

14. How many people live in your home (including you, the applicant listed on page 1): _____

Identify the preferred household language: _____

HOUSEHOLD MEMBERS:

	<ul style="list-style-type: none"> List all who are living in this residence today. The agency will contact you for Social Security Numbers (SSNs) if needed. 									
	First MI Last (Legal Name)	Birthdate	Gender	US Citizen	Ethnicity	Race	Disabled	Foodshare	Military Service	Child in Shared Placement
	Example: John M Doe	mm/dd/yyyy		Y/N	See below	See below	Y/N	Y/N	Y/N	Y/N
1	(Name from Page 1)									
2										
3										
4										
5										

Please attach a separate sheet if necessary for additional household members.

Ethnicity (Enter Code): 1 = Hispanic/Latinx 2 = Non-Hispanic/Non-Latinx 3 = Unknown 4 = Decline to answer Race (Enter Code): A = Asian B = Black or African American H = Hispanic/Latinx I = American Indian or Alaska Native M = Multi Race (2 or more) O = Other P = Native Hawaiian or Other Pacific Islander W = White U = Unknown D = Decline to answer
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HOUSEHOLD INCOME: Does your household have zero income? Yes No

Check All Boxes that apply below:

<input type="checkbox"/> (A) Alimony Received	<input type="checkbox"/> (GF) Gift/donations	<input type="checkbox"/> (SSDI) Social Security Disability Insurance
<input type="checkbox"/> (CS RECD) Child Support Received	<input type="checkbox"/> (GV) Government Relief or Disaster	<input type="checkbox"/> (SSI) Supplemental Security Income
<input type="checkbox"/> (CS Paid) Child Support Paid	<input type="checkbox"/> (LC) Land Contract Payment	<input type="checkbox"/> (T) TANF/W2
<input type="checkbox"/> (CTS) SSI Caretaker Supplement	<input type="checkbox"/> (O) Other	<input type="checkbox"/> (TR) Tribal per Capita
<input type="checkbox"/> (DL) Disability Long-term	<input type="checkbox"/> (P) