



Home Energy Plus Application - Heating Year 2015 - 2016

For Office Use Only – shaded areas to be completed by agency		
Application Date (mm/dd/ccyy):	Worker Number:	<input type="checkbox"/> Withdrawn
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		
Identification Verification: <input type="checkbox"/> Driver's license <input type="checkbox"/> Government issued ID card <input type="checkbox"/> Employer's ID card <input type="checkbox"/> Student ID card <input type="checkbox"/> Other: _____		Identification verified by:

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. First Name:	Middle Initial:	Last Name: (As shown on Social Security Card)
----------------	-----------------	---

3. Alias First Name (if applicable):	Alias Last Name (if applicable):
--------------------------------------	----------------------------------

Person ID (This number is provided by the Program):	4. Birth Date (mm/dd/ccyy):	5. Gender: M F
---	-----------------------------	------------------------

6. Primary Phone Number: ()	Home	Work	Cellular	Contact
--------------------------------------	------	------	----------	---------

Secondary Phone Number: ()	Home	Work	Cellular	Contact
-------------------------------------	------	------	----------	---------

7. Email address:

8. Preferred method of household communication:	Primary Phone	Email	Mail
---	---------------	-------	------

9. Housing type you live in:

Single family house

2 to 4 unit building (including Condos) – **Number of units/apartments in your building:** _____

Apartment or multi-unit building (including Condos) – **Number of units/apartments in your building:** _____

Mobile home

Rooming house, motel, hotel, YMCA or YWCA

Ineligible dwelling

10. **Mailing** Address:

Address _____

City _____ State _____ Zip _____

11. **Residence** Address:

Address _____

City _____ State _____ Zip _____

12. Own or rent your residence:

Own Rent - If rent, provide the following information:

Management Company or Business Name (if applicable):

Point of Contact or Landlord Name:

Phone Number:

()

Address:

City:

State:

Zip:

13. Number of rooms in your residence:

(Do not count bathrooms, unfinished basements, entryways, hallways, unheated attics and porches or closets)

14. Select the response that best describes your living arrangement as of the date of this application:

Live in a group home, half-way house, Community Based Residential Facility (CBRF) or foster home

Live in a nursing home

Live in a government institution or prison or jail

Are currently in a homeless situation moving to a permanent residence

None of the above

15. Do you live in government assisted housing or receive rental assistance: Yes No

16. Is there a guardian or designated representative: Yes No

If yes, complete representative information:

Authorization of Representative

Legal Guardian

Power of Attorney (POA)

Protective Payee

Guardian/Representative Name:

Address:

City:

State:

Zip:

17. Are you (the applicant case head) a student under the age of 24 and enrolled at least half-time in an institution of higher learning:

Yes No

If yes, check any of the following conditions that meet your situation

Currently working twenty or more hours per week making at least minimum wage

Financially responsible for a child under age 18 who is living with you

Physically or mentally disabled (Verification needed from government program)

Receiving Unemployment Compensation (UC) benefits resulting from TAA / NAFTA (must be a full-time student)

Receiving TANF or W-2 Benefits

Spouse lives with you who is not a student

None of the above apply

18. Applicant's Ethnic Group (check one):

American Indian or Alaskan Native

Hispanic

Not Reported

Asian or Pacific Islander

White, not of Hispanic origin

Black, not of Hispanic origin

Other

19. Is anyone in the household under the age of 18 and related to any adult household member: Yes No

20. Household Members:

Preferred household language: _____

If preferred household language is not English, list an English speaking household member or representative who can answer application questions.

Name: _____ Phone Number: () _____

List every person who lives at your residential address. Name LINE 1 MUST BE THE PERSON LISTED ON PAGE 1		Birth Date mm/dd/ccyy	Gender ¹ : (M)ale, (F)emale	Is this person a U.S. Citizen?	Is this person disabled?	Food Share ²	Military Service ³	Is this a child with shared placement? ⁴	Worker initials
									Citizenship ⁵ (Office use only)
Enter "Y" for Yes and "N" for No									
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

¹Indicate the gender the individual most closely identifies with.

² 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.

³ Enter "Y" in the box for Military Service, if that person is serving or has ever served in a branch of the United States military as Active Duty, Reserve, or National Guard. (Army, Navy, Air Force, Marine Corps, Coast Guard)

⁴Verification of child placement is required when there is a 50 percent shared physical placement living arrangement for the child.

