy ☐ Copy of Lease w/Address ☐ Utility Bill ☐ Other _____

INCOME DOCUMENTATION/CALCULATION

Categorically Eligible: ☐ TA ☐ SNAP ☐ Code A SSI

Comments, resolution activities, income calculation/documentation, verification of emergency for expedited regular benefit, vendor contract, etc. SHOW ALL CALCULATIONS

Gross Bi-Weekly Income x 2.166666
Gross Weekly Income x 4.333333

TOTAL INCOME $

REGULAR BENEFIT (EMERGENCY USE PART B)

☐ **SEPARATE HEAT (check one)**

☐ Oil ☐ Kerosene
☐ LP Gas ☐ Natural Gas
☐ Wood ☐ Wood Pellets
☐ Coal/Corn ☐ PSC Electric
☐ Municipal Electric

☐ **HEAT INCLUDED IN RENT**

☐ Payment to Household
☐ Payment to Utility

Benefit $ _____

☐ Application compared to previous information

☐ No prior application ☐ No Changes ☐ WMS Inquiry ☐ Changes verified How:_____

☐ Pended	START:	END:	☐ APPROVED ☐ DENIED

CERTIFYING AGENCY

WORKER'S SIGNATURE/DATE

SUPERVISOR'S SIGNATURE/DATE

CONSENT TO WITHDRAW

I CONSENT TO WITHDRAW MY APPLICATION **SIGN HERE X**_____

I UNDERSTAND THAT I MAY REAPPLY FOR HEAP BENEFITS AT ANY TIME DURING THE PERIOD THAT HEAP APPLICATIONS ARE BEING ACCEPTED

AGENCY USE ONLY

NOTES AND INCOME CALCULATION WORKSHEET

FEDERAL REPORTING STATUS OF HOME ENERGY SERVICE

THE HOUSEHOLD HAS ONE OR MORE OF THE FOLLOWING - CHECK ALL THAT APPLY

- ☐ A disconnect notice. Company Name: _____
- ☐ Disconnection from service. Company Name: _____
- ☐ Less than ¼ tank of fuel. Company Name: _____
- ☐ Less than a 10 day supply of fuel. Company Name: _____
- ☐ Out of fuel. Company Name: _____
- ☐ A non-working furnace/boiler/heat system that needs replacement
- ☐ Electricity as supplemented heating fuel.
- ☐ Wood as supplemental heating fuel.
- ☐ Other supplemental heating fuel.
- ☐ Central air conditioning.
- ☐ A window or wall air conditioner.

NEW YORK STATE HOME ENERGY ASSISTANCE PROGRAM
(HEAP)

APPLICATION INSTRUCTIONS

If you are blind or seriously visually impaired and need an application or these instructions in an alternative format, you may request them from your social services district (SSD). The following alternative formats are available:

- Large print;
- Data format (a screen reader-accessible electronic file);
- Audio format (an audio transcription of the instructions or application questions); and
- Braille, if you assert that none of the alternative formats above will be equally effective for you.

Applications and instructions are also available for download in large print, data format and audio format from www.otda.ny.gov. Please note that applications are available in audio format and Braille solely for informational purposes. In order to apply, you must submit an application in written, non-alternative format.

If you have any disabilities that prevent you from completing this application and/or from waiting to be interviewed, please notify your SSD. The SSD will make every effort to provide a reasonable accommodation to address your needs.

If you require another accommodation, or need other help completing this application, please contact your SSD. We are committed to assisting and supporting you in a professional and respectful manner.

IMPORTANT INFORMATION ABOUT PROGRAM DATES

HEAP benefits are only available when the program is open. The opening and closing dates are determined for each program year. Opening dates for the regular benefit and the emergency benefit components may be different. Information on the opening and closing dates for this year's program can be found on the OTDA website at http://www.otda.ny.gov or by calling our toll free number at 1-800-342-3009.

ALTERNATIVE FORMATS: Check "YES" or "NO" to indicate whether you are blind or seriously visually impaired and would like to receive written notices in an alternative format. If "Yes," check the type of format you would like. Alternative formats are available in large print, data CD, audio CD, or Braille, if you assert that none of the other alternative formats are equally effective for you. If you require another accommodation, or need other help completing this application, please contact your SSD.

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

Complete all non-shaded areas and answer all questions.

Who should complete and sign the application?

The application should be completed by the person who has primary and direct responsibility for payment of the heating bill or the primary tenant if heat is included in the rent.

What address should I list?

You must list your current address. This must be your permanent and primary residence.

Why do you need my daytime phone number?

