

# Home Energy Plus Short Application Form

2017 – 2018 Heating Season



**Answer the following questions based on your application from last year:**

1. Has there been a change in your address?  Yes  No
2. Has there been a change regarding the people living in your home?  Yes  No
3. Does any household member have income other than Social Security (including SSDI), Supplemental Security Income (SSI), Dividends/Interest, Pension, and/or Veteran's Benefits?  Yes  No

If any question was answered **yes**, do not use this form. Contact your local energy assistance office to apply.

If answered No to all questions, **you must complete all fields on this application.**

For Office Use Only		
Person ID:	Application Date (mm/dd/ccyy):	Worker Number:
Outreach Indicator: <input type="checkbox"/> Local Agency <input type="checkbox"/> Alternate Site _____ <input type="checkbox"/> Home Visit <input type="checkbox"/> Mail <input type="checkbox"/> Phone		

This form is authorized under Wisconsin State Statute 16.27(2)(a). All information on the application is required in order to determine eligibility for benefits under the Wisconsin Home Energy Assistance Program and the Wisconsin Weatherization Assistance Program. Collection of your Social Security number is not prohibited by federal law and is required for tracking applicant benefits granted by this program. By providing application information, you are authorizing the Wisconsin Department of Administration and its authorized agents to verify the data provided against federal, state, county, energy provider, employer and landlord databases or records. The information collected on this form may be disclosed to energy programs operating under the Wisconsin Public Benefit Program Authority or Wisconsin Public Service Commission Approval, and may be used for the purposes of referral, research, evaluation, and analysis.

**1. Territory (County or Tribe) in which you live:**

2. <b>First Name:</b>	Middle Initial:	Last Name:
-----------------------	-----------------	------------

3. **Primary Phone Number:** (     )  Home  Work  Cellular  Contact

**4. Email Address:**

5. **Preferred method of household communication:**  Primary Phone  Email  Mail  Text

**6. Mailing Address (if different than residence address):**

City: State: ZIP:

**7. Residence Address (must complete):**

City: State: ZIP:

**8. Do you receive rental assistance (Section 8 or other government assisted housing)?**  Yes  No

**9. Household Members:** List every person below who lives at your residential address.

Name (First, MI, Last) <i>Line 1 must be the person listed above</i>	Birth Date (mm/dd/ccyy)	Gender (M/F)	U.S. Citizen	Disabled	Food Share <sup>1</sup>
			Enter Yes (Y) or No (N)		
1.					
2.					
3.					
4.					
5.					

<sup>1</sup> Enter "Y" in the box for FoodShare if that person received FOODSHARE IN ALL OF THE PREVIOUS 3 MONTHS to the date of this application.

**10. Household Income:**

Household Member's Name	Income Type / Income Source	Previous three months income <sup>2</sup>			3 Month Total	Verification Item
		Month 1	Month 2	Month 3		
Total 3 Month Household Income						

<sup>2</sup> Include the previous FULL three months. Do not count income from the current month.

**11. Primary Heat Source:** Select the fuel used to operate the main heating unit (furnace):

Electric Heat    Fuel Oil    Natural Gas    Propane    Wood or Other

Name on Account:	Account number:
Vendor name:	Annual fuel costs:

(Do not complete the above account information if your heat is included in rent or a separate payment is made to the landlord.)

- a. If your primary heat source is **natural gas or electric**, have you received a past due or disconnect notice within the last 90 days?    Yes    No    Does not apply
- b. If your primary heat source is **propane or fuel oil**, does your tank currently have equal to or less than 20% of fuel remaining?    Yes    No    Does not apply

**12. Electric (Non-Heating):** If your primary heat source (above) is electric, do not complete this section.

Name on Account:	Account number:
Vendor name:	Annual fuel costs:

**13. Hot Water:** Identify the fuel type that heats the water in your home:

Electric    Fuel Oil    Natural Gas    Propane    Wood or Other    None

**14. Supplemental Heat Source** (such as fireplace, wood burner, space heaters or other alternative heating type from the primary heat). Identify, if any, what supplemental heat is used in your home (select only one):

Electric Heat    Wood or Other \_\_\_\_\_ (specify)    None

**15. Air Conditioning:** Identify method used to cool your home (select only one):

Central Air    Wall/Window Unit A/C    None

**16. Optional:** I authorize energy assistance to contact the following person to discuss my application:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Applicant must sign page 3 and return all three pages to your local agency.*

Person ID:

**Certification Page**

Read each item on this page before signing the application. If you do not understand any item, ask the worker for assistance.

