

Energy and Technology Committee

March 7, 2008

Good Morning Senator Fonfara and Rep. Fontana and members of the Energy and Technology Committee, My name is Joanne Balaschak and I am the energy services director at New Opportunities Inc.. I appreciate this opportunity to testify in favor of Raised Bill 5786.

Connecticut's 12 community action agencies have operated the Low Income Home Energy Assistance Program since the 70's and we have always felt that more time was needed to process energy applications. By allowing agencies additional time to determine eligibility it reduces the bottleneck that is created when we are given a limited window of a few months to process and serve almost 100,000 households around the state. In previous years with the start up of the energy program not beginning until late September or early October, this timeframe only allowed agencies approximately 1 month to determine eligibility for all deliverable fuel applicants in order to begin authorizing deliveries on Nov. 1st. Last program year there were 28,530 households determined eligible to receive assistance for deliverable fuel.

It is also imperative that we process as many utility heated households as quickly as we can to get households coded hardship and divert utility termination before and after the moratorium begins. To operate in this crazed manner of funneling thousands of customers through agencies in a span of a few weeks creates unnecessary stress, extended wait time in over crowded waiting rooms and phone systems that are not able to accept the exorbitant number of calls. All these problems could be alleviated by an early intake process.

For those of you that would like to review the numerous forms and requirements of the program I have attached a flow chart of the process, as well as, a copy of the guide prepared by the Department of Social Services. This will give you an awareness of the overall functions that we need to perform when operating the energy program. I would also like to point out that our function as a provider of energy assistance has expanded.

Our energy staffs enroll households in the utilities' matching payment program and complete income/ expense worksheets to accurately determine household expenses in order to reduce the customer's share for the matching payment program. In addition to the application and certification process, our staff has to access the DSS Eligibility system (EMS) to print out necessary income information (this has been provided to us in the past by the agency), complete the WRAP application to help a household apply for the utility funded weatherization program, and complete the Human Service Infrastructure (HSI) pre-assessment. Additionally they authorize Clean, Tune, and Tests for those requesting the service, authorize the repair and / or replacement of heating systems if a homeowner qualifies and has a non-working system, and they must make an exorbitant number of calls to the utility vendors on clients' behalf for services.

In program year 2006-2007, we were given additional administrative dollars and permission to begin accepting applications on August 14th. During that program year we saw a record number of applicants and received very few complaints from those accessing the program. As you know, the Low Income Energy Board, of which I am a member, has been established to make recommendations to streamline and improve the energy program and our number one recommendation was to provide the funds to begin annual early intake in August for the CEAP. Unfortunately, the 2007-2008 program did not begin until mid to late September and once again we were faced with the bombardment of applications. Our association has long recommended that CEAP be a year round program so that the energy program could be better accessed, more convenient for customers, especially our seniors and those with special needs and on fixed incomes, and more efficiently operated.. Although this would be the ideal solution, beginning in August is a big step in the right direction.

The appropriation of \$5.7 million dollars for weatherization service is very critical. Despite the increased energy costs and the countless studies highlighting the effectiveness of the weatherization program to reduce primary heating costs by 25% to 30% in low-income households, the President has eliminated all funding for this program in his 2009 budget. Over the years, the requests we receive for weatherization service far exceeds the funding provided by the U.S. Department of Energy. Fortunately, we do operate utility funded weatherization programs to help with the increasing number of program requests, but any additional dollars for this very beneficial program would be a great benefit to those most in need.

Thank you for your cooperation and support in helping us provide these critical energy services to Connecticut's citizens.

Connecticut's Low Income Energy Assistance Program Operated by Connecticut's 12 Community Action Agencies

Customer Flow Chart

- Customer contacts to local Community Action Agency (CAA) for energy assistance.
 - Appointments preferred, but walk-ins accepted.
 - Customers that heat with a deliverable fuel are given preference over utility-heat customers unless an emergency situation is presented.
 - At time of appointment scheduling, customer is given information regarding required documentation needed for intake.
- CAA worker takes application. Explains program to customer and administers pre-assessment questions and refers to HSI Workers for case management if customer presents multiple needs.
- CAA worker certifies application for eligibility. If approved, gives/sends letter to customer and explains program. If ineligible, provide customer with information on other programs available such as AAA and Operation Fuel.
- Utility Heat Customer: CAA worker notifies vendor of amount. Payment made directly to utility company at the end of the program.
 - Arrangements for Matching Payment Program are made.
 - CAA workers may intercede with utility companies for customers with disconnect notices and help with arrangements to reconnect services.
- Deliverable Fuel Awards: CAA worker notifies vendor of basic award and explains fuel-request process to customer. Also is notified of eligible crisis-benefit amount if applicable. Worker may have to assist customer with finding a vendor who works with Energy Assistance and is accepting new customers.
 - Customer requests delivery when tank is at ¼ or lower.
 - CAA notifies vendor and authorizes delivery.
 - Vendor delivers and invoices CAA
 - CAA worker enters invoices, arrange for payments and prints checks.
 - Customer calls for delivery once benefit and crisis have been exhausted.
 - Customer informed that a risk assessment would need to be completed and must come back into the office with new income documentation.
 - CAA Staff (Assurance 16 or HSI) conducts risk-assessment to determine eligibility for Safety Net.
 - If eligible, a Safety Net benefit is awarded. Vendor delivers, and payment process is repeated.
- Staff assists customers with changes throughout the season. (Change of address where heating source may or may not change, household/income/award adjustments, etc.)
- Eligible customers are referred to Weatherization for available conservation services.
- Heating system repair/replacement: Eligible customers who reside in single-family owner occupied units can receive assistance in obtaining repair/replacement of heating systems. CAA Workers negotiate price and work with vendor and approves and pays for work.

Connecticut Energy Assistance Program (CEAP)
DESK GUIDE

For Certification of Eligibility

**Department of Social Services
Energy & Refugee Services Unit
12/07**

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Energy Assistance Application W-1104 (English)

Checklist of Required Documentation For Energy Assistance Programs W-1105

Energy Assistance Assets Declaration/Verification Form W-1036

Affidavit In Certification Of Zero Income W-1106

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Affidavit Certifying Non-Receipt Of Child Support Payments

Instructions for Completing Child Support Affidavit

Notice of Applicant Rights (English) – Deliverable Fuel Heated Households

Notice of Applicant Rights (English) – Utility Heated Households

GLOSSARY

Please refer to the current State Plan and the State of Connecticut Department of Social Services Energy Assistance Regulations for more detailed definitions.

BOARDER

“Boarder” means persons whose meals are included in their rent.

CONNECTICUT ENERGY ASSISTANCE PROGRAM (CEAP)

The Connecticut Energy Assistance Program (CEAP) is designed to help offset the winter heating costs of Connecticut's lower income households, specifically those households whose incomes fall at or below 150 percent of the federal poverty guidelines. CEAP benefits will also be utilized to help offset the winter heating costs of elderly and/or disabled households with incomes between 150 percent and 200 percent of the federal poverty guidelines. The CEAP is primarily funded by the U. S. Department of Health and Human Services' (HHS) Low Income Home Energy Assistance Program (LIHEAP) block grant.

CEAP BENEFITS

Basic Benefits - Applicants within the asset and income limits (up to 150% of the federal poverty guidelines (FPG) and certified as eligible to receive energy assistance will be able to receive a basic benefit under Level 1, Level 2 or Level 3. Applicants certified as eligible with income between 150% and 200% of the FPG and who are elderly (age 60 and older) and/or disabled will be able to receive a basic benefit under Level 4. Applicants certified as eligible with income up to 60% of the State Median Income that are not eligible for CEAP will be able to receive a benefit under Level 5 (CHAP).

Crisis Assistance Benefits - subject to the availability of funds, the state will implement a Crisis Assistance Program to address the heating needs of service recipient households who have exhausted their CEAP Basic Benefits and are unable to secure primary heat, causing a life-threatening situation. Crisis is defined in all cases as: being unable to secure primary heat, causing a life-threatening situation during the program delivery period as defined in this Plan. A life-threatening situation is defined as being without or within one week of being without primary heating fuel (latter defined for oil and kerosene as the lesser of either 70 gallons or one quarter tank).

Safety Net Assistance Benefits - Subject to the availability of funds, the state will implement a Safety Net Program to address the heating needs of CEAP deliverable fuel heated households who have exhausted their Basic Benefits and Crisis Assistance Benefits and are in a life-threatening situation. This benefit may be limited to CEAP-eligible, “vulnerable” households.

Households requesting Safety Net Assistance Benefits must be interviewed by a case manager as part of the Assurance 16 initiative, and must complete a risk assessment determination, which involves a review of the household's income, liquid assets and expenditures. If the case manager determines that the household has insufficient resources to cover the cost of the fuel delivery on its own, then efforts will be made to assist the household in obtaining shelter with adequate heat and, as a last resort, emergency fuel delivery may be authorized.

The State reserves the right to suspend the provision of the Safety Net Assistance Benefits should these funds be fully obligated.

CONTINGENCY HEATING ASSISTANCE PROGRAM (CHAP)

The Contingency Heating Assistance Program, also known as CHAP, expands relief to low-income families whose income is too high to qualify for benefits through the regular Connecticut Energy Assistance Program. The income limit for CHAP is defined as at or below 60% of the State Median Income.

