

**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 within 45 days from the date the application process is completed. I understand that the 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 not been processed timely, 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.
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.

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FOR OFFICE USE ONLY			
Application Date	Agency	Person ID	
Case Head Name (Last, First, MI)			Worker Number

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)
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**FOR OFFICE USE ONLY**

<b>Agency Worker Signature</b>	Date (mm/dd/ccyy)
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**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.**

This application can be made available in alternate formats to individuals with disabilities upon request.

***Space below reserved for the State of Wisconsin Notary Public seal, statement and signature.***

STATE OF WISCONSIN, County of \_\_\_\_\_

This document was signed before me on \_\_\_\_\_ (date)

by \_\_\_\_\_ (name of person).

Notary signature: \_\_\_\_\_

Commission expires on \_\_\_\_\_ (date).