⁵ The office worker will enter "C", "E", or "I" in the box for Citizenship, if that person is a U.S. (C)itizen, (E)ligible Non-Citizen, or (I)neligible Non-Citizen. Worker who completed this box should initial at the top of the column.

22. Energy Usage: Complete every section of energy usage – continued on next page

Primary Heat Source: This is the fuel used to operate the main heating unit for the dwelling. Choose one:

Electric Heat Fuel Oil Natural Gas Propane Wood or Other

Select how the fuel bill is paid: (check only one)

Directly pay the bill sent from the energy supplier (Must complete account information)

Rental payment includes the energy in the monthly rent payment (not government assisted housing)

Separate payment is made to the landlord, mobile home park owner or no direct account with a vendor

Do not pay: energy included in the monthly rent when residing in government assisted housing or renters who pay neither rent or heating/electric costs because of an in-kind arrangement

Is this account in a household member's name: Yes No

If no, the account is in the name of: A Deceased Spouse A Protective Payee Other

Name on Account:

Is this meter shared with another dwelling unit: Yes No

Is there commercial use on this account: Yes No

Vendor Name:

Vendor Number (office use):

Account Number:

Annual Fuel Costs:

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

Select how the fuel bill is paid: (check only one)

Directly pay the bill sent from the energy supplier (Must complete account information)

Rental payment includes the energy in the monthly rent payment (not government assisted housing)

Separate payment is made to the landlord, mobile home park owner or no direct account with a vendor

Do not pay: energy included in the monthly rent when residing in government assisted housing or renters who pay neither rent or heating/electric costs because of an in-kind arrangement

Is this account in a household member's name: Yes No

If no, is the account in the name of: A Deceased Spouse A Protective Payee Other

Name on Account:

Is this meter shared with another dwelling unit: Yes No

Is there commercial use on this account: Yes No

Vendor Name*:

Vendor Number (office use):

Account Number:

Annual Fuel Costs:

*A vendor must be entered showing who provides electric to this dwelling even if electric is included in rent or a separate payment is made to landlord.

Additional Energy Account Information – answer the following questions regarding the household energy situation

These answers will not affect your benefit amount but must be answered

Primary Heat Source:

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

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

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

Electric Fuel Oil Natural Gas Propane Wood or Other None

Supplemental Heat Source:

Identify, if any, what supplemental heat is used in your home (select only one):

Electric Heat Fuel Oil Natural Gas Propane Wood or Other None

Air Conditioning:

Identify method used to cool your home (select only one): Central Air Wall/Window Unit A/C None

PLEASE SIGN PAGE 7

Case Notes

Certification Page

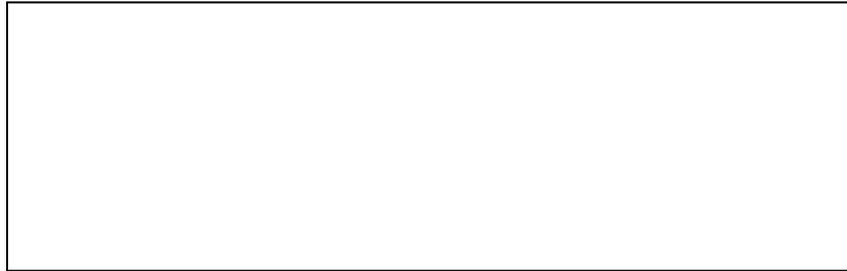
*Read each item on this page before signing the application.
If you do not understand any item, ask the worker for assistance.*

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 current heating season crisis and furnace applications, when supplemental benefits are issued, participation in automated applications, and outreach activities related to the next heating season.
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.	
Applicant Signature	Date (mm/dd/ccyy)
FOR OFFICE USE ONLY	
Agency Worker Signature	Date (mm/dd/ccyy)
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.

NOTE: Paper applications must be mailed to the local agency.



Agency: Attach a mailing sticker here with correct mailing address for application to be submitted

If you have obtained the application from a web site, you can obtain the correct mailing address from:

<http://homeenergyplus.wi.gov/>

Click on the 'Where to Apply' tab and select the county or tribe where you live.



DID YOU SIGN PAGE SEVEN?