



ENERGY ASSISTANCE PROGRAMS APPLICATION 2005 - 2006

The Ohio Department of Development (ODOD) offers several programs to help low-income Ohioans pay their utility bills and improve the energy efficiency of their homes. With this form you may apply for the Home Energy Assistance Program (HEAP), HEAP Emergency (E-HEAP) Winter and Summer Crisis Programs, Percentage of Income Payment Plan (PIPP), and Home Weatherization Assistance Program (HWAP). For E-HEAP, an appointment is required at a local provider agency.

ELIGIBILITY

Households may be eligible for assistance if the household's income is at or below 175% of the federal poverty guidelines. Once your application has been processed, you will receive a notification letter telling you whether or not you are eligible for bill payment assistance. If you are eligible, the amount of your benefit will depend on how many people live with you, total household income and the primary fuel you use to heat your home. In most cases, benefits will be in the form of a credit applied to your heating bill by your utility company. If you are eligible for weatherization services, your application will be referred to the agency providing services in your area. The types of assistance you receive will be based on your home's energy efficiency. If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. If you live in federally subsidized housing and your heat is included in your rent, you are ***not*** eligible for payment assistance, but may be eligible for weatherization services.

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are ineligible. Boarding/rooming houses, group homes or emergency shelters are ineligible for payment assistance but may be eligible for weatherization services. All persons who share a common kitchen or bath are considered members of the same household and must apply on one application. Tax dependent college students who are absent from the household solely because of college attendance must be included on your application for the determination of eligibility. They may not apply for payment assistance as a separate household. For weatherization services, tax dependent college students are not necessarily included to determine eligibility and may apply for weatherization services as a separate household.

Households which have a member who is age 65 or older and/or a member who is totally and permanently disabled will be evaluated for an increased benefit.

INCOME DEFINITION

Household income is defined as the gross income of all household members, except wage or salary income earned by dependent minors under 18 years of age. Head of household and spouse may never be considered as minors. Gross income includes, but is not limited to, wages (excluding documented health insurance premiums), interest, annuities, pensions, social security (excluding medicare premiums), retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers' Compensation, and any other indirect income such as utility allowances. For weatherization services, households that received assistance from Temporary Assistance for Needy Families (TANF), HEAP, or SSI during the preceding 12 months are automatically eligible.

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COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD
Please complete all items and questions and attach required proof
An incomplete application will delay assistance

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YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Form with fields for First Name, Initial, Last Name, Your Social Security Number, Present Mailing Address, City, State, Zip code, Ohio County, Daytime Telephone, Date of Birth, E-mail Address, Present Service Address, and City/State/Zip/Ohio County for service address.

- 1) [] Including yourself, how many people live in your household? (Include all persons listed on question number 2.)
2) Including yourself, list names, ages, social security numbers, and gross incomes for last 3 and 12 months of every-one living in your household. (Use separate sheet if necessary. Include all income of all persons living in your household, except wage or salary income earned by dependent minors under 18. (Attach proof of income- see Instructions on last page)

Table with 7 columns: Household Members, Social Security Number, Date of Birth, Income Source, Current Mo., Last 3 Mo., Last 12 Mo. and 8 rows for data entry.

3) [] What was your total gross household income for the last 12 months?

4) 1 2 Do you receive Public Assistance? Case Number
yes no

- 5) INCOME SOURCE (Check the Income Source(s) for Your Household) DOCUMENTATION MUST BE PROVIDED!
Wages Pension Social Security Child Support Employment Disability
Self Employment VA Pension SSDI Workers' Comp Interest
Unemployment VA Disability SSI TANF/DA Other
Active Military Pay No Income (Explain how you pay bills on a separate sheet.)

6) 1 2 Is anyone in the household a citizen of a country other than the United States? If no, skip to question 9.
yes no

7) 1 2 If question 6 is yes, does that person(s) have permanent U.S. resident status?
yes no

8) 1 2 If question 6 is yes, does that person(s) have temporary U.S. resident status?
yes no

9) Number of Native Americans (as defined by the U.S. Bureau of Indian Affairs) in the household.

10) Number of migrant farm workers in the household.

11) Number of disabled people in the household.

12) 1 2 Are any household members indicated in number 11 totally and permanently disabled? (If yes, include proof - see Instructions on last page)
yes no

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[] [] []
May, 2005

13) ¹ _{yes} ² _{no} Has your household received weatherization services from any other program, for example a utility program?
If yes, which program?

14) ¹ _{yes} ² _{no} Would you like to apply for weatherization services?

15) Do you rent or own your home? Rent Own(Buying) Skip to question 19

16) Landlord's Name

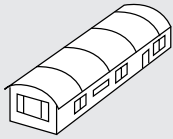
Address

Telephone Number

17) ¹ _{yes} ² _{no} Do you rent a room in someone else's home?

18) ¹ _{yes} ² _{no} Do you receive **Rental** assistance from the government i.e. Section 8, HUD, Metropolitan Housing?

19) Check the box that most closely describes the type of building you live in. (Check only one)



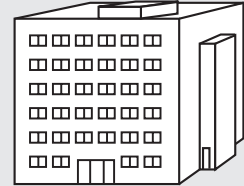
1 Mobile Home



2 Single Family



3 Multi-family Low-rise
(3 stories or less)



4 Multi-family High-rise
(4 stories or more)

20) What is your **Main** source of heat? (Check only one)

1 Natural Gas 2 Bottle Gas or Propane (L.P. Gas) 3 Fuel oil or Kerosene 4 Coal or Wood or Pellets 5 Electric

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. **Please include a copy of your LAST fuel or HEATING bill.**

Complete the section below with your electric company name and account number. **Please include a copy of your LAST electric bill.**

Main Heating Source (Same source as Question 20.)

¹ _{yes} ² _{no} Is your household enrolled in PIPP for your main heating source? (see descriptions of programs)

¹ _{yes} ² _{no} If no, do you want to enroll in PIPP?

Company/Vendor

Account #

21) ¹ _{yes} ² _{no} Are your heating costs included in your rent?

22) ¹ _{yes} ² _{no} Is the name on your heating bill different from the Applicant's name? If yes, give that name.

23) ¹ _{yes} ² _{no} Do you share a main heat source meter with another household?

Vendor Code
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Electric

¹ _{yes} ² _{no} Is your household enrolled in PIPP for your electricity? (see descriptions of programs)

¹ _{yes} ² _{no} If no, do you want to enroll in PIPP?

Company/Vendor

Account #

24) ¹ _{yes} ² _{no} Is your electricity included in your rent?

25) ¹ _{yes} ² _{no} Is the name on your electric bill different from the Applicant's name? If yes, give that name.

26) ¹ _{yes} ² _{no} Do you share an electric meter with another household?

Vendor Code
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I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Department of Development, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written denial of services or assistance. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State Law for knowingly making false or fraudulent statements. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45nCFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

X Sign Here _____ Application Date _____