DWELLING UNIT

"Dwelling Unit" describes **residential** property, i.e., apartment, house or stationary mobile home, in which the occupants have exclusive kitchen facilities. It does not include commercial property, boarding homes, group homes, hotels, motels, cars, vans, recreational vehicles, campers, seasonal residences or any other accommodation that has not been issued a certificate of occupancy.

HOUSEHOLD

"Household" means any individual or group of individuals living together in a house, apartment, stationary mobile home, and in which individuals share living expenses.

Any individual that rents a room and is related by blood, marriage or adoption shall be considered to be a household member. Therefore, if a child is no longer living at home, but is away at school, he or she may not be listed on the application as a household member.

Foster children and/or foster adults shall not be included as household members and income received on their behalf shall not be counted.

Vulnerable Household - A "vulnerable" household is one in which one or more members is either elderly (defined as 60 years of age or older), disabled or under the age of six. CEAP "vulnerable" households may be eligible to receive additional services beyond those provided to "non-vulnerable" households.

Mixed Income Household - A mixed income household is one in which one or more individuals are receiving cash benefits and/or food stamps from DSS and there are other members of the household receiving income from non-DSS sources. All household members receiving income must provide income documentation. Mixed income households will be considered income eligible for CEAP if the combined household annual gross income, including DSS cash benefits, is within the income guidelines. Mixed income households are also subject to liquid assets eligibility criteria.

INCOME

Income is defined as gross salaries/wages, tips, pensions, annuities, dividends, interest, gross rental income, estate or trust income, royalties, social security and supplemental security income (excluding Medicare premium if applicable), veterans' benefits, unemployment compensation, workers' compensation, money from friends and relatives, alimony, child support, lottery winnings, self-employment income, governmental assistance not otherwise excluded as income, and any other sources defined as income within DSS regulations. Excluded income is detailed in regulations. **Loans are not to be considered as income. This includes home equity loans and reverse annuity mortgages.**

Excluded Income - Excluded income includes income from employment or self-employment of individuals under 18 years of age who are at least part-time students and are not heads of household or emancipated minors, DCF payments for FOSTER CARE and foster children are NOT counted as household members (However, we **DO count** income from SUBSIDIZED ADOPTIONS and the adopted child **IS** counted as a household member.

Payments made directly to, or on behalf of, CEAP households shall not be considered income or resources for any purpose under Federal or State law pursuant to Section 2605(f)(1) of the LIHEAP statutes.

LIFE THREATENING SITUATION

“Life-threatening situation means a household that is without or within one week of being without its primary deliverable heating fuel and lacking resources to pay for the lesser of either 70 gallons or one quarter tank (for oil and kerosene).

LIQUID ASSETS

Liquid assets are defined as those assets that are readily convertible to cash. For the purposes of these programs, liquid assets include savings accounts, checking accounts, bonds, stocks/shares, certificates of deposit, individual retirement accounts and tax refunds. (Individual retirement accounts are considered to be liquid assets if the accounts are in the name of a household member who is at least 59 ½ years old.) Individual Development Accounts (IDAs) are not to be considered as an asset for the purpose of this program. Households must provide verification of all liquid assets.

The liquid asset limit is \$10,000 for homeowners and \$7,000 for all other households. Households, whose liquid assets exceed the appropriate limit, may still be eligible for energy assistance if the household’s gross income, when added to the excess liquid assets is within the income guidelines.

Documentation must be verifiable, or supported by affidavits, and applicants must comply with all reasonable requests for assistance in verifying documentation. The State, through its agents or grantees, reserves the right to investigate and verify the income and assets of households in order to protect the integrity of the programs.

In calculating a household’s eligibility for a Safety Net Assistance benefit, deduct any income such as social security, pensions, child support and income that is deposited directly into the account. This must be documented and listed as such on the statement in order for it to be deducted.

PRIMARY SOURCE OF HEAT

“Primary source of heat” refers to the principal fuel source used by a household to heat its dwelling unit.

QUALIFIED ALIEN

A person must be a U.S. citizen, national, or an eligible non-citizen (qualified alien) to qualify for federal energy benefits. Non-qualified aliens are not eligible for federal (LIHEAP) energy benefits. Households that include non-qualified aliens and citizens/qualified aliens may be eligible for prorated benefits. Qualified aliens include individuals who are lawfully in the U.S. and are: Permanent Resident Aliens, Asylees, Refugees (certain aliens who are victims of a severe form of trafficking in persons are treated as refugees), Aliens paroled into the U.S. for at least 1 year, Aliens whose deportation is being withheld, or who are granted conditional entry; Cuban/Haitian Entrants; and certain battered aliens and their children. Non-qualified aliens include individuals who are in this country illegally and individuals who are here legally but temporarily, on student or tourist visas. Please note that some non-qualified aliens, such as individuals with temporary work permits, may have social security numbers.

RENTER / RENTAL ASSISTANCE

“Renters” are defined as households that do not make direct vendor payments and include owners of dwelling units where the primary source of heat is not separately billed to the household by a vendor. Rental Assistance Benefits will be available to those CEAP income eligible households with annual gross incomes up to 150 percent of federal poverty guidelines and who pay more than 30 percent of their gross income toward out-of-pocket rent. “Renters” will receive a check to defray heat costs.

RETAIL PRICE

“Retail Price” means the price charged by a vendor for services or a delivered product, exclusive of any discounts provided to similarly situated non-CEAP households.

RISK ASSESSMENT

Those deliverable fuel heated households requesting a Safety Net Assistance Benefit must be interviewed by a caseworker and complete a risk assessment form. This process involves a review of the household's income, liquid assets and expenditures. If the case manager determines that the household has insufficient resources to cover the cost of the fuel delivery on its own, then efforts will be made to assist the household in obtaining shelter with adequate heat and, as a last resort, emergency fuel delivery may be authorized.

VENDORS

Persons or companies providing legal heating fuel in legally measured amounts, supported by proper documentation.

2007/2008 Connecticut Energy Assistance Program (CEAP)

INSTRUCTIONS FOR CERTIFICATION

A. Income Documentation Requirements -

1. At minimum, households are required to **document their total gross income for the 4 weeks prior to the date of application or reapplication.** (The only exceptions to this rule are income from self-employment, which requires 6 months documentation, and interest/dividends which may be issued on a quarterly basis.)
2. If a household wishes, it may choose to document 52 weeks instead of 4 weeks. For those households who choose the **52 week option:**
 - a. The household must document the 52 weeks prior to the date of application or reapplication, and
 - b. The household must document the 52-week period for all household members who received income during that period. (The household cannot choose to document 52 weeks for some members and only 4 weeks for others.)
3. Income from employment and/or self-employment is not to be counted if it is earned by a household member who is age seventeen or under, and who is at least a part-time student. (This income would be counted if the individual were an emancipated minor.) All other types of income, such as Social Security, Child Support, etc. that is received by/for an individual who is seventeen or under must be counted as part of the total household income.
4. **Zero Income** – Some households may have received no income for the entire 4 week period prior to the date of application, or may have received income for some of the weeks, but not all.
 - a. For households claiming to have received zero income **for the entire household** in the 4-week period prior to the date of application, an “Affidavit in Certification of Zero Income – Part 1”, Form W-1106, must be completed. The form requires that the applicant provide a statement as to how the household survives on zero income.
 - b. For households claiming to have received zero income for any household member age 18 and over, for some (or all) of the weeks during the 4 week period, an “Affidavit in Certification of Zero Income – Part 2”, Form W-1106, must be completed, identifying zero-income dates and/or date and place of last employment.
5. Income from **self-employment** – **Self-employed households are required to submit a copy of their most recently filed Form 1040 and all Schedules.** In addition, households who are self-employed must also complete a Self-Employment Worksheet (HUM 404). The Worksheet documents income received and business expenditures for either the 6 or 12 calendar months prior to the date of application. Applied income is reflected on HUM 404, line 32.
6. **All acceptable forms of income documentation are identified on the Checklist of Required Documentation (W-1105).**

If the household has properly documented its income, proceed to the Income Calculation section below.

***NOTE:** We DO NOT count DCF payments for FOSTER CARE and foster children are NOT counted as household members. However, we **DO count** income from SUBSIDIZED ADOPTIONS and the adopted child **IS** counted as a household member.

B. Income Calculation -

Income eligibility for CEAP and CHAP is based on a household's **gross income**. (For employed households **gross income includes over-time**.)

Remember to subtract the Medicare premium from the Social Security benefit when calculating the income of Social Security recipients.

When calculating a household's gross annual income, please use the following formulas, (set calculator to read 2 decimal points):

1. Weekly Income

Total the 4 pay stubs.

Divide this figure by 4 to determine the weekly average.

Multiply this figure by 4.33 to determine the monthly average.

Multiply this figure by 12 to determine the annual income.

2. Bi-Weekly Income

Total the 2 pay stubs.

Divide this figure by 2 to determine the bi-weekly average.

Multiply this figure by 2.165 to determine the monthly average.

Multiply this figure by 12 to determine the annual income.

3. Semi-Monthly Income

Total the 2 pay stubs to determine the monthly average.

Multiply this figure by 12 to determine the annual income.

