



## WISCONSIN HOME ENERGY ASSISTANCE PROGRAM CHECKLIST

Apply online at <https://energybenefit.wi.gov>

To avoid unnecessary delays, the following checklist will help you prepare for your application process. It is important that you provide the documentation required. Agencies may not be able to directly obtain income and Social Security information.

### **Social Security Number (SSN) and Date of Birth**

Be prepared to provide the Social Security Number (SSN) and date of birth for every person in your household.

### **Citizenship**

A document that shows lawful immigration status if you are not a U.S. Citizen.

### **Proof of Residency**

Verify that you live in Wisconsin, such as driver's license, energy bill, or property tax record.

### **Heating / Electric Costs**

Provide your account number along with evidence of your household's primary heating costs for the last 12 months and copies of your electric bill.

### **Landlord**

If you rent, provide:

- The name, address and telephone number of your landlord or property management company;  
OR
- Your rental agreement (lease).

### **Income**

Provide evidence (check stubs, tax documents, award letters, etc.) of your entire household's gross income for the one (1) month prior to the month of application, such as:

- Wages
- Unemployment Compensation
- Self-Employment Income
- Social Security/Supplemental and Social Security Disability Insurance (SS/SSI and SSDI)
- Statement of person to person loan or gift of money
- Pensions, Annuities, IRAs
- Child Support Payments
- Temporary Assistance for Needy Families (TANF)/ Wisconsin Works (W2) Benefits

Home Energy Plus is administered by the Wisconsin Department of Administration's Division of Energy, Housing and Community Resources. Home Energy Plus programs include the Wisconsin Home Energy Assistance Program (WHEAP) and the Weatherization Assistance Program. These programs help income-eligible households with energy bill payments and energy efficient measures that reduce energy usage.



For more information:  
**1-866-HEATWIS (432-8947)**  
[www.homeenergyplus.wi.gov](http://www.homeenergyplus.wi.gov)

Wisconsin Department of Administration  
Division of Energy, Housing and Community  
Resources



## 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 Withdrawn	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 Home Energy Plus Programs. 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) – <b>Number of units/apartments in your building:</b> _____			
<input type="checkbox"/> Apartment or multi-unit building (including condos) – <b>Number of units/apartments in your building:</b> _____			
<input type="checkbox"/> Mobile home			
<input type="checkbox"/> Motel or Camper/RV (circle one)			
<input type="checkbox"/> Other (describe)			
8. <b>Mailing Address (if different than residence address):</b>			
Address _____			
City	State	Zip	
9. <b>Residence Address (must complete):</b>			
Address _____			
City	State	Zip	



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"> <li>• List everyone who is living in this residence today</li> <li>• The agency will contact you for the Social Security number for first time applicants or new household members</li> </ul>									
	<b>First MI Last (Legal Name)</b>	<b>Birth Date</b>	<b>Gender</b>	<b>US Citizen<sup>1</sup></b>	<b>Ethnicity</b>	<b>Race</b>	<b>Disabled</b>	<b>Foodshare<sup>2</sup></b>	<b>Military Service<sup>3</sup></b>	<b>Child in Shared Placement<sup>4</sup></b>
	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

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

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

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

<sup>3</sup> 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.

<sup>4</sup> 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.

<b>(A)</b> Alimony Received	<b>(GF)</b> Gift/donations	<b>(SSDI)</b> Social Security Disability Insurance
<b>(CS RECD)</b> Child Support Received	<b>(GV)</b> Government Relief or Disaster	<b>(SSI)</b> Supplemental Security Income
<b>(CS Paid)</b> Child Support Paid	<b>(LC)</b> Land Contract Payment <sup>2</sup>	<b>(T)</b> TANF/W2
<b>(CTS)</b> SSI Caretaker Supplement	<b>(O)</b> Other	<b>(TR)</b> Tribal per Capita <sup>1</sup>
<b>(DL)</b> Disability Long-term	<b>(P)</b> Pensions, Annuities, and IRAs <sup>1</sup>	<b>(UC)</b> Unemployment Compensation <sup>3</sup>
<b>(DS)</b> Disability Short-term	<b>(R)</b> Rental Income <sup>1</sup>	<b>(V)</b> Veterans Benefits
<b>(D)</b> Dividends/Interest <sup>1</sup>	<b>(SE)</b> Self-Generated Income <sup>1</sup>	<b>(W)</b> Wages & Tips <sup>3</sup>
<b>(G)</b> Gambling/Lottery/Bingo	<b>(SP)</b> Spousal Impoverishment	<b>(WK)</b> Workers Compensation
<b>(GR)</b> General Relief	<b>(SS)</b> 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 <sup>4</sup>	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>	
<b>Total Monthly Household Income:</b>					

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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:**

	<b>Primary Heating</b>	<b>Electricity</b>
<p><b>Fuel Type:</b></p> <p>Both Primary Heating and Electricity columns must be completed if you do not have electric heat.</p>	<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: _____ ) Check here if your furnace/heating unit is not working: <input type="checkbox"/>	<input type="checkbox"/> Check here if you do not have electric service in your home from a utility, municipality, or cooperative. Indicate alternate electric source: <input type="checkbox"/> Solar <input type="checkbox"/> Generator <input type="checkbox"/> Off Grid <input type="checkbox"/> Other
<p><b>How is the bill paid?</b></p> <p>Check one for Primary Heating and one for Electricity.</p>	<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
<p><b>Shared meter</b> – Do you share energy with another unit or building?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Business or recreational use on the meter</b> – Is there business or recreational use on this account (including farm, other self-employment, pool or hot tub)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Account Information</b></p> <p>*Electric company for your home must be listed even if you don't have a direct account with a vendor.</p>	<p><b>*Company Name:</b></p>	<p><b>*Company Name:</b></p>
	<p><b>Account Number:</b></p>	<p><b>Account Number:</b></p>
	<p><b>Energy Account Holder:</b></p> <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: _____	<p><b>Energy Account Holder:</b></p> <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: _____
	<p><b>Name on Account:</b></p>	<p><b>Name on Account:</b></p>
	<p><b>Annual Costs: \$</b></p>	<p><b>Annual Costs: \$</b></p>

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

**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](mailto: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.

<b>Applicant Signature</b>	Date (mm/dd/yyyy)
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**Applications must be mailed to the local energy office**

Local office address:	To contact your local office, go to: <a href="https://energyandhousing.wi.gov/Pages/Home.aspx">https://energyandhousing.wi.gov/Pages/Home.aspx</a>  Select the county/tribe where you live from the map or drop-down menu found on this page.
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This application can be made available in alternate formats to individuals with disabilities upon request.

INCOME GUIDELINES FOR THE 2023-2024 HOME ENERGY PLUS PROGRAM YEAR (10/01/2023 through 9/30/2024)

60 PERCENT OF STATE MEDIAN INCOME GUIDELINES

HOUSEHOLD SIZE	ONE MONTH INCOME	ANNUAL INCOME
1	\$ 2,820.67	\$33,848
2	\$ 3,688.58	\$44,263
3	\$ 4,556.50	\$54,678
4	\$ 5,424.50	\$65,094
5	\$ 6,292.42	\$75,509
6	\$ 7,160.33	\$85,924
7	\$ 7,323.00	\$87,876
8	\$ 7,485.75	\$89,829