1. I understand I am responsible for providing all required information within 30 days of the date of this application or the application is void and will be denied. I may reapply, but a new application will be required.
2. I understand I am responsible for reporting the names of all persons living at my address and the Social Security number and income of all persons in my household. Collection of Social Security number is not prohibited by federal law and is a required data element for tracking applicant benefits granted by this program. Failure to provide this information will result in delayed processing of my application and the inability to determine benefit amounts.
3. I understand I am responsible for using the payments I receive to pay for the heating/electric costs for the residence listed in my application or for paying the heating/electric costs for any future permanent residence I may move to in Wisconsin.
4. I understand I have the right to apply for Energy Assistance benefits and to receive either a payment or letter of explanation. I understand that payment or letter of explanation may be delayed depending on when the program year begins and/or when payments are being processed.
5. I understand I have the right to request a fair hearing if I believe my Energy Assistance application has been incorrectly denied or my payment is incorrect. I may also request a fair hearing if I have not received payment or explanation. I may ask for a fair hearing by contacting the local office where I applied or by writing to: Wisconsin Department of Administration, Division of Hearings & Appeals, P.O. Box 7875, Madison, WI 53707-7875.
6. I understand I have the right to file a complaint if I believe I have been discriminated against in any unlawful way. I may file a complaint by contacting the authorized person within my county or tribe.
7. I understand that by providing application information I am authorizing the Wisconsin Department of Administration and its authorized agents to verify the data provided against federal, state, county, energy provider, employer and landlord databases or records.
8. I understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to the Wisconsin Department of Administration for the purposes of eligibility determination of this and future applications, benefit determination, and program evaluation and analysis including before and after receiving any weatherization services.
9. I understand that the rights, requirements and authorizations I certified to on this application may also apply to multiple heating seasons, crisis and furnace applications, when supplemental benefits are issued, and to outreach activities.
10. I understand the information collected on this form may be disclosed to energy programs operating under the Wisconsin Public Benefit Program Authority, Wisconsin Public Service Commission Approval, or other programs administered by the State of Wisconsin and may be used for the purposes of referral, research, evaluation, and analysis.
11. I understand if eligible for energy assistance benefits, I may be referred to other residential weatherization and/or energy programs. I authorize the weatherization agency to provide weatherization services to my residence. If I am not the owner of the residence, I authorize the weatherization agency to contact my landlord, and I will cooperate with the agency providing weatherization services.
12. I understand that having my home weatherized could lead to reductions in carbon-dioxide emissions due to my home's reduced energy usage, and that such reductions could have monetary value. I release all my interest in, ownership rights to, and revenue from the sale of such carbon-emission reductions, and grant said interest, ownership rights, and revenue from said carbon-emission reductions to the Wisconsin Department of Administration.

I certify that the information on this application and all information given in connection with this application are true and complete statements of facts. I further certify that I have read and understand the statements above. I understand that I may be required to provide proof of any information on this application and that giving false information will invalidate this application, require the return of any benefits received and possibly subject me to criminal prosecution.	
<b>Applicant Signature</b>	Date (mm/dd/ccyy)
<b>FOR OFFICE USE ONLY</b>	
<b>Agency Worker Signature</b>	Date (mm/dd/ccyy)
<b>I certify that I have verified the information on this application in accordance with Home Energy Plus policies and to the best of my knowledge this information is complete and accurate. I further certify that I do not have a personal relationship to any individual listed on this application in accordance with the Home Energy Plus Conflict of Interest Policy.</b>	

This application can be made available in accessible formats to qualified individuals with disabilities.