4. Monthly Income

Multiply the monthly income figure by 12 to determine the annual income.

5. Semi-Annual Income

Multiply the semi-annual income figure by 2 to determine the annual income.

Combine the annual income totals from each of the above calculations to arrive at the household's total gross annual income. Refer to the 2007/2008 CEAP Income Guidelines.

If the household is within the income guidelines, proceed to section C.

If the household is over-income, proceed to section D to determine if the household qualifies under categorical eligibility.

Note: Loans are **not** to be considered as income. This includes home equity loans and reverse annuity mortgages.

C. Liquid Assets Test –

Households which have documented that all household members are currently receiving either cash assistance from the Department of Social Services, or Food Stamps, or GA/SAGA, are not subject to the liquid assets test. All other households are required to complete an Energy Assistance Assets Declaration Form (W-1036). **Households must provide verification of their liquid assets.**

All deliverable fuel heated households must document their bank statements at this stage, regardless of possible categorical eligibility, which will help with the eventual completion of the Safety Net Assessment Form that requires verification of assets for everyone seeking Safety Net Benefits.

Homeowners whose liquid assets exceed \$10,000, and all other households whose liquid assets exceed \$7,000 will not be eligible for benefits unless the household is income eligible, and the combination of gross annual income with the amount of liquid assets which are in excess of the appropriate asset limit are within the income guidelines. (Example – a homeowner household has liquid assets of \$13,000. The first \$10,000 is disregarded, and the balance is added to the household's gross annual income. If the combination of gross annual income with the \$3,000 **liquid assets overage** is within the income guidelines, then the household is income eligible.)

Add the amount of the household's liquid assets overage, if applicable, to the household's gross annual income, as identified in section B. Based on this combined total, refer to the 2007/2008 CEAP Income Guidelines to determine the household's income level (1, 2, 3, 4, 5 or over-income). **Remember, the federal poverty guidelines are updated on an annual basis. Make sure you are using correct income guidelines.**

If the combination of the household's gross annual income and their liquid assets overage exceeds the income guidelines, the household is over-income.

If the combination of the household's gross annual income and their liquid assets overage is within the income guidelines, proceed to section E.

Direct deposit of income must be deducted from the account when determining the asset total.

D. Categorical Eligibility –

Households are considered to be categorically income eligible if everyone within the household has documented that they are currently receiving either: Temporary Family Assistance, Refugee Cash Assistance, State Supplement to the Aged, Blind and Disabled and/or Food Stamps. **Households that are categorically eligible cannot be denied based on their income and/or liquid assets.**

If the total gross annual income of a categorically eligible household exceeds level 3, the household will be considered income eligible for level 3.

Proceed to section E.

E. Assigning Benefits –

After determining the household's income level, based on sections B, C and D above, you must determine if the household is applying for help with their heat, or if their heat is included in their rent.

1. If the household is applying for help with their heat, and they have met the income criteria outlined in sections B, C and D, refer to the following table to determine the household's Basic Benefit.

Basic Benefits

| | <u>Vulnerable*</u> | <u>Non-Vulnerable</u> |
|---|--------------------|-----------------------|
| Level 1 (up to 100% of fed. pov. guidelines) | \$675 | \$635 |
| Level 2 (101% - 125% of fed. pov. guidelines) | \$580 | \$535 |
| Level 3 (126% - 150% of fed. pov. guidelines) | \$485 | \$435 |
| Level 4 (151% - 200% of fed. pov. guidelines) | \$400** | N/A |
| Level 5 (up to 60% of state med income) CHAP | \$300 | \$300 |

* - Vulnerable households are those households in which some member is either elderly (age 60 or older), disabled or under the age of 6.

** - Formerly served under SAFA. In order to qualify under Level 4, the household must be within the income guidelines, and must have a household member who is either elderly (age 60 or older) or **certified** as being disabled.

2. If the household's primary source of heat is included in its rent, then the household is applying for Rental Assistance. The household must meet the income criteria outlined in sections B, C, and D. In addition, **the household must document the amount of rent which it is required to pay.**

a. If the amount of the monthly rent that the household is required to pay is not greater than 30% of the household's gross monthly income, then the household is ineligible for Rental Assistance.

NOTE: Those applicants who have Section 8 and Housing Authority rents are usually not eligible for Renter Benefits, since by housing regulations, rent amounts may only be up to 30% of the participants' gross income and rent payments may be recalculated as soon as an income change is reported.

b. If the amount of the monthly rent that the household is required to pay is greater than 30% of the household's gross monthly income, then refer to the following table:

Rental Assistance

| | |
|---|-------|
| Level 1 (up to 100% of fed. pov. guidelines) | \$270 |
| Level 2 (101% - 125% of fed. pov. guidelines) | \$255 |
| Level 3 (126% - 150% of fed. pov. guidelines) | \$240 |

When calculating the percentage of income paid toward rent, you must set your calculator to 4 decimal places. Example - .3001 would qualify as greater than 30%, .3000 does not.)

To calculate the percentage of gross income paid toward the rent amount, divide the rent client must pay by the gross income. Example: monthly rent = \$500 and monthly gross income = \$1723.11. \$500 divided by \$1723.11 = .2901 or 29%. Since 29% is less than 30% of the gross income, the client would **not** be eligible for rental benefits, in this case.

Note: When calculating the percentage of income paid toward rent, do not forget to include any liquid asset overage as part of the household's income. If you are using monthly income and rent figures when calculating the percentage of income paid toward rent, remember to divide the liquid assets overage by 12 before adding it to the household's monthly income.

(Special Note: Categorically income eligible households, as described in section D, whose heat is included in their rent, must also meet the Rental Assistance eligibility requirements described above in order to qualify for Rental Assistance.)

Individuals whose meals are included in their rent (i.e., boarders) are not eligible to receive basic benefits.

3. In addition to applying for CEAP, the Energy Assistance Application also serves as the application for the Weatherization Assistance Program (WAP). If the household is determined income eligible for levels 1, 2 or 3 (including categorical eligibility) or 4, then the household is income eligible for the WAP.

F. Certification Codes –

The following certification codes are used when processing applications through the automated energy system:

Income Certification Codes

- 1 = All necessary income documentation has been provided
- 2 = Only partial income documentation has been provided
- 3 = The household has provided no income documentation

Age/Disability Certification Codes

- 1 = Someone in the household is elderly (60 or older) – Verification is no longer required
- 2 = Verification has been provided that someone has a physical and/or mental disability
- 3 = Verification has been provided that someone in the household is disabled, and there is also a household member who is elderly.
- 4 = There is no verification of disability, and no one is elderly. (This does not mean that no one in the household is disabled, it simply means that there is no supporting documentation in the case file.)

Rental Certification Codes

- 1 = Homeowner
- 2 = Renter, with rent verification provided
- 3 = Renter, no rent verification provided

G. Information on Non-qualified Aliens –

Below are procedures on how to handle CEAP/CHAP applications with household members that are non-qualified aliens. As a reminder, DSS is not requiring community action agencies to inquire about the legal status of any applicant or household member. These procedures must be followed if an applicant has informed your agency that he/she or household members are non-qualified aliens.

If **all** members of the household are non-qualified aliens, the household is **not** eligible to receive federal energy benefits.

If the applicant is a citizen, naturalized citizen or qualified alien and there are household members that are non-qualified aliens, the non-qualified aliens are not to be counted as household members. If the members have income, that income must be documented and included in the calculation for the determination of eligibility for CEAP/CHAP.

If the household consists of non-qualified aliens that are adults and citizens or qualified aliens that are minors (under 18 years of age that are not emancipated), the adult will be allowed to apply on behalf of the citizen or qualified alien children. Any income from the non-qualified alien adults must be documented and included in the calculation for the determination of eligibility for CEAP/CHAP.

Currently, these applications must be processed manually as the programming is not yet in place to handle these situations. If the household has been determined eligible for CEAP or CHAP benefits, uses a deliverable fuel and is in need of a fuel delivery, please authorize the delivery manually. You will be informed when the programming is available. Please contact staff and intake sites to ensure that they are aware of the procedures.

H. Social Security Numbers –

1. With the exception of situations outlined in Section 2 below, every Social Security Number (SSN) accepted by the Community Action Agencies (CAAs) for winter heating assistance benefits in the Connecticut Energy Assistance Program (CEAP) must be valid.

Every person filling out a CEAP application must provide their own SSN as well as the SSNs for all members of the household included on the application. Persons receiving benefits from the Social Security Administration (SSA) under another person's Social Security benefit claim number must provide their own personal SSN and not the claim number used to collect the SSA benefit.

The following Social Security Numbers are not valid and should not be accepted:

- a. SSN's that include any of the three (3) number fields (XXX-XX-XXXX) containing all zeros.
- b. Any SSN with the first three digits of 773 or above (773-XX-XXXX).

2. In certain limited situations, CEAP applications can be processed without Social Security Number information. Reprogramming efforts to facilitate the processing of these applications via computer are underway, and should be completed in the near future. These modifications will be designed to address situations where households have members who either do not have SSN's, or who do not know their SSN's at the time of intake.

