



H.E.A.T Program/HELP/EAF/UTAP Program (Home Energy Assistance Target)

APPLICATION

Utah Department of Community & Culture
PO Box 147130
Salt Lake City, UT 84114-7130

Form 874 H-1
Rev. 11/11

OFFICE _____
COUNTY CODE _____
OUTREACH Y N
CRISIS _____
APPROVED Y N
DENIAL CODE _____

DATE: _____ Application #/ID _____
Month Day Year Office Assigned

Have you applied for HEAT before? Y N Date: _____ Office: _____

APPLICANT NAME: _____ Male [] Female []
Last First MI

If you are eligible for the HEAT Program, you are also eligible for the Utah Telephone Assistance Program if your telephone company is a participating carrier & your phone is not a cell. Would you like to apply for UTAP at this time? Yes [] No []

TELEPHONE: () _____ If no telephone, would you like information on UTAP? Yes [] No []
Area Code Telephone Number Telephone Company

BIRTH DATE: _____ SOCIAL SECURITY #: _____
Day Month Year

MAILING ADDRESS: _____ RESIDENTIAL ADDRESS (Fill out only if different): _____

Apartment Complex Name and Number _____
Street Address or PO Box _____
City State Zip Code _____

Apartment Complex Name and Number _____
Street Address or PO Box _____
City State Zip Code _____

Circle: House or Apartment? Rent or Own? Subsidized/Govt. Assisted Rent? Y N Rent/Mortgage Payment? \$ _____

Do you share residence? Y N Does rent include utilities? Y N Which utilities? _____

Did you PAY: medical/dental insurance premiums, out of pocket medical expenses, child support, or alimony in the previous month? Y N

[] American Indian [] White [] Hispanic [] Black [] Asian [] Pacific Islander [] Other _____

Table with Household Composition and sources of income/assistance. Includes rows for Children under age 3, Handicapped/Disabled, U.S. Citizens, etc. and a summary row for Number of Adults and Children.

*If yes, how often are you paid? Please circle: Weekly, Biweekly, Twice a Month, Monthly.

Other persons in my household including other adults and children: (Continue list on back of white page if needed.)

Table for listing other household members with columns for 1st, 2nd, 3rd person, Relationship, Birth date, Social Security Number, Sex, and Income.

DECLARATION: By signing this application, I certify under penalty of perjury that the information I provided on this application is true. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize SEAL program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that giving false information or failing to notify SEAL programs when I no longer qualify may cause me to pay the difference between any eligible or ineligible amounts. I wish to enroll or re-apply to remain in **Rocky Mountain Power's (RMP) HELP** discount program that saves up to **\$11.00 per month** on my RMP bill. I will notify the State of Utah @ 1-877-488-3233, ext. 642 if my situation changes and I am no longer eligible for HELP. **Questar Gas** now offers the Energy Assistance Fund (EAF), which provides HEAT-qualified customers with a one-time \$52 credit this year. Those who qualify will receive a credit on their Questar bill once the HEAT credit has been applied. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date, that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied or not acted upon with reasonable promptness. I further understand that if Federal HEAT funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment.

My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%):

%	Name of Utility Vendor(s)	Utility Account Number(s) Rocky Mountain customers must include Item #	Name on account (if different than applicant)
	Applicant	I agree not to change the vendor or % to which my HEAT payment may go after this date.	

Signature:

Date:

TO BE COMPLETED BY HEAT Worker Only: Verifications Worksheet

Month Used: _____

GROSS EARNED INCOME: List the **name** of each adult in the household. All adult incomes must be counted. If an adult has no income or no net business profit, put "0" and attach the signed "Zero-Deficit" income statement. Itemize each check by date.

Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$

GROSS INCOME: Subtotal ALL GROSS Earned Income above (before taxes or deductions) \$

Earned Income Credit: 20% of income (x .20 of subtotal) \$

NET EARNED INCOME (Subtract 20% from ALL earned income subtotal) \$

UNEARNED INCOME: List by name of each in the household and the source.

Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$

Subtotal ALL Unearned Income \$

TOTAL INCOME Add Total NET Earned & Total Unearned Income \$

DEDUCTIONS (Itemize each receipt and date paid in the Agency Checklist - Case Log.)

Medical Expenses (out of pocket medical expenses & insurance premiums) \$

Alimony/Child Support Payments/\$35 Target Deduction \$

Total Deductions \$

TOTAL NET INCOME: (Subtract Total Deductions from Total Income) \$

1. INCOME FORMULA

Total NET Income \$ _____
divided by 100% of the Poverty
Amount for a household size of _____
(see table) \$ _____ = _____ %
(Ineligible if over 150%)
subtract the % amount from \$205.00
= \$ _____
Total #1: \$ _____

2. ENERGY BURDEN

FUEL TYPE: _____
Household Energy Cost (Select one):
Actual Costs \$ _____
House Standard \$ _____ Apt. Stand. \$ _____
Room & Board Stand. _____ (10% of rent)
Divide Energy Cost selected above by total NET
income _____ = _____ X \$7.00 = _____
(Max. of 25) **Total #2:** \$ _____

3. TARGET GROUPS

Child under 6 _____
Disabled _____
Over 60 _____
(Add \$35 for each category)
Total #3: \$ _____

Worker #: _____ Edit/Action Date: _____ Data Entry: _____ Denied Code: _____ (Total boxes 1, 2, & 3) Total HEAT Benefit

White, File Yellow, Office Use Pink, Client