

W-1104 (Rev 8/22)

STATE OF CONNECTICUT Department of Social Services ENERGY & WATER ASSISTANCE APPLICATION

APPLICATION CHECKLIST

Required Application Materials

Completed Energy	& Water Assistance	Application (pages	s 1-6 of this document)

Utility Documentation:

• Submit <u>either</u> copy of your most recent heating bill (if applying for Heating Assistance), electric bill (if applying for Heating Assistance), and water and/or wastewater bill (if applying for Water Assistance), <u>or</u> a copy of your rental lease showing that utilities are included in rent

Income Documentation

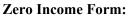
If you or anyone in your household currently receives Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA / TANF), Supplemental Security Income (SSI), State Supplement for the Aged, Blind, and Disabled (State Supp), and/or Refugee Cash Assistance, you automatically meet the income requirements and do not need to submit proof of income. If not, you need to submit the following **for each member of your household**:

Employment Income: Copy of paystubs that show income from either the previous 30 days or 4 consecutive weeks anytime in the last 3 months, or a signed letter from payroll department/employer stating income in this time period

Self-Employment Income: Completed Self-Employment Worksheet (download at <u>www.ct.gov/heatinghelp</u>) and most recently-filed IRS Form 1040, including all schedules

Additional Income: Award letter(s), a bank statement showing direct deposit(s) for Social Security, and/or signed statement(s) from individuals contributing to income. See attached 'Notice of Applicant Rights' for detailed instructions.

Additional Documents (download at <u>www.ct.gov/heatinghelp</u>)



• Complete this form if your household has had no income for at least the last 4 weeks

Affidavit Certifying Non-Receipt of Child Support Payment:

• Complete this form if your household includes children who have one or more non-custodial parents who are not paying child support

Certification of Disability:

• Complete this form if you or a household member are a person with a disability who does not receive Supplemental Security Income (SSI) or the State Supplement for Aged, Blind, or Disabled, or Social Security Disability Income.

Return all forms and documentation, including this checklist, to your local Community Action Agency (CAA) via email, mail, or in-person drop-off. If you have any questions, call your local CAA.

To find your local CAA, go online to www.ct.gov/heatinghelp or call 2-1-1