



Home Energy Plus Application

To apply for Energy Assistance online go to <https://energybenefit.wi.gov>

For Agency Use Only – shaded areas to be completed by agency			
Application Date (mm/dd/yyyy):	Worker Number:	<input type="checkbox"/> Withdrawn	
Outreach Type: <input type="checkbox"/> Local Agency <input type="checkbox"/> Alternate Site _____ <input type="checkbox"/> Home Visit <input type="checkbox"/> Mail <input type="checkbox"/> Phone			
<p>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.</p>			
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. Primary Phone Number:			
() <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Contact			
Secondary Phone Number:			
() <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Contact			
5. Email address:			
6. Preferred method of household communication: <input type="checkbox"/> Primary Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Text message			
7. Housing type you live in:			
<input type="checkbox"/> Single family house		For agency use only: <input type="checkbox"/> Ineligible Dwelling	
<input type="checkbox"/> 2 to 4-unit building (including condos) – Number of units/apartments in your building: _____			
<input type="checkbox"/> Apartment or multi-unit building (including condos) – Number of units/apartments in your building: _____			
<input type="checkbox"/> Mobile home			
<input type="checkbox"/> Motel or Camper/RV (circle one)			
<input type="checkbox"/> Other (describe)			
8. Mailing Address (if different than residence address):			
Address _____			
City	State	Zip	
9. Residence Address (must complete):			
Address _____			
City	State	Zip	

10. Own or rent your residence: (choose 'Rent' if no one living in the home owns the residence)
(choose 'Own' if you own a mobile home and pay lot rent)

Own Rent If rent, the following landlord information is required:

Management Company or Business Name (if applicable):	Point of Contact or Landlord Name:	
Landlord Email Address:	Landlord Phone Number: ()	
Landlord Address:		
City:	State:	Zip:

11. Identify the number of rooms in your residence:

Agency completes total number of rooms: _____

_____ Living Room _____ Dining Room
_____ Kitchen _____ Family Room
_____ Number of Bedrooms _____ Den/Office

List any other rooms: _____

Do not count bathrooms, unfinished basements, laundry rooms, entryways, hallways, unheated attics and porches or closets.

12. 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

13. Do you receive rental assistance (Section 8 or other government assisted housing)? Yes No

14. 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: Guardian Phone Number: ()

Guardian/Representative Address:

City: State: Zip:

OR: List someone you are authorizing to discuss your application with who is not listed as a guardian or designated representative: Relationship:

15. Are you (the applicant) a student under the age of 25 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

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

17. Enter total number of household members (including the applicant listed on page 1): _____

Identify the preferred household language: _____

If the preferred household language is not English, list an English speaking household member or representative who can answer application questions. Completing this field is providing authorization for the Program to discuss your application with this person.

Name: _____ Phone Number: () _____

HOUSEHOLD MEMBERS:

	<ul style="list-style-type: none"> • List everyone who is living in this residence today • The agency will contact you for the Social Security number for first time applicants or new household members 									
	First MI Last (Legal Name)	Birth Date	Gender	US Citizen¹	Ethnicity	Race	Disabled	Foodshare²	Military Service³	Child in Shared Placement⁴
	John M Doe	mm/dd/yyyy	See below	Y/N	See below	See below	Y/N	Y/N	Y/N	Y/N
1	(Name from Page 1)									
2										
3										
4										
5										
6										
7										
8										
9										
10										

Attach a separate sheet if necessary for additional household members

Gender (Enter Code): M = Male F = Female O = Other/Unknown/Decline to Answer
Ethnicity (Enter Code): 1 = Hispanic/Latinx 2 = Non-Hispanic/Non-Latinx 3 = Unknown 4 = Decline to answer
Race (Enter Code): A = Asian B = Black or African American H = Hispanic/Latinx I = American Indian or Alaska Native M = Multi Race (2 or more) O = Other P = Native Hawaiian or Other Pacific Islander W = White U = Unknown D = Decline to answer

¹ The agency will contact the applicant for documentation to determine if non-citizen household members are eligible for benefits.

² Enter "Y" in the box for FoodShare if that person received FoodShare in the **month prior to the date of this application**.

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

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

HOUSEHOLD INCOME:

Is your household a zero income household? Yes No

Note: A zero income household has no sources of income, either earned or unearned, in the **month prior to date of application**.

Income Types: If anyone in the household is paying court-ordered child support (CS Paid) include that in the income below. Cash jobs should be reported as Self-Generated Income.

(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	

Instructions: List **all** household gross income in the chart below. Enter income code above in the income type column and where that income comes from in the income source column. **REQUIRED:** Proof of **gross** income received is needed for each income listed below.

Household Member's Name	Income Type	Income Source ⁴	Prior Month	Verification Item	Worker Initials
<i>Example: John Doe</i>	<i>W</i>	<i>ABC Corporation</i>	<i>\$1,278.25</i>	<i>Do not complete</i>	
Total Monthly Household Income:					

¹ This income is based on the average of the prior 12 months of income. A copy of the most recent federal income tax return is required to complete this application.