Once software modifications have been completed, CAAs will be able to identify which household members do not have/remember their SSN's. If there is a missing SSN, CAA staff will select whichever reason is appropriate for the specific household member. This text will appear on the application. CAAs are being provided with a SSN drop-down, which will consist of the following four options.

a. SSN Pending

Use this designation for household members who have never applied for an SSN.

If the household heats with a deliverable fuel, inform the household that the application will be processed, and if eligible, the household can receive a fuel authorization. Let the household know that no additional authorizations will be issued until the household provides either the SSN, or verification that an application for an SSN has been submitted to the Social Security Office.

If the household heats with a utility or has heat included in rent, inform the household that the application will be processed, but no benefit will be issued until the household provides either the SSN, or verification that an application for an SSN has been submitted to the Social Security Office.

Please note – In an effort to identify which households have members using the SSN Pending designation, the Control Card will identify the award/benefit in red.

Deliverable fuel heated households with **red** awards should not be authorized for a second delivery.

If the household provides either the SSN or verification that the SSN has been applied for, the application must be updated. If the SSN is being provided, delete the **SSN Pending** designation and enter the actual SSN. If the household is providing verification that the SSN has been applied for, delete the **SSN Pending** designation and change it to **Applied For**. The application will then need to be recertified.

Do not use the SSN Pending designation for non-qualified aliens.

b. SSN Applied For

Use this designation for household members who can verify that an application for an SSN has been submitted to the Social Security Office. Verification that the household has applied for an SSN must be included in the household's energy assistance case file.

If the **Applied For** designation has been selected, the application can be processed and approved.

Households utilizing the **Applied For** designation are not subject to benefit limitations.

c. SSN NotRequired

Use this designation for household members who are not required to provide/have an SSN. Individuals in this designation include battered spouses, lawful permanent residents, victims of human trafficking and their derivative beneficiaries.

If the **NotRequired** designation has been selected, the application can be processed and approved.

Households utilizing the **NotRequired** designation are not subject to benefit limitations.

Please note - If the household indicates that a member is not required to have an SSN, contact David Frascarelli in the Energy & Refugee Services Division at david.frascarelli@ct.gov or 860-424-5387 for clarification.

d. SSN Unknown

Use this designation for applicant's who either do not recall their own SSN or do not know the SSN for other household members. Please remember, if the household is receiving assistance from DSS, CAA staff may be able to obtain missing SSN's by referring to EMS.

If the information is not available from EMS, the applicant is to be provided with a Checklist of Required Documentation, Form W-1105, requesting that he/she provide the information within seven (7) days.

Please note - The applicant is not required to furnish the actual SSN card, they can provide the number over the telephone.

If the **Unknown** designation has been selected, the application should still be processed, but it cannot be approved. During certification, it will be necessary for CAA staff to indicate on the denial letter that the application is being denied for lack of SSN's.

If the missing SSN's are provided, delete the **Unknown** designation and enter the appropriate SSN's. CAA staff will then need to recertify the application.

3. Please remember that once the CAA has finished updating their energy caseloads with the new SSN options, staff must remember to process any fuel deliveries which were manually authorized. The manually authorized deliveries must be entered into the system before the household is eligible to receive any new authorizations. Also, CAAs should continue to file applications with **SSN Pending** and **Unknown** designations separately from the rest of their energy files.

I. Other Eligibility Requirements –

In order to be eligible for payment, **bills must be in the name of either the applicant or a household member who is of majority status or an emancipated minor.** (If the bill is in the name of an "emancipated minor", verification must be provided that the individual is in fact an emancipated minor.) As long as the account is active, payment may be made even if the utility service is shut off.

Utility-heated households must provide verification of their utility account number. (Many agencies obtain the account number verification directly from the utility company.)

Oil, propane and kerosene heated households must select from lists of participating vendors. DSS registers vendors annually for the Energy Assistance programs. Lists of participating vendors are provided to the agencies.

Households whose heat is included in their rent must provide verification of rent.

Clean, Tune & Test of deliverable fuel heating systems is available for CEAP and CHAP households and the cost is not deducted from clients' benefits. Landlord permission is required in a rental situation.

Repair/Replacement of Unsafe or Inoperable Heating Systems is available to single-family owner occupied CEAP eligible households. It is not available for CHAP households. The Community Action Agency must verify that the applicant is the recorded owner of the property in the municipal records. The repair limit is \$1,500; the replacement limit is \$4,500. These costs may be combined to not exceed \$6,000.

One restart per household may be deducted from the household's benefit.

All applications should be processed and award/denial notices issued within 45 days, excluding state-designated holidays, from the date of application.

FINANCIAL DATA | Note: Verification of Income (including benefits) is required | **APPLICANT'S NAME** | **HOUSEHOLD MEMBER(S) RECEIVING INCOME**

| INCOME SOURCES | INCOME FREQUENCY (weekly, bi-weekly, monthly, etc.) | HOUSEHOLD MEMBER(S) RECEIVING INCOME |
|---|---|--------------------------------------|
| Employment Wages | | |
| Public Assistance (TANF, SAGA, State Supp., etc.) | | |
| Child Support/Alimony | | |
| Veteran's Benefits | | |
| Unemployment Compensation | | |
| SSI | | |
| Social Security 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 agree to provide to the Department of Social Services, or to its energy assistance contractor, the community action agency, any information, including wage, bills in my name or that of head of household member of majority status and asset information, which is necessary to determine my household's eligibility. I also understand that the community action agency or the Department of Social Services 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 DSS for which I may be eligible for benefits. 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 DSS information about my energy account and/or usage. I also understand that information in this application may be used for evaluations and surveys.

I understand that if I am granted assistance as a result of my 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 _____ (Revised 9/07)

CHECKLIST OF REQUIRED DOCUMENTATION FOR ENERGY ASSISTANCE PROGRAMS

IN ORDER TO ENSURE THAT YOUR APPLICATION IS PROCESSED AS QUICKLY AS POSSIBLE, IT IS NECESSARY THAT YOU SUBMIT INCOME AND ASSET VERIFICATION FOR EVERY HOUSEHOLD MEMBER. SUBMIT THE FOLLOWING ITEM(S) WITHIN SEVEN (7) DAYS:

I. INCOME DOCUMENTATION

- Your four (4) most recent consecutive weekly paystubs, two (2) consecutive bi-weekly or semi-monthly paystubs or one (1) monthly paystub OR, if these are not available, you may bring a statement from your employer on company letterhead signed by either the employer or the payroll department, stating your gross wages for the last four (4) weeks. (Paystubs will only be accepted if they list your name and/or Social Security number.)
- Since you are self employed, a *notarized* Self-Employment Worksheet for the last six (6) calendar months and current 1040 IRS form including all relevant schedules (C, D, E, SE, K, etc.).
- Report of Confidential Social Security Benefits, Form 2458, available at the local Social Security office, OR a copy of your Social Security or Supplemental Security Income (SSI) check, OR a statement from the bank if you have a direct deposit, OR your most recent Social Security Award Notice, Form SSA-4926SM.
- Pension or annuity check stubs, OR a letter from the payor on the letterhead of the payor stating the gross amount.
- Since you are unemployed, the printout of Unemployment Compensation Benefits from the Department of Labor (DOL) or from the DOL website at: www.ctdol.state.ct.us.
- Workman's Compensation or Disability Insurance (short term or long term) statement showing benefits and the period covered.
- Current DSS budget sheet.
- Rent receipt(s) for rental income, OR your tenant's lease, OR photostatic copies of check(s), OR statement(s) from tenant(s) verifying rent.
- V.A. Award Letter for Veteran's Benefits (including pensions), OR a copy of the check, OR a statement from the bank if you have direct deposit.
- Dividend and interest statements for the most recently completed period (if more than \$10.00 per month).
- Divorce decree or Family Relations Court letter or lawyer statement verifying the amount and frequency of alimony and/or child support, OR Child Support Enforcement letter or printout, OR bank statement if payments go directly to bank account, OR statement from legally liable relative if voluntary cash support payments are made directly to you.
- Signed statements indicating the amount and frequency of payments from friends or relatives who are contributing to your household's support.
- Current utility bill if you heat with gas or electricity. Verification from the utility company if you recently moved and have not yet received a bill.

II. VERIFICATION OF DISABILITY

- Since you or some member of your household has a disability that cannot be verified by site, you must have the provided medical certificate signed and stamped by a physician verifying the disability.

III. DOCUMENTATION OF RENT OR MORTGAGE PAYMENT (IF YOU STILL OWE ON A MORTGAGE)

- It will be necessary for you to bring in proof of what your current rent or mortgage is as evidenced by your lease or mortgage payment statement, a copy of a check OR a current rent receipt or current housing notification. (Rent charges may be verified with your landlord).

IV. ASSET VERIFICATION

- To verify your current account balance(s), you must provide statement(s) from every institution that you or any other household member(s) have an account with. (Liquid assets include savings and checking accounts, bonds, stocks/shares, CDs, IRAs if over 59 1/2 years old).

V. OTHER

- _____

ANY AND ALL DOCUMENTATION(S) PROVIDED BECOME THE PROPERTY OF THIS AGENCY. IF YOU WANT TO KEEP YOUR DOCUMENTATION(S)/VERIFICATION(S), YOU MUST MAKE YOUR OWN COPY(S).

