



STATE OF CONNECTICUT
Department of Social Services
ENERGY ASSISTANCE APPLICATION
APPLICATION CHECKLIST

Required Application Materials

- ☐ **Completed Energy Assistance Application** (pages 1-6 of this document)
- ☐ **Utility Documentation:**
Submit **either** copy of your most recent heating bill (if applying for Heating Assistance), electric bill (if applying for Heating Assistance), **or** 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 Categorically Eligible requirement and still need to submit proof of income. (Note: Households associated with SSI, must provide documentation demonstrating receipt of SSI.) 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 www.ct.gov/heatinghelp) and most recently filed IRS Form 1040, including all schedules
- ☐ **Additional Income:** Award letter(s), a bank statement showing direct deposit(s) for Alimony, Child Support or Adoption, and/or signed statement(s) from individuals contributing to income. See attached 'Notice of Applicant Rights' for detailed instructions.

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

- ☐ **Zero Income Form:**
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 (SSDI)

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

Section 1 – Household Applicant (Person 1) Tell us about yourself and your household.

Energy Assistance Applicant ID <i>(to be completed by the agency)</i>		DSS Client ID <i>(if known)</i>		Application Date <i>(to be completed by the agency)</i>	
Name <i>(last, first, middle initial)</i>			Social Security Number		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer		Primary Language	Date of Birth <i>(mm/dd/yyyy)</i>	Email Address	
Phone Number	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Alternate Phone Number		Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Home/Service Street Address, Apt. #		City		State	Zip Code
Mailing Address <i>(if different from home address)</i>		City		State	Zip Code
Do you or anyone else in your household need reasonable accommodation or extra help getting benefits because of a disability or impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, describe the condition and the help needed:		
# of persons in household:	# of persons who are disabled in household:		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither		
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
	<input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer				
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer				
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)				
	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)				
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student		Last grade or education level completed, including vocational school?		
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months)				
	<input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired				

Section 1 – Household Member (Person 2) Tell us about this member of your household.

Name <i>(last, first, middle initial)</i>			Social Security Number		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer		Primary Language	Date of Birth <i>(mm/dd/yyyy)</i>	Email Address	
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither			
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
	<input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer				
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer				
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)				
	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)				
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student		Last grade or education level completed including vocational school?		
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months)				
	<input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired				

Section 1 – Household Member (Person 3) Tell us about this member of your household.

Name (last, first, middle initial)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer	Primary Language	Date of Birth (mm/dd/yyyy)	Email Address
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Other (Specify):		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

Section 1 – Household Member (Person 4) Tell us about this member of your household.

Name (last, first, middle initial)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer	Primary Language	Date of Birth (mm/dd/yyyy)	Email Address
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

Section 1 – Household Member (Person 5) Tell us about this member of your household.

Name (last, first, middle initial)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Other <input type="checkbox"/> Choose not to answer	Primary Language	Date of Birth (mm/dd/yyyy)	Email Address
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

If you need to add additional people that live in your household, please attach a separate piece of paper with their information along with this form

Section 2 – HOUSING INFORMATION

Complete this section if you are applying for energy and/or water assistance. Only renters need to complete the landlord boxes.

What is your housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent with heating cost billed separately <input type="checkbox"/> Rent with heating cost in rental fee <input type="checkbox"/> Other		What type of home do you live in? <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> 3 to 5 Units <input type="checkbox"/> 6+ Units <input type="checkbox"/> Mobile Home <input type="checkbox"/> In-Law Apt <input type="checkbox"/> Other	
Have you lived in your current residence for at least a year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you used the same heating vendor or utility company for at least a year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are you interested in weatherization services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord or Agent or Company Name		Landlord/Agent/Company Telephone
Landlord or Agent or Company Address		City	State Zip Code

Section 3 – ENERGY INFORMATION

Complete this section and attach documentation (see 'Application Checklist' for instructions) if you are applying for energy assistance. Provide Company Name, Account Name, and Account No. if you pay a vendor for heat and/or electric; otherwise, leave blank.

What is your method for paying for heat? <input type="checkbox"/> Heat included in rent <input type="checkbox"/> Payment to vendor		What is your method for paying for electricity? <input type="checkbox"/> Electricity included in rent <input type="checkbox"/> Payment to vendor	
What is your primary source of heat? <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other		Is your fuel tank shared with another household? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Primary Heat Source Fuel Dealer or Utility Company Name	Name on primary heat account		Account No.
Electric Company Name	Name on account		Account No.

Section 6 – ENERGY BURDEN INFORMATION

Complete this section if you are applying for energy assistance. Note: If your heat is included in rent, you do not have to complete Section 6.

