

IS THERE ANYONE LIVING IN YOUR HOME/APARTMENT, INCLUDING YOURSELF, WHO IS:

BLIND OR DISABLED NO YES IF YES, WHO? _____

60 YEARS OR OLDER NO YES IF YES, WHO? _____

UNDER 8 YEARS OLD NO YES IF YES, WHO? _____

DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET FOOD STAMPS?

NO YES IF YES, WHO? _____ FS CASE NUMBER:

DO YOU OR DOES ANYONE IN YOUR HOUSE/APARTMENT GET PUBLIC ASSISTANCE?

NO YES IF YES, WHO? _____ PA CASE NUMBER:

SECTION 2: HOUSING – CHECK ONE BOX ONLY

HOMEOWNER - Single Family House or Mobile Home

HOMEOWNER - Multi-Family House

CO-OP/CONDO OWNER

RENTER - Public Housing Project or Senior Housing

RENTER - Private Housing but receive government rent subsidy
Type of Subsidy _____

RENTER - Private House, Apartment or Mobile Home

I live with someone else and share expenses

I pay for a room

2. MY MONTHLY RENT OR MORTGAGE PAYMENT IS: \$ _____ NONE

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

4. DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD RECEIVE A SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE)? NO YES

SECTION 3: HEAT AND UTILITY INFORMATION

IF YOU PAY FOR YOUR OWN HEAT, COMPLETE THE SECTION BELOW:	IF YOU ONLY PAY FOR ELECTRIC OR ELECTRIC IS INCLUDED IN YOUR RENT, COMPLETE THE SECTION BELOW:
<p>My main source of heat is:</p> <p><input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric Heat <input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Coal or Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane or Bottle Gas</p> <p>Is the heating bill in your name? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If "No," the bill is in the name of: _____</p> <p>Relationship to you: _____</p> <p>Your heating account number (Do not use a landlord's account number) (if you have one) is: _____</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Your heating company's name is: _____</p>	<p>My household situation is:</p> <p><input type="checkbox"/> Heat and Utilities Included in Rent</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Pay Utilities only (Lights, Cooking)</p> <p>If you pay for utilities, is the bill in your name? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If "No," the bill is in the name of: _____</p> <p>Relationship to you: _____</p> <p>Your utility account number (Do not use a landlord's account number) (if you have one) is: _____</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Your utility company's name is: _____</p>
<p>STREET ADDRESS _____</p> <p>CITY/TOWN _____ STATE _____ ZIP CODE _____</p>	<p>Do you also pay a utility company directly for your lights or cooking or hot water?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If yes,</p> <p>Your utility account number (Do not use a landlord's account number) (if you have one) is: _____</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Your utility company's name is: _____</p>
<p>Is electric necessary to run the furnace? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>Is electric necessary to run the furnace? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>