SHOULD YOU FAIL TO SUBMIT YOUR DOCUMENTATION(S)/VERIFICATION(S) WITHIN SEVEN (7) DAYS, IT MAY NOT BE POSSIBLE TO PROCESS YOUR APPLICATION WITHIN THE REQUIRED TIME LIMIT.

Applicant's Signature

Worker's Signature

Date

Application Number

ENERGY ASSISTANCE ASSETS DECLARATION/VERIFICATION FORM

APPLICANT NAME _____

CASE NUMBER _____

YOU MUST PROVIDE VERIFICATION OF LIQUID ASSETS FOR ALL HOUSEHOLD MEMBERS.

Please identify below the current value of all liquid assets for all household members.

| RESOURCE | CURRENT VALUE | INSTITUTION / Account Number |
|--|--------------------|------------------------------|
| Checking Account(s) _____ | \$ _____ | _____ |
| Savings Account(s) _____ | \$ _____ | _____ |
| Credit Union Account(s) _____ | \$ _____ | _____ |
| Stocks/Shares _____ | \$ _____ | _____ |
| Bonds _____ | \$ _____ | _____ |
| Certificate(s) of Deposit (CD) _____ | \$ _____ | _____ |
| Individual Retirement Account(s) *, 401 K(s), etc. _____ | \$ _____ | _____ |
| Other (specify) _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| TOTAL | \$ _____ | _____ |

*Individual retirement accounts are considered to be liquid assets if in the name of a household member who is at least 59 1/2 years old.

NO LIEN WILL BE PLACED ON PROPERTY FOR ANYONE DETERMINED ELIGIBLE FOR ENERGY ASSISTANCE BENEFITS.

Please fill in below if anyone in your household owns land, buildings or dwellings other than your home:

Location: _____

Street

City

State

As the applicant for my household, I declare to the State of Connecticut's Department of Social Services and its grantees that all statements made by me on this Assets Declaration Form are true, correct and complete to the best of my knowledge. I understand that if I knowingly give incorrect information, I may be subject to penalties for false statement, as cited in Section 53a-157b of the Connecticut General Statutes. I agree that the State Department of Social Services, or its energy assistance grantee, has the right to verify any information that may be required to determine the amount of my household's liquid assets.

APPLICANT'S SIGNATURE _____

DATE _____

AFFIDAVIT IN CERTIFICATION OF ZERO INCOME

PART 1 (ZERO INCOME FOR ENTIRE HOUSEHOLD)

I, _____, AFFIRM THAT DURING THE LAST FOUR (4) WEEKS FROM MY APPLICATION DATE, MY HOUSEHOLD HAS NOT RECEIVED INCOME FROM ANY SOURCE, INCLUDING UNEMPLOYMENT BENEFITS OR SOCIAL SECURITY OR CHILD SUPPORT.

HOW HAVE YOU BEEN ABLE TO PAY YOUR HOUSEHOLD BILLS DURING THIS PERIOD? _____

PART 2 (ZERO INCOME OR PARTIAL INCOME FOR HOUSEHOLD MEMBERS AGE 18 AND ABOVE)

I AFFIRM THAT I OR SOME MEMBER(S) OF MY HOUSEHOLD AGE 18 AND ABOVE HAVE NOT RECEIVED INCOME FROM ANY SOURCE, INCLUDING UNEMPLOYMENT BENEFITS OR SOCIAL SECURITY OR CHILD SUPPORT FOR THE LAST FOUR (4) WEEKS OR FOR THE SPECIFIC WEEKS MENTIONED BELOW.

1. _____
HOUSEHOLD MEMBER DATE AND PLACE OF LAST EMPLOYMENT ZERO INCOME DATES

2. _____
HOUSEHOLD MEMBER DATE AND PLACE OF LAST EMPLOYMENT ZERO INCOME DATES

3. _____
HOUSEHOLD MEMBER DATE AND PLACE OF LAST EMPLOYMENT ZERO INCOME DATES

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I HEREWITH AUTHORIZE THE STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, OR ANY PERSON OR PERSONS DULY AUTHORIZED BY IT, TO VERIFY ALL FINANCIAL INFORMATION PERTAINING TO ME OR ANY MEMBER OF MY HOUSEHOLD WITH MY/THEIR EMPLOYER(S), BANK(S), CREDIT UNION(S), LOAN COMPANY(IES), OR ANY OTHER SOURCE.

I UNDERSTAND THAT FAILURE TO REPORT ACCURATE INFORMATION WILL RESULT IN MY BEING DISQUALIFIED FROM RECEIVING ENERGY ASSISTANCE FOR THE REST OF THE CURRENT PROGRAM YEAR AND FOR THE FOLLOWING TWO YEARS AND I AGREE TO REPAY THE ENERGY PROGRAM FOR ANY BENEFITS RECEIVED FOR WHICH I AM DETERMINED INELIGIBLE.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

Case number _____

INSTRUCTIONS FOR COMPLETING APPLICANT'S AFFIDAVIT IN CERTIFICATION OF ZERO INCOME
(W-1106)

PART 1 (ZERO INCOME FOR ENTIRE HOUSEHOLD)

The purpose of PART 1 of this form is to provide the applicant household with a written statement on which the applicant, on behalf of the household, swears or affirms to no income in the household for the four (4) consecutive weeks prior to the date of application. Certification of PART 1 must be completed as follows:

NAME: ENTER name of applicant.

HOW HAVE HOUSEHOLD BILLS BEEN PAID DURING THIS PERIOD? The applicant must declare the household's means of support for the four (4) week period prior to the date of application. For example, the applicant could explain what income was used to pay for rent or mortgage, telephone, utility, gas for transportation, food or other typical household bills. Intake worker should inquire as to the last time these bills were paid. (If the applicant is unable to write, the intake worker is to assist in the writing of the declaration.) The declaration must be signed by the applicant and dated at the bottom of the form.

NOTE: Review this declaration to determine if any of the means of support listed there are in fact sources of income for which further documentation would be required. If additional income documentation is required, complete the Checklist of Required Documentation. DO NOT DISCARD THE APPLICANT'S AFFIDAVIT IN CERTIFICATION OF ZERO INCOME.

PART 2 (ZERO INCOME OR PARTIAL INCOME FOR HOUSEHOLD MEMBERS AGE 18 AND ABOVE)

The purpose of PART 2 of this form is to provide the applicant household with a written statement on which the applicant, on behalf of any household member age 18 and above, swears or affirms to zero income for a specific week(s) within the four (4) consecutive weeks prior to the date of the application. This certification must be completed as follows:

HOUSEHOLD MEMBER: ENTER the name of the applicant or household member age 18 and above claiming zero income for the specific week(s).

DATE AND PLACE OF LAST EMPLOYMENT: ENTER the name of the company or organization where the household member was last employed. Enter the last date that the household member received income from the named income source.

ZERO INCOME DATES: ENTER the beginning and end dates of the specific week(s) for which the household member is claiming zero income.

AUTHORIZATION AND RELEASE OF INFORMATION

This section authorizes the State Department of Social Services or its representative to obtain financial information as it concerns the applying household, and to verify any information provided by the applicant. It further certifies that the applicant has given true and correct information and is aware of the penalties for failure to report accurate information. The authorization must be completed as follows:

APPLICANT'S SIGNATURE: Applicant must sign the authorization.

DATE: ENTER date authorization is signed.

CASE NUMBER: ENTER Energy Application case number.

GIVE A COPY OF THIS FORM TO THE CLIENT. THE ORIGINAL DOCUMENT MUST BE KEPT IN THE ENERGY FILE.

AFFIDAVIT CERTIFYING NON-RECEIPT OF CHILD SUPPORT PAYMENTS

I, _____, AFFIRM THAT I OR ANY MEMBER OF MY HOUSEHOLD HAVE NOT RECEIVED CHILD SUPPORT INCOME FROM ANY SOURCE, INCLUDING DSS OR SOCIAL SECURITY, FOR ANY OF THE CHILDREN LISTED BELOW FOR THE PAST FOUR (4) WEEKS.

| CHILD SUPPORT IS NOT BEING PAID FOR THE FOLLOWING CHILD(REN): | NAME OF THE ABSENT PARENT RESPONSIBLE FOR PAYING CHILD SUPPORT |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |

LIST THE BILLS, SERVICES, CHILDCARE, OR OTHER PAYMENTS THAT THE ABSENT PARENT PROVIDES ON BEHALF OF YOU AND THE CHILD(REN) IN LIEU OF REGULAR CHILD SUPPORT INCOME.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I HEREWITH AUTHORIZE THE STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, OR ANY PERSON OR PERSONS DULY AUTHORIZED BY IT, TO VERIFY ALL FINANCIAL INFORMATION PERTAINING TO ME OR ANY MEMBER OF MY HOUSEHOLD WITH MY/THEIR EMPLOYER(S), BANK(S), CREDIT UNION(S), LOAN COMPANY(IES), OR ANY OTHER SOURCE.

