

STATE OF CONNECTICUT -- DEPARTMENT OF SOCIAL SERVICES
ENERGY ASSISTANCE APPLICATION

Application Date _____

Do you have a disability and need an accommodation or special help to complete this application? ☐ Yes ☐ No

Applicant Name _____ Primary Language _____ DSS Client I.D. # _____
(last) (first) (middle initial)

Mailing Address _____ Home Telephone () - _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Service Address _____ Day Time Phone () - _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Total Number of Household Members _____ Number of Persons Disabled _____ Does anyone in the household receive SNAP benefits? ☐ Yes ☐ No

Listing yourself first, complete all spaces below for ALL persons living in the home. Use separate sheet of paper if necessary.

Name (last, first, middle initial)	Relation	Social Security #	Race	Sex M / F	Disabled Y or N	Age	Birthdate m/d/yr	Student Status	Education	Marital Status	Health Insurance Y or N	WIC Y or N	Veteran Y or N	Receive SNAP Y or N
SELF	SELF													

HOUSING/ENERGY DATA

Note: Verification of rent or mortgage payment (if applicable) may be required. Verification of your current bill is needed if you heat with electricity or natural gas.

Do you own a home? ☐ Yes ☐ No Are you still paying a mortgage? ☐ Yes ☐ No If Yes, what is your monthly mortgage payment? \$ _____

Do you rent? ☐ Yes ☐ No Do you live in subsidized rental housing? ☐ Yes ☐ No Monthly Rent Payment (your portion) \$ _____

Landlord or Agent Name or Company Name _____

Landlord Address _____
(no. and street) (apt. #) (town) (state) (zip code)

Landlord Telephone () - _____
(area code)

Are you a roomer in someone else's home? ☐ Yes ☐ No Do you live rent-free in someone else's home? ☐ Yes ☐ No If you answer yes to either of these 2 questions, STOP, because the head of household must complete the application

Type of Dwelling: ☐ Single Family ☐ Two Family ☐ 3-5 Units ☐ 6+ Units ☐ Mobile Home ☐ In-Law Apt. ☐ Other (specify) _____

Method of paying heat: ☐ Heat included in rent ☐ Payment to vendor Is your fuel tank shared with another household? ☐ Yes ☐ No

What is your primary heating source? ☐ Oil ☐ Natural Gas ☐ Propane ☐ Electric ☐ Coal ☐ Wood ☐ Kerosene ☐ Other (specify) _____

What is the name of your primary heat source fuel dealer or utility company? _____

Address _____ Name on Account _____ Acct. No. _____

Electric Company Name _____ Name on Account _____ Acct. No. _____

INCOME SOURCES	INCOME FREQUENCY (weekly, bi-weekly, monthly, et.)	HOUSEHOLD MEMBER(S) RECEIVING INCOME
Employment Wages		
Public Assistance (TANF, SAGA, State Supp., etc.)		
Child Support/Alimony		
Veteran's Benefits		
Unemployment Compensation		
Social Security/SSI Benefits		
Worker's Compensation/Disability Insurance		
Retirement/Pensions/Annuities		
Rental Income		
Self-Employment		
Contributions from Friends/Relatives		
Zero Income		
Other:		

APPLICATION CERTIFICATION

I have read this form, or it has been read to me in a language that I understand. I understand what is in the form. As the applicant for my household, I swear that all statements made by me on this application are true, correct and complete to the best of my knowledge. I understand that only United States citizens or qualified aliens may be eligible to receive federal energy assistance benefits.

I agree to provide to the Department of Social Services, or to its energy assistance contractor, the community action agency, any information, including wages, asset information and bills in my name as the head of household or of a household member of majority status, which is necessary to determine my household's eligibility. I also agree that information included in this application may be provided to the State Department of Energy and Environmental Protection for the purpose of determining eligibility for weatherization services. I further understand that the community action agency or the State of Connecticut may verify or confirm any information required to determine my eligibility for this program. I agree that the information in this application may be provided to my energy vendors for purposes of the administration of the Energy Assistance Program, and to any programs operated by the community action agency or the State of Connecticut for which I may be eligible. I also give consent for this information to be provided to any authorized government agency. I agree for my energy vendors to provide the community action agency or the State of Connecticut information about my energy account and/or usage. I also understand that information in this application may be used for evaluations and surveys by the community action agency, State of Connecticut, authorized government agency or its contractors.

I understand that if I am granted assistance as a result of an intentional error, misrepresentation or fraud, I must repay, in full, the amount of the assistance provided, and I will not be eligible for assistance for the rest of the program year and for the following two (2) years. I also understand that if I have knowingly given any false or incorrect information, I may be subject to prosecution and penalties for false statements and larceny, as specified in sections 53a-122, 53a-123, and 53a-157b of the Connecticut General Statutes. These penalties may include imprisonment. I may also be subject to prosecution and penalties provided under federal law.

I have received a copy of the Notice of Applicant Rights and Service Availability form.

Applicant's Signature

Witness/Interpreter/Legal Representative

Date

Intake Worker's Signature

Intake Site

I swear or affirm that the certifications given are true, correct and accurate as stated and/or supplied by applicant and understand that the provision of false, fraudulent or misleading information is punishable by state law.

Certifier's Signature

Date