



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

APPLICATION

Utah Department of Community & Culture
PO Box 147130
Salt Lake City, UT 84114-7130

Form 874 H-1
Rev. 11/11

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

DATE: \_\_\_\_\_ Application #/ID \_\_\_\_\_
Month Day Year Office Assigned

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

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

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: ( ) \_\_\_\_\_ If no telephone, would you like information on UTAP? Yes [ ] No [ ]
Area Code Telephone Number Telephone Company

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

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

Apartment Complex Name and Number \_\_\_\_\_

Apartment Complex Name and Number \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City State Zip Code \_\_\_\_\_

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. Columns include Children under age 3, Children age 3 through 5, Age 60 and older, Handicapped/Disabled, U.S. Citizens (all?), Receiving SNAP (Food Stamps), Employment (full time/part time), Self Employment, Unemployment Benefits/Workman's Cp., Veterans Benefits, Social Security, Supplemental Security Income (SSI), General Assistance, Pension/Annuity/Retirement, Railroad Retirement, TANF/FEP, Receive Child Support, Receive Alimony, Income from Rental Property, Other. Includes a section for Number of Adults and Number of Children (under 18).

\*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 persons in household. Columns: 1st, 2nd, 3rd (If more than 3, check [ ] and attach an extra sheet.), Relationship, Birth date (mmm/dd/yyyy), Social Security Number, Sex (M F), Income (Y N).

**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 \$52 credit this year. 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 or not acted upon with reasonable promptness. 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)	Utility Account Number(s) Rocky Mountain customers must include Item #	Name on account (if different than applicant)
	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 adult incomes must be counted. If an adult has no income or no net business profit, put "0" and attach the signed "Zero-Deficit" income statement. 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/\$35 Target Deduction \$

**Total Deductions** \$

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

**1. INCOME FORMULA**

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 \$205.00  
= \$ \_\_\_\_\_  
**Total #1: \$** \_\_\_\_\_

**2. ENERGY BURDEN**

FUEL TYPE: \_\_\_\_\_  
Household Energy Cost (Select one):  
Actual Costs \$ \_\_\_\_\_  
House Standard \$ \_\_\_\_\_ Apt. Stand. \$ \_\_\_\_\_  
Room & Board Stand. \_\_\_\_\_ (10% of rent)  
Divide Energy Cost selected above by total NET  
income \_\_\_\_\_ = \_\_\_\_\_ X \$7.00 = \_\_\_\_\_  
(Max. of 25) **Total #2: \$** \_\_\_\_\_

**3. TARGET GROUPS**

Child under 6 \_\_\_\_\_  
Disabled \_\_\_\_\_  
Over 60 \_\_\_\_\_  
(Add \$35 for each category)  
**Total #3: \$** \_\_\_\_\_

Worker #: \_\_\_\_\_ Edit/Action Date: \_\_\_\_\_ Data Entry: \_\_\_\_\_ Denied Code: \_\_\_\_\_ (Total boxes 1, 2, & 3) Total HEAT Benefit

White, File      Yellow, Office Use      Pink, Client