I UNDERSTAND THAT FAILURE TO REPORT ACCURATE INFORMATION WILL RESULT IN MY BEING DISQUALIFIED FROM RECEIVING ENERGY ASSISTANCE FOR THE REST OF THE CURRENT PROGRAM YEAR AND FOR THE FOLLOWING TWO YEARS AND I AGREE TO REPAY THE ENERGY PROGRAM FOR ANY BENEFITS RECEIVED FOR WHICH I AM DETERMINED INELIGIBLE.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

Case number _____

INSTRUCTIONS FOR COMPLETING APPLICANT'S AFFIDAVIT CERTIFYING NON-RECEIPT OF CHILD SUPPORT PAYMENTS

The purpose of this form is to provide the applicant household with a written statement on which the applicant, on behalf of the household, swears or affirms that no child support was received from an absent parent for any of the children listed for the four consecutive weeks prior to the date of application. **The form should be given to all households which include children who have one or more absent parents.** The form must be completed as follows:

ENTER name of applicant.

CHILD SUPPORT IS **NOT BEING PAID** FOR THE FOLLOWING CHILD(REN): ENTER the name of each child in the household for whom no child support is being paid by an absent parent.

ENTER complete name of the child's absent parent.

AUTHORIZATION AND RELEASE OF INFORMATION

This section authorizes the State Department of Social Services or its representative to obtain financial information as it concerns the applying household, and to verify any information provided by the applicant. It further certifies that the applicant has given true and correct information and is aware of the penalties for failure to report accurate information. The authorization must be completed as follows:

APPLICANT'S SIGNATURE: Applicant must sign the authorization.

DATE: ENTER date authorization is signed.

CASE NUMBER: ENTER Energy Application case number.

GIVE A COPY OF THIS FORM TO THE CLIENT. THE ORIGINAL DOCUMENT MUST BE KEPT IN THE ENERGY FILE.

DELIVERABLE FUEL HEATED HOUSEHOLDS

**** READ AND KEEP THIS NOTICE ****

YOU ARE APPLYING FOR ENERGY ASSISTANCE WITH _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL _____ BETWEEN THE HOURS OF _____

THIS NOTICE HAS THE INFORMATION YOU WILL NEED TO UNDERSTAND YOUR RIGHTS AND THE SERVICES WHICH YOU MAY BE ABLE TO GET FROM THE ENERGY ASSISTANCE PROGRAM.

IMPORTANT DATES IN THE ENERGY ASSISTANCE PROGRAM FOR DELIVERABLE FUELS

11/01/2007 First day for fuel deliveries which can be paid by CEAP. First day for authorization of fuel deliveries.

3/14/2008 Deadline for fuel authorizations or deliveries from Basic Benefits, Crisis Assistance or Safety Net Assistance.

5/01/2008 The last day that a household can apply to establish its eligibility for benefits.

5/30/2008 The last day to submit deliverable fuel bills.

YOUR HOUSEHOLD IS APPLYING FOR ALL THE ENERGY AND WEATHERIZATION PROGRAMS FUNDED BY THE DEPARTMENT OF SOCIAL SERVICES (DSS) AND RUN BY THIS AGENCY. ASSISTANCE MAY ONLY BE PROVIDED IF FUNDS ARE AVAILABLE. **THESE ARE NOT ENTITLEMENT PROGRAMS.**

IF YOU ARE NOT SELF-EMPLOYED, YOU HAVE THE OPTION OF CHOOSING TO PROVIDE FOUR (4) WEEKS OF INCOME DOCUMENTATION OR INCOME DOCUMENTATION FOR THE FULL YEAR (52 WEEKS) PRIOR TO THE DATE OF THE APPLICATION. IF YOU ARE SELF-EMPLOYED, YOU MUST PROVIDE SIX (6) MONTHS' INCOME DOCUMENTATION AND THE MOST RECENTLY FILED FORM 1040 WITH ALL APPROPRIATE SCHEDULES, INCLUDING C, D, E, SE, K, ETC.) FOOD STAMP RECIPIENTS MAY USE A LETTER FROM DSS THAT VERIFIES FOOD STAMP ELIGIBILITY. ADDITIONAL DOCUMENTATION OF INCOME MAY BE REQUIRED. STATE GENERAL ASSISTANCE RECIPIENTS MAY USE A LETTER THAT VERIFIES THAT THEY ARE RECEIVING GENERAL ASSISTANCE AS INCOME DOCUMENTATION. YOU MUST ALSO PROVIDE VERIFICATION OF LIQUID ASSETS FOR ALL HOUSEHOLD MEMBERS.

YOU HAVE THE RIGHT TO HAVE A DETERMINATION NOTICE POSTMARKED WITHIN **FORTY-FIVE (45) DAYS** (EXCLUDING STATE-DESIGNATED HOLIDAYS). **IF YOU DO NOT RECEIVE A DETERMINATION NOTICE WITHIN FORTY-FIVE (45) DAYS, CALL THE AGENCY THAT YOU ARE APPLYING WITH.**

YOU HAVE THE RIGHT TO A DESK REVIEW IF YOU HAVE BEEN DENIED ASSISTANCE, OR IF YOU ARE NOT NOTIFIED OF A DECISION WITHIN FORTY-FIVE (45) DAYS, OR IF YOU ARE REFUSED SOME OR ALL OF YOUR BENEFITS. ANY DESK REVIEW REQUEST MUST BE MADE IN WRITING TO THE EXECUTIVE DIRECTOR OF THE AGENCY TO WHICH YOU ARE MAKING THIS APPLICATION. REQUESTS FOR DESK REVIEWS MUST BE SUBMITTED WITHIN SIXTY (60) DAYS OF THE OCCURRENCE, OR THE DISCOVERY OF THE OCCURRENCE, OR BY SEPTEMBER 30, 2008, WHICHEVER COMES FIRST.

IF YOU ARE DISSATISFIED WITH THE RESULTS OF THE DESK REVIEW, YOU HAVE THE RIGHT TO A FAIR HEARING. A FAIR HEARING REQUEST MUST BE MAILED TO THE DEPARTMENT OF SOCIAL SERVICES, 25 SIGOURNEY STREET, HARTFORD, CT 06106-5033 WITHIN SIXTY (60) DAYS OF THE DATE OF THE DESK REVIEW DECISION.

UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, AND THE U.S. DEPARTMENT OF ENERGY TITLE VI REGULATION, YOU HAVE A RIGHT NOT TO BE DISCRIMINATED AGAINST BECAUSE OF YOUR RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP OR AGE. COMPLAINTS OF DISCRIMINATION MUST BE MADE IN WRITING TO THE CIVIL RIGHTS OFFICER, DEPARTMENT OF SOCIAL SERVICES, 25 SIGOURNEY STREET, HARTFORD, CT 06106-5033, OR BY PHONE AT (860) 424-4050.

ELIGIBILITY

ELIGIBILITY FOR BENEFITS IS BASED ON THE HOUSEHOLD'S TOTAL ANNUAL GROSS INCOME, HOUSEHOLD SIZE AND LIQUID ASSETS. LIQUID ASSETS THAT EXCEED \$10,000 FOR HOMEOWNERS OR \$7,000 FOR OTHER HOUSEHOLDS WILL BE INCLUDED AS INCOME. (LIQUID ASSETS ARE DEFINED AS THOSE ASSETS THAT ARE READILY CONVERTIBLE TO CASH SUCH AS SAVINGS ACCOUNTS, BONDS, STOCKS AND CERTIFICATES OF DEPOSIT.)

-PLEASE TURN OVER-

BENEFITS FOR WHICH YOUR HOUSEHOLD MAY BE ELIGIBLE

BASIC BENEFITS

IF YOU ARE DETERMINED TO BE ELIGIBLE, YOUR HOUSEHOLD WILL BE APPROVED FOR A BASIC BENEFIT. YOUR NOTIFICATION OF ELIGIBILITY WILL IDENTIFY THE AMOUNT OF THE BASIC BENEFIT. * - IF YOUR HOUSEHOLD HAS A MEMBER WHO IS ELDERLY, DISABLED OR UNDER SIX (6) YEARS OF AGE, IT WILL BE CONSIDERED TO BE **VULNERABLE** AND MAY BE ELIGIBLE FOR THE HIGHER BASIC BENEFIT.

IF YOU ARE DETERMINED ELIGIBLE AND ARE IN NEED OF A FUEL DELIVERY, PLEASE CONTACT YOUR LOCAL COMMUNITY ACTION AGENCY (CAA) TO REQUEST AN AUTHORIZATION FOR DELIVERY.

AUTOMATIC DELIVERY OR OBTAINING FUEL ON YOUR OWN BEHALF IS ACCEPTABLE AS LONG AS IT IS WITHIN THE ABOVE STATED TIME PERIODS, IS DELIVERED BY AN APPROVED VENDOR, AND FUNDS REMAIN IN YOUR BASIC BENEFIT AWARD. HOWEVER, **PAYMENT CAN ONLY BE GUARANTEED IF THE DELIVERY IS AUTHORIZED BY THE LOCAL CAA.** AUTOMATIC DELIVERY CUSTOMERS SHOULD NOTIFY THEIR OIL VENDOR OF THEIR ELIGIBILITY TO ENSURE PAYMENT.

CRISIS ASSISTANCE

SHOULD YOU EXHAUST YOUR BASIC BENEFIT, YOU MAY BE ELIGIBLE TO RECEIVE CRISIS ASSISTANCE OF UP TO \$400. THE CRISIS ASSISTANCE SHALL BE USED TOWARD YOUR PRIMARY DELIVERABLE FUEL. PLEASE CONTACT YOUR LOCAL CAA TO REQUEST AN AUTHORIZATION FOR DELIVERY. AUTOMATIC DELIVERY OF FUEL REQUIRES AUTHORIZATION BY THE LOCAL CAA.