It is important to list a phone number where you can be reached. This will assist in timely processing of your application if additional information is required.

Will I need an interview?

Some applicants may be required to have an interview. You may choose to have a phone interview or to have an in person interview. Please indicate your interview preference in the box on page one. Completion of this section does not mean you will be required to have an interview.

Who should I list as household members?

List everyone who lives in your house, even if they are not related to you or contributing financially to your household. You may be required to provide proof of identity for all household members. List yourself first on line 1. If you live alone, write the word “none” on line 2.

Citizen /Alien Information:

In order to receive HEAP you must be a U.S.citizen, Qualified Alien, or U.S non-citizen national. For additional information on what constitutes a Qualified Alien or U.S. non-citizen national, please contact the New York State Office of Temporary and Disability Assistance hotline at 1-800-342-3009 or visit the OTDA website at http://www.otda.ny.gov.

Why do I need to provide Social Security numbers for everyone?

Social Security numbers are required for all household members. The information is validated with data from the Social Security Administration. If any member does not have a Social Security number but has applied for one, write the word “applied” in the Social Security Number box. If you leave this section blank for any household member, your application cannot be processed but will be pended for further information. This information may also be used to perform data matches with other state and federal agencies for the purposes of verifying your household’s HEAP eligibility.

Housing Information

Please check the box that most accurately represents your housing situation.

Heating Situation

Make sure to answer all three (3) questions

How should I complete the income section? Will I need to provide proof?

List ALL income for all household members. All amounts should be entered as gross income prior to any deductions. Deductions include, but are not limited to: income taxes, child support, garnishments, health insurance, and union dues. You are required to submit documentation of all earned income, including self-employment and rental income. You may be required to provide proof of other income. Please see page 5 of the application instructions for specific types of acceptable documentation. Do not submit originals, they will not be returned. Eligibility will be based on your household’s gross monthly income for the month of application.

Please enter the amount of your Social Security before any deductions for Medicare. List separately the amounts that you pay for Medicare Part B and/or D. Amounts for Medicare Parts B and D are excluded as income.

Enter only the interest or dividend portions of bank accounts, CDs, stocks, bonds or other investment income. List each account separately. If you need more space, attach additional sheets. Enter the amount received for the twelve (12) months prior to the month of application.

What does authorized representative mean?

An authorized representative is a person who may act as your agent for HEAP purposes as listed on the application. Authorized representative status is for the current program only and you may revoke it at any time during the program by submitting a statement to your local Social Services District. Since this person may be providing information on your behalf, it should be someone who knows your circumstances.

Make sure to SIGN and date the application. The application must be signed by the person who has the heating bill in their name, or who pays the bill if it is in someone else's name. If heat is included in the rent, the primary tenant must complete and sign the application.

Motor Voter Registration

Please include the Motor Voter form with your application. Complete this form if you are not registered to vote and you want to register. This does not affect your HEAP eligibility or benefit amount.

WHAT WILL I NEED TO APPLY?

New applicants will need to include the following documentation along with your application:

- Proof of each household member's identity
- A valid Social Security Number for each household member
- Proof of residence
- A fuel and/or utility bill if you pay for heat or proof that you pay rent which includes heat
- Documentation of income for all household members

Please see page 5 of the application instructions for specific types of acceptable documentation. In addition, new applicants will also need to have an interview; and you can choose either a phone interview or an in person interview. However, if you do choose a phone interview, please include a working phone number and the best time to contact you for a phone interview on Page 1 of your application.

All applications for heating equipment repair or replacement must be in person with full documentation.

WHERE TO APPLY:

You must apply in the county in which you currently reside. You can apply in person or mail in your application at the address stamped at the top of the application or can find other local certifiers by checking our website at: http://www.otda.ny.gov.

MY BENEFITS

You may apply for HEAP online by going to https://www.mybenefits.ny.gov . Once your application for HEAP is submitted, you can check the status of your application on-line by using your secure online account at https://www.mybenefits.ny.gov . If your application is approved the amount of the benefit is provided. You may be eligible for food assistance. Check your eligibility and apply for SNAP at https://www.mybenefits.ny.gov . Additional information about HEAP and other human services programs can be found at https://www.mybenefits.ny.gov .

How will my benefit be paid?

If you are approved and you pay for heat, your payment will be sent to your heating fuel vendor. Your eligibility notice will include the name of the vendor. If the vendor listed is not correct, notify the local Social Services District immediately. In some cases, your benefit will be paid to your electric company if heat is included in your rent. Your notice will tell you the amount of the benefit, how it will be paid, and how it was calculated.

