

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

<b>I. Applicant Information</b>		Date Stamp:	
Social Security Number:	Date of Birth:		
Name:		<b>Heating Source</b>  <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric <input type="checkbox"/> Kerosene <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane/Bottled Gas <input type="checkbox"/> Wood/Wood Pellets <input type="checkbox"/> Coal or Corn	
Address:			
Telephone Number:			
Are you a: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter			
Do you have a programmable thermostat? <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.	
If no, would you like one installed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>II. Fuel Vendor</b>			
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:			
<b>III. Applicant Signature</b>			
Signature:			Date:
<b>AGENCY USE ONLY</b>			
<input type="checkbox"/> Denied	Reason:		
<input type="checkbox"/> Approved	Date:	Vendor Name:	Vendor Number:
Worker's Signature:		Supervisor Signature:	
Comments:			