SAFETY NET

SHOULD YOU EXHAUST YOUR BASIC AND CRISIS ASSISTANCE, YOU MAY BE ELIGIBLE TO RECEIVE UP TO \$400 IN SAFETY NET BENEFITS. TO ESTABLISH POSSIBLE SAFETY NET ELIGIBILITY, YOU MUST FIRST BE INTERVIEWED BY A CASE MANAGER AND COMPLETE A RISK ASSESSMENT DETERMINATION WHICH INCLUDES A REVIEW OF YOUR MONTHLY INCOME, ASSETS, AND EXPENDITURES. AN ADDITIONAL \$400 IN SAFETY NET ASSISTANCE BENEFITS MAY BE AVAILABLE TO CEAP ELIGIBLE, **VULNERABLE** HOUSEHOLDS. PLEASE CONTACT YOUR LOCAL CAA FOR MORE INFORMATION ON HOW YOU CAN OBTAIN A FUEL DELIVERY. AUTOMATIC DELIVERY OF FUEL REQUIRES AUTHORIZATION BY THE LOCAL CAA.

PAYMENTS

IN ORDER TO BE ELIGIBLE FOR PAYMENT, BILLS MUST BE IN THE NAME OF THE APPLICANT OR A HOUSEHOLD MEMBER WHO IS OF MAJORITY STATUS, OR AN EMANCIPATED MINOR AND BE FOR DELIVERIES MADE WITHIN THE IDENTIFIED TIME PERIODS. BILLS MUST LIST THE DELIVERY DATE, RETAIL PRICE PER GALLON AND THE NUMBER OF GALLONS DELIVERED. ALL DELIVERIES AUTHORIZED BY THE CAA WILL BE PAID UP TO YOUR BENEFIT AMOUNT.

VENDORS CANNOT CHARGE YOU THE DIFFERENCE BETWEEN THEIR RETAIL PRICE AND THE PRICE DETERMINED IN ACCORDANCE WITH THEIR SUPPLIER/VENDOR CONDITIONS OF PARTICIPATION DOCUMENT WITH DSS.

ANY HEATING COSTS INCURRED BEFORE OR AFTER THE IDENTIFIED PERIODS, OR AFTER FUNDS ARE EXHAUSTED, ARE YOUR HOUSEHOLD'S RESPONSIBILITY.

OTHER

IF YOU ARE DETERMINED ELIGIBLE, YOU MAY REQUEST A CLEAN, TUNE AND TEST OF YOUR HEATING SYSTEM. PLEASE CONTACT YOUR LOCAL CAA FOR MORE INFORMATION.

IF YOU OWN THE HOME IN WHICH YOU RESIDE, AND ARE DETERMINED ELIGIBLE, FUNDS MAY BE AVAILABLE TO PROVIDE EMERGENCY HEATING SYSTEM REPAIRS AND/OR REPLACEMENT OF UNSAFE OR INOPERABLE HEATING SYSTEMS. PLEASE CONTACT YOUR LOCAL CAA FOR MORE INFORMATION.

HOUSEHOLDS REFUSING WEATHERIZATION SERVICES WITHOUT GOOD CAUSE, AS DEFINED IN THE REGULATIONS FOR ENERGY ASSISTANCE, WILL BE INELIGIBLE TO RECEIVE ENERGY ASSISTANCE FOR THE REMAINDER OF THE CURRENT PROGRAM YEAR AND THE FOLLOWING PROGRAM YEAR.

PERSONS WHO MISREPRESENT THEIR CIRCUMSTANCES WHEN APPLYING FOR ENERGY ASSISTANCE ARE SUBJECT TO PROSECUTION AND/OR REPAYMENT OF ANY BENEFITS PROVIDED, FOLLOWING DUE PROCESS AS DEFINED IN AGENCY REGULATIONS, AND ARE PROHIBITED FROM PARTICIPATION FOR THE REMAINDER OF THE CURRENT PROGRAM YEAR AND FOR TWO PROGRAM YEARS FOLLOWING THE YEAR IN WHICH THE MISREPRESENTATION OCCURRED.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO ANOTHER CAA FOR THE PURPOSE OF PROVIDING ENERGY AND/OR WEATHERIZATION SERVICES.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO YOUR VENDOR, AND ANY OTHER PROGRAMS OPERATED BY THE CAA OR DSS. YOUR VENDOR OR UTILITY COMPANY MAY ALSO PROVIDE INFORMATION REGARDING YOUR ENERGY USAGE.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO DSS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE U.S. DEPARTMENT OF ENERGY, OR ANY OF THEIR DULY AUTHORIZED REPRESENTATIVES FOR THE PURPOSE OF REVIEW, AUDIT, OR EVALUATION.

SHOULD YOU HAVE ADDITIONAL QUESTIONS REGARDING ENERGY ASSISTANCE, PLEASE CONTACT YOUR LOCAL CAA OR THE DEPARTMENT OF SOCIAL SERVICES, TOLL-FREE AT 1-800-842-1132.

UTILITY HEATED HOUSEHOLDS AND HOUSEHOLDS WITH HEAT INCLUDED IN THE RENT

**** READ AND KEEP THIS NOTICE ****

YOU ARE APPLYING FOR ENERGY ASSISTANCE WITH _____.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL _____ BETWEEN THE HOURS OF _____.

THIS NOTICE HAS THE INFORMATION YOU WILL NEED TO UNDERSTAND YOUR RIGHTS AND THE SERVICES WHICH YOU MAY BE ABLE TO GET FROM THE ENERGY ASSISTANCE PROGRAM.

YOUR HOUSEHOLD IS APPLYING FOR ALL THE ENERGY AND WEATHERIZATION PROGRAMS FUNDED BY THE DEPARTMENT OF SOCIAL SERVICES (DSS) AND RUN BY THIS AGENCY. ASSISTANCE MAY ONLY BE PROVIDED IF FUNDS ARE AVAILABLE. **THESE ARE NOT ENTITLEMENT PROGRAMS.**

IF YOU ARE **NOT** SELF-EMPLOYED, YOU HAVE THE OPTION OF CHOOSING TO PROVIDE FOUR (4) WEEKS OF INCOME DOCUMENTATION OR INCOME DOCUMENTATION FOR THE FULL YEAR (52 WEEKS) PRIOR TO THE DATE OF THE APPLICATION. IF YOU ARE SELF-EMPLOYED, YOU MUST PROVIDE SIX (6) MONTHS' INCOME DOCUMENTATION **AND** THE MOST RECENTLY FILED FORM 1040 WITH ALL APPROPRIATE SCHEDULES, INCLUDING C, D, E, SE, K, ETC.) FOOD STAMP RECIPIENTS MAY USE A LETTER FROM DSS THAT VERIFIES FOOD STAMP ELIGIBILITY. ADDITIONAL DOCUMENTATION OF INCOME MAY BE REQUIRED. STATE GENERAL ASSISTANCE RECIPIENTS MAY USE A LETTER THAT VERIFIES THAT THEY ARE RECEIVING GENERAL ASSISTANCE AS INCOME DOCUMENTATION. YOU MUST ALSO PROVIDE VERIFICATION OF LIQUID ASSETS FOR ALL HOUSEHOLD MEMBERS.

YOU HAVE THE RIGHT TO HAVE A DETERMINATION NOTICE POSTMARKED WITHIN **FORTY-FIVE (45) DAYS** (EXCLUDING STATE-DESIGNATED HOLIDAYS). **IF YOU DO NOT RECEIVE A DETERMINATION NOTICE WITHIN FORTY-FIVE (45) DAYS, CALL THE AGENCY THAT YOU ARE APPLYING WITH.**

YOU HAVE THE RIGHT TO A DESK REVIEW IF YOU HAVE BEEN DENIED ASSISTANCE, OR IF YOU ARE NOT NOTIFIED OF A DECISION WITHIN FORTY-FIVE (45) DAYS, OR IF YOU ARE REFUSED SOME OR ALL OF YOUR BENEFITS. ANY DESK REVIEW REQUEST MUST BE MADE IN WRITING TO THE EXECUTIVE DIRECTOR OF THE AGENCY TO WHICH YOU ARE MAKING THIS APPLICATION. REQUESTS FOR DESK REVIEWS MUST BE SUBMITTED WITHIN SIXTY (60) DAYS OF THE OCCURRENCE, OR THE DISCOVERY OF THE OCCURRENCE, OR BY SEPTEMBER 30, 2008, WHICHEVER COMES FIRST.

IF YOU ARE DISSATISFIED WITH THE RESULTS OF THE DESK REVIEW, YOU HAVE THE RIGHT TO A FAIR HEARING. A FAIR HEARING REQUEST MUST BE MAILED TO THE DEPARTMENT OF SOCIAL SERVICES, 25 SIGOURNEY STREET, HARTFORD, CT 06106-5033 WITHIN SIXTY (60) DAYS OF THE DATE OF THE DESK REVIEW DECISION.

UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, AND THE U.S. DEPARTMENT OF ENERGY TITLE VI REGULATION, YOU HAVE A RIGHT NOT TO BE DISCRIMINATED AGAINST BECAUSE OF YOUR RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP OR AGE. COMPLAINTS OF DISCRIMINATION MUST BE MADE IN WRITING TO THE CIVIL RIGHTS OFFICER, DEPARTMENT OF SOCIAL SERVICES, 25 SIGOURNEY STREET, HARTFORD, CT 06106-5033, OR BY PHONE AT (860) 424-4050.

-PLEASE TURN OVER-

ELIGIBILITY FOR UTILITY HEATED HOUSEHOLDS

ELIGIBILITY FOR BENEFITS IS BASED ON THE HOUSEHOLD'S TOTAL GROSS ANNUAL INCOME, HOUSEHOLD SIZE AND LIQUID ASSETS. LIQUID ASSETS THAT EXCEED \$10,000 FOR HOMEOWNERS OR \$7,000 FOR OTHER HOUSEHOLDS WILL BE INCLUDED AS INCOME. (LIQUID ASSETS ARE DEFINED AS THOSE ASSETS THAT ARE READILY CONVERTIBLE TO CASH SUCH AS SAVINGS ACCOUNTS, BONDS, STOCKS AND CERTIFICATES OF DEPOSIT.)

A BILL OR A COPY OF A BILL MUST BE PROVIDED. THE BILL MUST BE IN THE NAME OF EITHER THE APPLICANT OR A HOUSEHOLD MEMBER WHO IS OF MAJORITY STATUS, OR AN EMANCIPATED MINOR. THE BILL MUST BE FOR RESIDENTIAL SERVICES, FOR CHARGES INCURRED FROM NOVEMBER 1ST THROUGH MAY 1ST.

UTILITY BENEFITS

IF YOU ARE DETERMINED TO BE ELIGIBLE, YOUR HOUSEHOLD WILL BE APPROVED FOR A UTILITY BENEFIT. YOUR NOTIFICATION OF ELIGIBILITY WILL IDENTIFY THE AMOUNT OF THE BASIC BENEFIT. * - IF YOUR HOUSEHOLD HAS A MEMBER WHO IS ELDERLY, DISABLED OR UNDER SIX (6) YEARS OF AGE, IT WILL BE CONSIDERED TO BE **VULNERABLE** AND MAY BE ELIGIBLE FOR THE HIGHER BASIC BENEFIT. PAYMENT WILL BE SENT DIRECTLY TO YOUR UTILITY COMPANY.

ELIGIBILITY FOR HOUSEHOLDS WITH HEAT INCLUDED IN THE RENT

ELIGIBILITY FOR BENEFITS IS BASED ON THE HOUSEHOLD'S TOTAL GROSS ANNUAL INCOME, HOUSEHOLD SIZE AND LIQUID ASSETS. LIQUID ASSETS THAT EXCEED \$7,000 WILL BE INCLUDED AS INCOME. (LIQUID ASSETS ARE DEFINED AS THOSE ASSETS THAT ARE READILY CONVERTIBLE TO CASH SUCH AS SAVINGS ACCOUNTS, BONDS, STOCKS AND CERTIFICATES OF DEPOSIT.)

THE HOUSEHOLD MUST PAY FOR ITS HEAT IN ITS RENT OR LIKE RENT AND THE HOUSEHOLD MUST PAY OVER 30% OF ITS INCOME TOWARD THE COST OF RENT.

ASSISTANCE TO HOUSEHOLDS WITH HEAT INCLUDED IN THE RENT

IF YOU ARE DETERMINED TO BE ELIGIBLE, YOUR HOUSEHOLD WILL BE APPROVED FOR A RENTAL ASSISTANCE BENEFIT. YOUR NOTIFICATION OF ELIGIBILITY WILL IDENTIFY THE AMOUNT OF YOUR RENTAL ASSISTANCE BENEFIT. THE RENTAL ASSISTANCE BENEFIT WILL BE SENT DIRECTLY TO YOUR HOUSEHOLD.

OTHER

IF YOU OWN THE HOME IN WHICH YOU RESIDE, AND ARE DETERMINED ELIGIBLE, FUNDS MAY BE AVAILABLE TO PROVIDE EMERGENCY HEATING SYSTEM REPAIRS AND/OR REPLACEMENT OF UNSAFE OR INOPERABLE HEATING SYSTEMS. PLEASE CONTACT YOUR LOCAL CAA FOR MORE INFORMATION.

HOUSEHOLDS REFUSING WEATHERIZATION SERVICES WITHOUT GOOD CAUSE, AS DEFINED IN THE REGULATIONS FOR ENERGY ASSISTANCE, WILL BE INELIGIBLE TO RECEIVE ENERGY ASSISTANCE FOR THE REMAINDER OF THE CURRENT PROGRAM YEAR AND FOR THE FOLLOWING PROGRAM YEAR.

PERSONS WHO MISREPRESENT THEIR CIRCUMSTANCES WHEN APPLYING FOR ENERGY ASSISTANCE ARE SUBJECT TO PROSECUTION AND/OR REPAYMENT OF ANY BENEFITS PROVIDED, FOLLOWING DUE PROCESS AS DEFINED IN AGENCY REGULATIONS, AND ARE PROHIBITED FROM PARTICIPATION FOR THE REMAINDER OF THE CURRENT PROGRAM YEAR AND FOR TWO PROGRAM YEARS FOLLOWING THE YEAR IN WHICH THE MISREPRESENTATION OCCURRED.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO ANOTHER CAA FOR THE PURPOSE OF PROVIDING ENERGY AND/OR WEATHERIZATION SERVICES.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO YOUR UTILITY COMPANY, AND ANY OTHER PROGRAMS OPERATED BY THE CAA OR DSS. YOUR UTILITY COMPANY MAY ALSO PROVIDE INFORMATION REGARDING YOUR ENERGY USAGE.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO DSS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, U.S. DEPARTMENT OF ENERGY, OR ANY OF THEIR DULY AUTHORIZED REPRESENTATIVES FOR THE PURPOSE OF REVIEW, AUDIT, OR EVALUATION.

SHOULD YOU HAVE ADDITIONAL QUESTIONS REGARDING ENERGY ASSISTANCE, PLEASE CONTACT YOUR LOCAL CAA OR THE DEPARTMENT OF SOCIAL SERVICES, TOLL-FREE AT 1-800-842-1132.

2007/2008 SAFETY NET RISK ASSESSMENT FORM

Applicant Name: _____

Energy Assistance Case #: _____

Telephone Number: _____

CEAP Basic Benefit Award: \$ _____

Address: _____
 Street / _____
 Town

Monthly Disposable Income/Resources Worksheet

1. Gross Monthly Income (based on income documentation) _____

2. Monthly FICA/Federal Withholdings (income from employment and/or Unemp. Comp.) - _____

3. Total Adjusted Gross Monthly Income = _____

4. Total Liquid Assets (from Liquid Assets Declaration/Verification Form) + _____

5. Total Available Income/Resources = _____

6. Total Allowable Monthly Expenditures (from line 10, Monthly Expenditure Worksheet) - _____

7. Total Disposable Income/Resources = _____

Monthly Expenditure Worksheet

1. Rent or Mortgage (circle one) (rent is amount the household is required to pay) + _____

2. Monthly Insurance Costs (includes auto, life, & homeowner/renter insurance) + _____

3. Monthly Home Property Taxes (if not escrowed with mortgage) + _____

4. Medical (documented out-of-pocket expenses) + _____

5. Alimony/Child Support (amount that is actually being paid) + _____

6. Day Care (for employment purposes only - actual amount paid) + _____

Food

7. A. Standard Allowance (see table) + _____

B. Food Stamps (if received) - _____

C. Allowable Food Expenditure = _____

Utility Expenses

8. A. Utility Allowance (\$273) + _____

OR

B. Electricity (current month's charge or budget plan) + _____

C. Natural Gas (current month's charge or budget plan) + _____

D. Water (\$40 basic rate per DPUC) OWNER'S ONLY + _____

9. Telephone (\$30 basic rate) + _____

10. Total Allowable Monthly Expenditures = _____

Standard Allowance Table
 (Please circle household size)

| Hsld. Size | Allowance | Hsld. Size | Allowance |
|------------|-----------|------------|-----------|
| 1 | \$162 | 6 | \$772 |
| 2 | \$298 | 7 | \$853 |
| 3 | \$426 | 8 | \$975 |
| 4 | \$542 | 9 | \$1,097 |
| 5 | \$643 | 10 | \$1,219 |

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that any false statements will result in the denial of energy services for the rest of the current program year and for the following two program years. I also agree to the completion of an energy audit of my dwelling unit and the installation of appropriate weatherization measures if determined necessary in order to make my dwelling more energy efficient. I understand that information regarding this application may be provided to another agency for the purpose of providing weatherization services. I understand that refusing weatherization assistance may result in the denial of energy assistance services for the rest of the current program year and for the following program year. I understand that I have the right to request a Desk Review if I do not agree with the decision made regarding this request for additional energy assistance benefits. Such requests must be provided in writing to the Executive Director of the CAA where I am applying.

Applicant Signature: _____ Date: _____

If the "Total Disposable Income/Resources" is \$800 or less, the household is eligible to receive Safety Net Assistance.