Vendors are not permitted to make deliveries until payment is received or until instructed to do so by the local Department of Social Services. Benefits may not be applied to prior deliveries for deliverable fuel sources. If you are in need of fuel before your vendor has received notification or payment, you must contact your local Social Services District.

Regular HEAP benefits are intended to be a one-time supplement to your annual energy costs and are not intended to replace your personal payments. You must continue to pay your energy bills.

What is a HEAP Emergency?

- You are out of fuel or have less than ¼ tank of oil, kerosene or propane, or less than a ten (10) day supply of other deliverable heating fuel.
- Your natural gas or electric heat has been shut off or is scheduled to be shut off.
- Applicant owned heating equipment is not working.

WHAT IF I HAVE AN EMERGENCY?

HEAP benefits can assist with the following emergencies:

- You are out of fuel or have less than ¼ tank of oil, kerosene or propane, or less than a ten (10) day supply of other deliverable heating fuel.
- Your natural gas or electric heat has been shut off or is scheduled to be shut off.
- Applicant owned heating equipment is not working.

If you have a heating emergency and have applied for, but have not received, your regular benefit, you should contact your local Social Services District after the program opens. Whenever possible, regular HEAP benefits are used first to resolve an energy emergency.

DO NOT WAIT UNTIL YOU ARE OUT OF HEATING FUEL OR YOUR GAS/ELECTRIC SERVICE IS OFF TO REQUEST ASSISTANCE. IF YOUR UTILITY SERVICE IS TERMINATED, YOUR UTILITY COMPANY IS NOT REQUIRED TO RESTORE YOUR SERVICE EVEN IF YOU ARE ELIGIBLE FOR A HEAP BENEFIT.

FAIR HEARINGS

You have certain rights when filing your HEAP application. You have the right to be told if your application is approved or denied within thirty (30) business days of the date that the HEAP certifier receives your completed and signed application.

The processing time for applications will not begin until program opening even though you may have received an application prior to the program opening date as a part of our outreach effort. You have the right to request a conference and/or a fair hearing if it has been more than thirty (30) business days since the HEAP certifier received your signed and completed application (or it has been more than thirty (30) business days since program opening if the certifier received your application prior to program opening) and you have not been told of the eligibility decision.

If you would like a conference, you should ask for one as soon as possible. At the conference, if it is discovered that a wrong decision was made**,** or if because of information you provide, the decision has changed our original decision, corrective action will be taken.

If you would like a conference, please contact your Local Department of Social Services. This is only for requesting a conference. It is not how you ask for a fair hearing. If you ask for or have a conference, you are still entitled to a fair hearing.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below:

Telephone: Statewide toll free request number is 800-342-3334. Please have the notice, if any, with you when you call.

Fax: your Fair Hearing request to: 518-473-6735

Online: Complete online request form at http://www.otda.ny.gov/oah/

In writing: For notices, fill in the supplied space and send a copy of the notice, or write to:

NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
P.O. Box 1930
Albany, NY 12201-1930

If you request a fair hearing, NYS will send you a notice of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, friend, or other person, or to represent yourself. At the hearing, your attorney or other representative will have the opportunity to present written and oral evidence, as well as the opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents that may be helpful in presenting your case.

If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid society or other legal advocate group. You may locate the nearest Legal Aid society or advocate group by checking the yellow pages under "lawyers".

You have the right to review your case record. Upon your request, you have the right to free copies of documents that your local Department of Social Services presents into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record that you need for your fair hearing. To request such documents or to find out how you may review your case record, contact your Local Department of Social Services.

If you need someone who speaks Spanish, contact the NYS OTDA Hotline at 1-800-342-3009.

OTHER PROGRAMS YOU MAY BE ELIGIBLE FOR:

WEATHERIZATION ASSISTANCE

You may also be eligible for weatherization assistance programs through NYS Homes and Community Renewal (HCR) or the New York State Energy Research and Development Authority (NYSERDA). A list of local weatherization sub-grantee contacts can be found at: http://nysdhcr.gov/Programs/WeatherizationAssistance/. For more information on available NYSERDA energy services, visit http://www.nyserda.ny.gov. Your signature on the HEAP application allows a referral and exchange of information to be made to the weatherization assistance programs on your behalf.

UTILITY LOW INCOME PROGRAM

You may also be eligible to enroll in your utility company's low income program. Your signature on the HEAP application allows a referral to be made to your utility company on your behalf.

