



State of Utah  
Department of Workforce Services  
**H.E.A.T. PROGRAM/ HELP/EAF APPLICATION**  
**(HOME ENERGY ASSISTANCE TARGET)**

**1. Applicant Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_ Gender:  Male  Female Birth Date: \_\_\_\_\_  
Month Day Year

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address if different: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Have you applied for HEAT assistance before? .....  Yes  No

3. Ethnic background:  Native American  White  Hispanic  Black  Asian  
 Pacific Islander  Other: \_\_\_\_\_

4. Are you a US Citizen? .....  Yes  No  
**If no, provide documentation of legal residency.**

5. Other persons in residence. Include all other adults and children: *(Continue list on back if needed.)*

Name (First, Last)	Relation	Birth date mm/dd/yyyy	Age	Social Security Number	Sex	Income	Citizen
					M F	Y N	Y N
					M F	Y N	Y N
					M F	Y N	Y N
					M F	Y N	Y N
					M F	Y N	Y N

**6. Household Composition:**

Child under age 3..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Child age 3 through 5..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Age 60 and older..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving SNAP (Food Stamps)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Citizens (all?)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	U. S. Veteran..... <input type="checkbox"/> Yes <input type="checkbox"/> No

Handicapped/Disabled.....  Yes  No **If Yes**, describe disability: \_\_\_\_\_

Are you experiencing intergenerational poverty (2 or more generations of family have Accessed Food Stamps, Medicaid, CHIP, or Cash Assistance programs) .....  Yes  No

Number of Adults: \_\_\_\_\_ Number of Children (under 18): \_\_\_\_\_ Total # in Household: \_\_\_\_\_

7. Your dwelling is a (check one):  House  Apt. (3 or more units)  Duplex  Basement Apt.  
 Mobile Home  Small Trailer (must have permanent address)  Condo  Townhouse

8. Do you rent or own your home? .....  Rent  Own

What is your primary heating source?  Gas  Electricity  Propane  Oil  Wood  Other

What is your secondary heating source?  Gas  Electricity  Propane  Oil  Wood  Other/None

What is your primary cooling source?  Central Air  Fan/Evaporative/Other  
 Window Unit  None

9. How much is your monthly rent/mortgage payment? \$ \_\_\_\_\_ Is your rent subsidized? .....  Yes  No

10. Does your rent include utilities?  Yes  No Which utilities? \_\_\_\_\_

**11. H.E.A.T payment to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%).** The utility vendor and percentage cannot be changed after the application is submitted. Be sure to circle the account status for each utility. If you circle 48 HR you must include a copy of the 48 HR shut-off notice. For propane, circle **on** if you have fuel, **off** if you are out of fuel, and 48 HR if you will run out of fuel within 48 hours.

Name of Utility Vendor(s)	% of benefit	Account Status (circle one)	Utility Account Number(s)	Name on account (provide explanation if not applicant)
		ON / OFF / 48 HR		
		ON / OFF / 48 HR		

Name of electricity vendor and account number if not included above: \_\_\_\_\_

**12. Income:** Indicate which sources of income and/or assistance you and anyone living in your household receive. Attach all pay stubs and documentation of all other income for LAST MONTH. Any adults in the household with no income or net business profit must complete and include an Income Deficit Statement form.

Earned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Employment	Y / N				
Employment	Y / N				
Employment	Y / N				
Employment	Y / N				
Self-Employment	Y / N				
Self-Employment	Y / N				

Unearned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Social Security, SSI, SSD	Y / N				
Social Security, SSI, SSD	Y / N				
Social Security, SSI, SSD	Y / N				
Unemployment	Y / N				
Unemployment	Y / N				
Alimony	Y / N				
Annuity	Y / N				
Child Support	Y / N				
Reverse Mortgage Payments	Y / N				
Pension	Y / N				
Trust Payments	Y / N				
Rental Property	Y / N				
Retirement	Y / N				
TANF/FEP/General Assistance/Other benefit payments	Y / N				
Veterans Benefits	Y / N				
Workers Comp	Y / N				
OTHER	Y / N				

Attach additional sheet if needed to provide information from all income sources for all household members.



**13. Medical Deductions:** List any health, dental, or vision insurance premiums, payments for prescription medicines, oxygen, glasses/contacts, hearing aids, and payments to doctors, hospitals, or medical/dental clinics paid *last month*. All receipts must be paid in the same month as the month of income listed in number 12. (Attach additional sheet if needed.)

Name of Person	Type of Medical Expense	Proof of Payment	Date Paid	Amount Paid
				\$
				\$
				\$
				\$

**14. Alimony/Child Support Deductions:** Did you or anyone in your household pay alimony or child support last month?  Yes  No

If **yes**, you must include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed in question 12.

**DECLARATION:** I understand that neither the vendor nor the percentage of my H.E.A.T. payment may be changed. By signing this application, I certify under penalty of perjury that the information I provided on this application is true, and that giving false information may require repayment of any funds received. 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 give permission for my utility companies to provide my billing and usage information to the state of Utah. I hereby authorize H.E.A.T. 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 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. I further understand that if Federal H.E.A.T. funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment. I understand that if my application is denied or if the local office has failed to act upon my application within 45 days, I have the right to request a Fair Hearing. I verify that, if eligible, I would like to receive the Rocky Mountain Power (RMP) HELP discount program and Dominion Energy Energy Assistance Fund (EAF) credit.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

If you believe you have been treated unfairly by the HEAT program, call 866-205-4357 for assistance.

**Equal Opportunity Employer/Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.