SECTION 4: HOUSEHOLD INCOME

CHECK (✓) YES OR NO FOR EVERY QUESTION. REPORT ANY INCOME FOR ALL HOUSEHOLD MEMBERS. ATTACH ADDITIONAL SHEETS IF NECESSARY.				
INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU GETS MONEY FROM:				
TYPE OF INCOME	CHECK ONE (✓)	WHO RECEIVES?	SOURCE OF INCOME	IF YES, GIVE AMOUNT
1. SOCIAL SECURITY/SOCIAL SECURITY DISABILITY including direct deposit	<input type="checkbox"/> NO <input type="checkbox"/> YES			MONTHLY AMT. \$
2. SUPPLEMENTAL SECURITY INCOME (SSI)	<input type="checkbox"/> NO <input type="checkbox"/> YES			MONTHLY AMT. \$
3. PENSION/RETIREMENT Private and/or government	<input type="checkbox"/> NO <input type="checkbox"/> YES		Source of Pension	MONTHLY AMT. \$
4. VETERAN'S BENEFITS	<input type="checkbox"/> NO <input type="checkbox"/> YES			MONTHLY AMT. \$
5. DISABILITY private or NYS	<input type="checkbox"/> NO <input type="checkbox"/> YES			WEEKLY AMT. \$
6. CONTRIBUTION from someone outside the household	<input type="checkbox"/> NO <input type="checkbox"/> YES		Name of Contributor	MONTHLY AMT. \$
7. CHILD SUPPORT (received)	<input type="checkbox"/> NO <input type="checkbox"/> YES			Court ordered weekly amt. \$
8. ALIMONY including payments for mortgage, utility bills, etc.	<input type="checkbox"/> NO <input type="checkbox"/> YES			MONTHLY AMT. \$
9. RENTAL INCOME apartment, garage, land, etc.	<input type="checkbox"/> NO <input type="checkbox"/> YES		Type of Rental	MONTHLY AMT. \$
10. ROOM/BOARD (received) etc.	<input type="checkbox"/> NO <input type="checkbox"/> YES		Name of Room/Boarder	MONTHLY AMT. \$
11. WORKER'S COMPENSATION	<input type="checkbox"/> NO <input type="checkbox"/> YES			WEEKLY AMT. \$
12. UNEMPLOYMENT BENEFITS	<input type="checkbox"/> NO <input type="checkbox"/> YES			WEEKLY AMT. \$
13. TAP, PELL, STUDENT LOANS	<input type="checkbox"/> NO <input type="checkbox"/> YES			Total amt. for semester \$
14. INTEREST from savings, checking, CD's money market accounts, etc.	<input type="checkbox"/> NO <input type="checkbox"/> YES		Name of Bank	YEARLY AMT. \$
15. DIVIDENDS from stocks, bonds, securities, etc.	<input type="checkbox"/> NO <input type="checkbox"/> YES		Source of Dividends	YEARLY AMT. \$
16. Does anyone in the household work? If yes, submit wage stubs for the past 4 weeks.	<input type="checkbox"/> NO <input type="checkbox"/> YES		Employer	Weekly Amt. before Deductions \$
			Employer	Weekly Amt. before Deductions \$

IS THERE ANY OTHER INCOME FROM ANY OTHER SOURCE? NO YES If Yes, Please List:

I understand that if I am contacted and agree to participate in a HEAP Telephone Recertification interview in the future HEAP years, I will not be required to complete and sign another application. However, I understand that my signature on this application will attest to my awareness of HEAP requirements as explained on this page including agreeing to any investigation made by any authorized government agency to verify or confirm information affecting my eligibility for a HEAP benefit. Further, I understand and agree to comply with these requirements for future HEAP years.

If you apply to Bell Atlantic for telephone Life Line Services, you authorize the Office of Temporary and Disability Assistance to disclose the information provided in your application to the Bell Atlantic for the sole purpose of assisting the company to verify your eligibility for Life Line Telephone Service.

I swear and/or affirm that the information given on this application is true and correct. I realize that any False Statements or other Misrepresentation knowingly made by me in connection with this application for 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 request for Home Energy Assistance.

ALL QUESTIONS MUST BE ANSWERED AND YOUR APPLICATION MUST BE SIGNED TO GET ASSISTANCE.

SIGN HERE: X	DATE SIGNED
NAME OF PERSON, if Any, WHO ASSISTED YOU:	PHONE NUMBER:

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 too find out if you are eligible for the Home Energy Assistance Program and, if so, for how much. The section of the Law the 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 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 were getting unemployment benefits.
- We may check with banks to make sure we know about any income you 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 is your energy supplier and to make certain payments to such vendor. 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 will be maintained by the Deputy Commissioner, Systems Support Information Services, 40 North Pearl Street, Albany, N.Y. 12243-0001.

AGENCY USE ONLY

Comments, resolutions activities, income, calculation/documentation, verification of emergency for expedited regular benefit, vendor contact, etc.

REGULAR BENEFIT

- SEPARATE HEAT (circle one):**
 Oil LP Gas Wood
 Kerosene Natural Gas Coal
 PSC Electric Heat
 Municipal Electric Heat
- HEAT INCLUDED IN RENT:**
 Payment to household
 Payment to Utility

Benefit	\$
Vendor	
Vendor Code	

EMERGENCY

- Application compared to previous information
 No prior application No Changes Changes resolved

- HEAT** OR **COMBINED**

Benefit	\$
Vendor Code	

PENDED **START:** **END:** **APPROVED** **DENIED**

HEAT RELATED ONLY

Benefit	\$
Vendor Code	

TOTAL INCOME \$	CATEGORICALLY ELIGIBLE PA/FS/CODE A SSI:	TIER I II
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- OTHER** _____

Benefit	\$
Vendor	
Vendor Code	

CERTIFYING AGENCY

RECEIVED BY DSS

WORKER'S SIGNATURE / DATE

SUPERVISOR'S INITIALS / DATE