



H.E.A.T Program/UTAP Program (Home Energy Assistance Target) APPLICATION

Please go back and click the link for "Where to mail your HEAT application."

Form 874 H-1 Rev. 11/10

OFFICE \_\_\_\_\_
COUNTY CODE \_\_\_\_\_
OUTREACH Y N
CRISIS \_\_\_\_\_
APPROVED Y N
DENIAL CODE \_\_\_\_\_

DATE: \_\_\_\_\_ Application #/ID \_\_\_\_\_ Office Assigned \_\_\_\_\_

Have you applied for HEAT before? Y N Date: \_\_\_\_\_ Office: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ Last First MI Male Female

If you are eligible for the HEAT Program, you are also eligible for the Utah Telephone Assistance Program if your telephone company is a participating carrier & your phone is not a cell. Would you like to apply for UTAP at this time? Yes No

TELEPHONE: ( ) Telephone Number Telephone Company If no telephone, would you like information on UTAP? Yes No

BIRTH DATE: Day Month Year SOCIAL SECURITY #: \_\_\_\_\_

MAILING ADDRESS: RESIDENTIAL ADDRESS (Fill out only if different):

Apartment Complex Name and Number
Street Address or PO Box
City State Zip Code

Apartment Complex Name and Number
Street Address or PO Box
City State Zip Code

Circle: House or Apartment? Rent or Own? Subsidized/Govt. Assisted Rent? Y N Rent/Mortgage Payment? \$

Do you share residence? Y N Does rent include utilities? Y N Which utilities? \_\_\_\_\_

Did you PAY: medical/dental insurance premiums, out of pocket medical expenses, child support, or alimony in the previous month? Y N

American Indian White Hispanic Black Asian Pacific Islander Other

Table with Household Composition and sources of income/assistance. Includes rows for Children under age 3, age 3-5, age 60+, Handicapped/Disabled, U.S. Citizens, Receiving Food Stamps, Employment, Unemployment Benefits, Railroad Retirement, Veterans Benefits, Social Security, Pension/Annuity/Retirement, Receive Child Support, Receive Alimony, TANF/FEP, Supplemental Security Income (SSI), General Assistance, Other, Income from Rental Property, and a summary row for Number of Adults and Children.

\*If yes, how often are you paid? Please circle: Weekly, Biweekly, Twice a Month, Monthly.

Other persons in my household including other adults and children: (Continue list on back of white page if needed.)

Table for listing other household members. Columns: 1st, 2nd, 3rd (with note: If more than 3, check and attach an extra sheet.), Relationship, Birth date, Social Security Number, Sex, Income.

**DECLARATION:** By signing this application, I certify under penalty of perjury that the information I provided on this application is true. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize SEAL program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that giving false information or failing to notify SEAL programs when I no longer qualify may cause me to pay the difference between any eligible or ineligible amounts. I wish to enroll or re-apply to remain in **Rocky Mountain Power's (RMP) HELP** discount program that saves up to \$11.00 per month on my RMP bill. I will notify the State of Utah @ 1-877-488-3233, ext. 642 if my situation changes and I am no longer eligible for HELP. **Questar Gas** now offers the Energy Assistance Fund (EAF), which provides HEAT-qualified customers with a one-time \$37 credit during this first year of the program. Those who qualify will receive a credit on their Questar bill once the HEAT credit has been applied. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied. I further understand that if Federal HEAT funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment.

**My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%):**

%	Name of Utility Vendor(s)	CODE (Office use only)	Utility Account Number(s) Rocky Mountain customers must include Item #	Name on account (if different)
	Applicant	<b>I agree not to change the vendor or % to which my HEAT payment may go after this date.</b>		

Signature:

Date:

**TO BE COMPLETED BY HEAT Worker Only: Verifications Worksheet Month Used:** \_\_\_\_\_

**GROSS EARNED INCOME:** List the **name** of each adult in the household. All adults' income must be counted. If an adult has no income, put "0" and a brief explanation of why not, or attach the "Deficit" income statement if needed. Itemize each check by date.

Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$

**GROSS INCOME:** Subtotal ALL GROSS Earned Income above (before taxes or deductions) \$

Earned Income Credit: 20% of income (x .20 of subtotal) \$

**NET EARNED INCOME (Subtract 20% from ALL earned income subtotal)** \$

**UNEARNED INCOME:** List by name of each in the household and the source.

Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$

Subtotal ALL Unearned Income \$

**TOTAL INCOME** Add Total NET Earned & Total Unearned Income \$

**DEDUCTIONS** (Itemize each receipt and date paid in the Agency Checklist - Case Log.)

Medical Expenses (out of pocket medical expenses & insurance premiums) \$

Alimony/Child Support Payments/\$50 Target Deduction \$

**Total Deductions** \$

**TOTAL NET INCOME:** (Subtract Total Deductions from Total Income) \$

**Office us only below**

**Office us only below**

**Office us only below**

<p><b>1. INCOME FORMULA</b> Total NET Income \$ _____ divided by 100% of the Poverty Amount for a household size of _____ (see table) \$ _____ = _____ % (Ineligible if over 150%) subtract the % amount from \$325.00 = \$ _____ <b>Total #1: \$</b> _____</p>	<p><b>2. ENERGY BURDEN</b> FUEL TYPE: _____ Household Energy Cost (Select one): Actual Costs \$ _____ House Standard \$ _____ Apt. Stand. \$ _____ Room &amp; Board Stand. _____ (10% of rent) Divide Energy Cost selected above by total NET income _____ = _____ X \$10.00 = _____ (Max. of 25) <b>Total #2: \$</b> _____</p>	<p><b>3. TARGET GROUPS</b> Child under 6 _____ Disabled _____ Over 60 _____ (Add \$50 for each category) <b>Total #3: \$</b> _____ <b>\$</b></p>
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Worker #: \_\_\_\_\_ Edit/Action Date: \_\_\_\_\_ Data Entry: \_\_\_\_\_ Denied Code: \_\_\_\_\_ (Total boxes 1, 2, & 3) Total HEAT Benefit \_\_\_\_\_

*White, File; Yellow, Office; Pink, Client*