TYPES OF ACCEPTABLE DOCUMENTATION

RESIDENCE (Where you now live)

- Current rent receipt with name and address of tenant and landlord or lease with name and address
- Water, sewage, or tax bill
- Homeowner's/Renter's Insurance Policy
- Utility bill
- Mortgage payment books/receipts with address

IDENTITY

You must provide one or more of the following for each person in your household:

- Driver's License
- Photo ID
- US Passport or Naturalization Certificate
- Birth Certificate or Baptismal Certificate*
- Validated Social Security Number*
- Adoption Papers
- Hospital or Doctor's Records
- School Records
- Statement from another person*

***Two forms of proof required.**

SOCIAL SECURITY NUMBER

You must provide a valid Social Security Number for each member of your household. If you or a member of your household does not have a Social Security Number, you must apply for one at the Social Security Administration.

VULNERABILITY

You must provide one of the following for proof of vulnerability for a vulnerable member of your household (children under 6 years of age, adults 60 years of age or older, or anyone with a disability):

- Birth certificate
- Baptismal certificate with date of birth
- SSA Award letter
- Passport
- Driver's license
- Written statement of eligibility for benefits

HEATING SITUATION

If you pay a fuel or utility bill, bring a copy of your most recent fuel/utility bill or a statement from your vendor.

If you do not pay for heat, bring a current rent receipt with name and address of tenant and landlord, lease with name and address, or statement from your landlord that indicates heat is included in your rent.

INCOME

- Pay stubs for the most recent four (4) weeks
- If self-employed, business records for the most recent three (3) months or your filed federal tax return for the current year, including all applicable schedules.
- Rental income/expenses for previous 3 months
- Child support or alimony/spousal support
- Interest/Bank/Dividend or Tax Statement
- Statement from roomer/boarder

COPY OF AWARD LETTER OR OFFICIAL CORRESPONDANCE FOR THE FOLLOWING:

- Social Security/Supplemental Security Income (SSI)
- Veteran's Benefits
- Pensions
- Worker's Compensation/Disability
- Unemployment Insurance Benefit amount
- Educational Grants/Loans

RESOURCES (For emergency benefit applications only)

- Cash
- Stocks/bonds
- Checking, savings, and/or CD account balances
- Annuity
- IRA accounts
- Lump sums from sale of property or insurance settlements.

Applications for Heating Equipment Repair and Replacement require additional documentation. If you are applying for this component, you will be given a separate list of documentation you need to provide.

VOTER REGISTRATION FORM INSTRUCTIONS

NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- ☐ **YES** If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below
- ☐ **NO** because I choose not to register ***OR***
- ☐ I am already registered at my current address ***OR***
- ☐ I asked for and received a mail registration form

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Signature _____ Date ___ / ___ / ___

Please Print Name _____

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

Rev. 2/2015

VOTER REGISTRATION APPLICATION (instructions on back)

☐ Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** ☐ Yes, I would like to be an Election Day worker

1	**Are you a U.S. citizen?** ☐ **YES** ☐ **NO** If you answered **NO**, do not complete this form	2	**Will you be 18 years old on or before election day?** ☐ **YES** ☐ **NO** If you answered **NO**, do not complete this form unless you will be 18 by the end of the year	**For Board Use Only**
3	Last Name / First Name / Middle Initial / Suffix			
4	Address where you live (do not give P.O. box) / Apt. No. / City/Town/Village / Zip Code / County			
5	Address where you get your mail (if different than above) / P.O. Box, Star Route, etc. / Post Office / Zip Code			
6	Date of Birth	7	Sex ☐ **M** ☐ **F**	8 Telephone (optional) / Email (optional)
10	The last year you voted / Your address was (give house number, street and city) / In county/state / Under the name (if different from your name now)	9	**ID Number** (Check the applicable box and provide your number) ☐ New York State DMV number — — — — — — — — — ☐ Last four digits of your Social Security number — — — — ☐ I do not have a New York State DMV or Social Security number	
11	**Political Party**	12	**Affidavit: I swear or affirm that**	

I wish to enroll in a political party

- ☐ Democratic party
- ☐ Republican party
- ☐ Conservative party
- ☐ Green party
- ☐ Working Families party
- ☐ Independence party
- ☐ Women's Equality party
- ☐ Reform party
- ☐ Other _____

I do not wish to enroll in a political party

- ☐ No party

Affidavit: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I will meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.

Signature or Mark in ink _____ Date ___ / ___ / ___

(Optional) Register to donate your organs and tissues

Last Name		
First Name	Middle Initial	Suffix
Address		
Apt Number / City/Town/Village		Zip Code
Birth Date	Sex ☐ M ☐ F	
Eye Color	Height Ft. In.	

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

DONATE LIFE New York State

Signature _____ Date ___ / ___ / ___

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.