STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF ENERGY, HOUSING AND
COMMUNITY RESOURCES
DOA-9549 (R07/2016)

HOME ENERGY PLUS PROGRAM
http://homeenergyplus.w i.gov/
homeenergy+

Home Energy Plus Application - Heating Year 2016 - 2017

For Office Use Only – shaded areas to be completed by agency		
Application Date (mm/dd/ccyy):	Worker Number:	☐ Withdrawn
Outreach Indicator: ☐ Local Agency ☐ Alternate Site _____ ☐ Home Visit ☐ Mail ☐ Phone		
Identification Verification: ☐ Driver's license ☐ Government issued ID card ☐ Employer's ID card ☐ Student ID card ☐ 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: | Person ID (This number is provided by the Program):

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

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

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:

For Office use only: ☐ Ineligible Dwelling

☐ 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
☐ Other (describe) _____

10. **Mailing** Address **(if different than residence address):**
Address _____
City State Zip

11. **Residence** Address **(must complete):**
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. Identify the number of rooms in your residence: Worker completes total number of rooms: _____

_____ Living Room _____ Dining Room

_____ Kitchen _____ Family Room

_____ Number of bedrooms

List any other rooms: _____

Do not count bathrooms, unfinished basements, laundry rooms, 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 (such as Section 8) 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 today
- Worker will contact you for Social Security numbers for first time applicants and new household members.
- Line 1 **must** be the person listed on page 1

	Name	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]	Citizenship[5] (Office use only)
		Instructions at bottom of page are related to these fields below by number indicated:		Enter "Y" for Yes and "N" for No					Worker initials
1.	Person from Field 2 (Page 1) must be listed here.								
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

[1]Indicate 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)

[4]List all children living in your household that are in a minimum of 50% shared placement. Verification of child placement (ex. copy of court order) is required when children are living in a shared physical placement living arrangement.

[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.

21. Income:
Is your household a zero income household: ☐ Yes ☐ No

Note: A zero income household has no sources of income, either earned or unearned. If your household has no income, your signature on the client certification page may need to be notarized.

Income Types: Verification items must be provided for all income types. Enter income code in income type column.

(A) Alimony Received	**(GF)** Gift/donations	**(SSDI)** Social Security Disability Insurance
(CS RECD) Child Support Received	**(GV)** Government Relief or Disaster	**(SSI)** Supplemental Security Income
(CS Paid) Child Support Paid	**(LC)** Land Contract Payment[2]	**(T)** TANF/W2
(CTS) SSI Caretaker Supplement	**(O)** Other	**(TR)** Tribal per Capita[1]
(DL) Disability Long-term	**(P)** Pensions, Annuities, and IRAs[1]	**(UC)** Unemployment Compensation[3]
(DS) Disability Short-term	**(R)** Rental Income[1]	**(V)** Veterans Benefits
(D) Dividends/Interest[1]	**(SE)** Self-Generated Income[1]	**(W)** Wages & Tips[3]
(G) Gambling/Lottery/Bingo	**(SP)** Spousal Impoverishment	**(WK)** Workers Compensation
(GR) General Relief	**(SS)** Social Security	

NOTE: If anyone in the household is paying court-ordered child support (CS Paid), include that in the income lines below.

Household Member's Name	**Income Type**	**Income Source[4]**	**Previous three months income**			3 Month Total	Verification Item
			Month 1 _____	**Month 2** _____	**Month 3** _____		
			Total 3 Month Household Income				

[1] This income is based on the average of the prior 12 months of income. A copy of the tax return will need to be provided to complete this application.

[2] Only the interest income received is counted. A copy of the amortization schedule or the 1099 issued for tax purposes will need to be provided to complete this application.

[3] If the household member is a seasonal employee (a person whose main source of income is earned in less than 12 months of a calendar year), the annual income must be provided for both wages and unemployment compensation received in the prior tax year. Copies of form W2 and 1099 will need to be provided to complete this application.

[4] Source: i.e. wages – include name of employer such as Lloyds Market, if self-employment include type of business or business name, if pension include the payee of the pension, interest and dividends include the payee of this income.

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 (furnace) for the dwelling. Select 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 electricity to this dwelling even if electricity 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 (such as fireplace, wood burner, space heaters, or other alternate 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 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

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 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?