

Home Energy Assistance Program Cooling Assistance Application

Date Received: _____

YOU MAY ONLY USE THIS APPLICATION IF:

- ✓ Your household received a HEAP benefit during the current HEAP program year **OR**
- ✓ You are currently receiving Temporary Assistance (TA) or Supplemental Nutrition Assistance Program (SNAP).

If you **DID** receive a HEAP benefit during the current HEAP program year, your eligibility for a cooling benefit will be based on the information used to determine your HEAP benefit and the information submitted on this form.

If you **DID NOT** receive a benefit during the current HEAP program year, **BUT** you are currently receiving TA or SNAP benefits, your eligibility for a cooling benefit will be based on the information in your TA or SNAP case and the information submitted on this form.

APPLICANT INFORMATION:

First Name		MI	Last Name		SSN (last 4 digits)
Street Address				Apt. No.	City
State	Zip	County			Daytime Phone Number

HOUSEHOLD INFORMATION: List everyone including yourself who currently lives in the same house.

Name	SSN	Date of Birth	Blind or Disabled
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO

If you have more than three people in household, please continue list on reverse side of form.

Does your household contain an individual that has a medical condition that is worsened by extreme heat? If yes, please provide a note from a physician, physician assistant or a nurse practitioner dated within the previous twelve months prior to the month of application documenting this condition.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PLEASE READ, SIGN AND DATE

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. I understand that by signing this Application/Certification, I consent to any investigation to verify or confirm the information I have given and any other investigation by any authorized government agency in connection with this and subsequent requests for Home Energy Assistance Program benefits for the current HEAP season. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and to 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 the home energy vendors to release certain statistical information, including but not limited to, my annual fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance and the Local Social Services District for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

I understand that I may be eligible for a cooling benefit but may not receive a benefit if federal funds are not available for this component.

SIGNED: _____

DATE: _____

HOUSEHOLD INFORMATION: Please continue

Name	SSN	Date of Birth	Blind or Disabled
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO
6.			<input type="checkbox"/> YES <input type="checkbox"/> NO
7.			<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR AGENCY USE ONLY

Received a current HEAP Program year benefit: ☐ Regular ☐ Emergency

☐ **Eligible** ☐ Pended Start: _____ End: _____

☐ **Ineligible** because: ☐ No Vulnerable Household Member

☐ Failed to Provide Information

☐ Over Income Limit (Code 5)

☐ Other

Comments:

Eligibility Determination Date: _____

Worker Signature: _____ Date: _____ Supervisor's Initials: _____ Date: _____