Heating Disconnection	Do you have a disconnect notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnection Date
	Can you afford to pay the heating company so that you can avoid disconnection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Can you afford to pay the heating company to restore your heating services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Electricity Disconnection	Do you have a disconnect notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnection Date
	Can you afford to pay the electric company so that you can avoid disconnection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Can you afford to pay the electric company to restore your electric services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do you currently have less than a quarter tank of fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Is your heating system currently operable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Can you afford to have your heating system repaired or replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Section 7 – HOUSEHOLD FINANCIAL DATA

Complete the below table and attach proof of income (see 'Application Checklist' for instructions). Note: If you or anyone in your household currently receives any of the benefits listed in 'Categorical Eligibility' above (i.e. SNAP, TFA/TANF, SSI, State Supp., and/or Refugee Cash Assistance), you automatically meet the income requirements and **do not have to complete Section 7.**

Income Type	Income Source	Household Member	Income Frequency (e.g. Weekly, Bi-weekly, Monthly)	Income Amount
Employment	Wages from a job			
	Wages from a job			
	Wages from a job			
Self-Employment	Self-Employment Wages			
	Self-Employment Wages			
Additional Income	Unemployment Compensation			
	Unemployment Compensation			
	Social Security / SSI Benefits			
	Social Security / SSI Benefits			
	Child Support / Alimony			
	Contributions from Friends / Relatives			
	Retirement / Pensions / Annuities			
	Rental Income			
	Veteran's Benefits			
	Worker's Comp. / Disability Insurance			
	Other: _____			
	Other: _____			

**TO COMPLETE YOUR APPLICATION YOU MUST READ AND SIGN
THE APPLICATION CERTIFICATION ON THE NEXT PAGE**

Section 8 – APPLICATION CERTIFICATION

You must read and sign this section in order to have your application reviewed and eligibility determined.

I certify that I have read this form. I understand what is in this form. As the applicant for my household, I affirm 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 (DSS) and its subcontractors, the community action agencies (CAAs), all information necessary to determine my household's eligibility for the Connecticut Energy Assistance Program (CEAP). This includes wages and bills in my name as the head of household or the name of a household member who is eighteen years of age or older. I authorize DSS and the CAAs to provide my name, utility account information, and CEAP eligibility status, to my heating and/or utility provider for the purposes of administration of these programs and other programs operated by the CAAs or the State of Connecticut for which I may be eligible. I agree that the information I provide may be shared with the Connecticut 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 these programs. I acknowledge that this information may be provided to federal and state government agencies or program contractors, for the purposes of program administration. I agree for my energy provider to provide the CAAs or the State of Connecticut information about my energy usage. I also understand that information in this application may be used in the aggregate for evaluations and surveys by the CAAs, State of Connecticut, and federal and state government agencies.

I understand that if I am granted assistance because 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 §§ 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.

By signing, I agree that:

- I have read this form or have had it read to me in a language that I understand, and that I must comply with these rules.
- The information I am giving is true and complete to the best of my knowledge.
- I could go to prison or be required to pay fines if I knowingly give wrong or incomplete information; and
- DSS and other federal, state, and local officials may verify (check) any information I give.

Print Household Applicant's full name	Household Applicant's Signature	Date
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Designating an Authorized Representative. You may appoint a person to help you with your application form and to help you get, use, or keep your benefits. If you want to appoint a person to help you, complete this section with your chosen representative.

I designate the following individual as a responsible person to help me apply for Energy Assistance and to assist me with all aspects of this application and eligibility process, which includes reporting changes and getting notices on my behalf. This person knows my circumstances well enough to answer questions and will act in my best interest.

Designated Authorized Representative's Name (first, middle, last, suffix)		Phone Number	
Home Address	City	State	Zip Code
Print Applicant's Full Name	Applicant's Signature	Date	

AGREEMENT OF AUTHORIZED REPRESENTATIVE: As the Authorized Representative, I agree to (1) complete and submit application and renewal forms; (2) receive copies of notices and other communications from DSS and the Community Action Agency (CAA); and (3) act on behalf of the applicant in all matters with DSS and the CAA. I agree to fulfill all these responsibilities to the same extent as the person I represent, and that I may be held responsible for wrong information I give DSS or the CAA while acting as an authorized representative. I also agree to maintain, or be legally bound to maintain, the confidentiality of any information I get from DSS or the CAA regarding the person. I agree to act as the authorized representative until the applicant tells DSS or the CAA, in writing or verbally, that he or she no longer wants me to do so, or until I tell DSS of the CAA, in writing or verbally, that I no longer want to act as the authorized representative.

Have any authorized representative(s) print their names, sign, and date below.

Authorized Representative's Full Name	Authorized Representative's Signature	Date
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Section 8 – For Office Use Only. This section will be completed by the Community Action Agency.

Community Action Agency Reviewer	Reviewer's Signature	Date
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