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

³ Wages: provide verification of wages that were **received** in the **month prior to date of application** based on check date. 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 the W2 and 1099 forms will need to be provided to complete this application.

⁴ Source examples: wages, include name of employer such as ABC Corporation; if self-employed, include type of business or business name; if pension, include the payee of the pension; if interest and dividends, include the payee of this income.

ENERGY FUELS:

	Primary Heating	Electricity
Fuel Type:	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other (Describe: _____)	Complete this column if electricity is not your main heating type
	Check here if your furnace/heating unit is not working: <input type="checkbox"/>	
How is the bill paid? Check one for Primary Heating and one for Electricity.	<input type="checkbox"/> I have an account and pay my bill directly to the provider <input type="checkbox"/> Heat is included in my rent <input type="checkbox"/> Separate payment to my landlord, mobile home park owner, or other person <input type="checkbox"/> I do not pay: heat included in the monthly rent when residing in government assisted housing or have an in-kind arrangement	<input type="checkbox"/> I have an account and pay my bill directly to the provider <input type="checkbox"/> Electric is included in my rent <input type="checkbox"/> Separate payment to my landlord, mobile home park owner, or other person <input type="checkbox"/> I do not pay: electric included in the monthly rent when residing in government assisted housing or have an in-kind arrangement
Shared meter – Do you share energy with another unit or building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or recreational use on the meter – Is there business or recreational use on this account (including farm, other self-employment, pool or hot tub)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Information *Electric company for your home must be listed even if you don't have a direct account with a vendor.	*Company Name:	*Company Name:
	Account Number:	Account Number:
	Energy Account Holder: <input type="checkbox"/> Household member <input type="checkbox"/> A deceased spouse <input type="checkbox"/> A Protective Payee <input type="checkbox"/> Other – identify relationship of account holder: _____	Energy Account Holder: <input type="checkbox"/> Household member <input type="checkbox"/> A deceased spouse <input type="checkbox"/> A Protective Payee <input type="checkbox"/> Other – identify relationship of account holder: _____
	Name on Account:	Name on Account:
	Annual Costs: \$	Annual Costs: \$

If your primary heat source is natural gas or electric, have you received a past due or disconnect notice within the last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Is this account currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your primary heat source is propane or fuel oil, does your tank currently have equal to or less than 20% of fuel remaining? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Are you currently out of fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hot water: Identify fuel type that heats the water in your home: <input type="checkbox"/> Electricity <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood or Other <input type="checkbox"/> None	
Additional heating source: Identify additional heating sources used in your home such as fireplace, wood burner, space heaters, or other alternative heating source. Select only one: <input type="checkbox"/> Electricity <input type="checkbox"/> Wood or Other _____ <input type="checkbox"/> None	
Air Conditioning Type (select only one): <input type="checkbox"/> None <input type="checkbox"/> Central Air <input type="checkbox"/> Wall/Window Unit A/C	

Certification Page

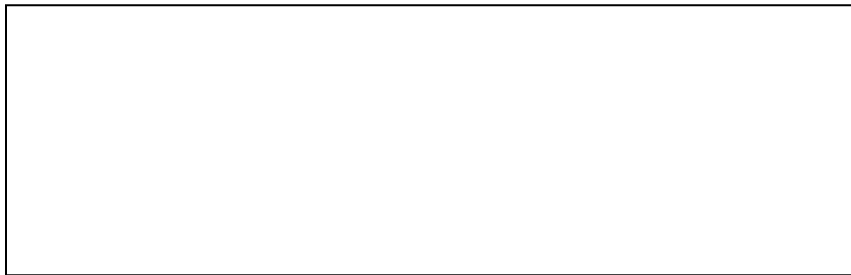
Person ID:	Application #:
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*Read each item on this page before signing the application.
If you do not understand any item, ask the worker for assistance.*

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 within 15 days after receiving a notification letter 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 that processed my application because I applied directly to their office or submitted an online application.
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 or submit an email to heat@wisconsin.gov.
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, water utility, 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.

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. By typing my name in the 'Applicant Signature' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.	
Applicant Signature	Date (mm/dd/yyyy)
FOR OFFICE USE ONLY	
Agency Worker Signature	Date (mm/dd/yyyy)
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.



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



DID YOU SIGN PAGE Six?

Please tell us how you heard about the Energy Assistance Program this year:

- Insert in my utility bill
- Phone call from agency
- Mailed notice from agency
- Radio (Identify Radio Station) _____
- Notice in local paper or mailer
(Identify paper or mailer) _____
- Energy Assistance flier
(Where did you get the flier) _____
- Other
(Identify the source) _____
- Bus ad
- Email from agency
- Website (Identify Site) _____
- TV news
(Identify TV Station) _____

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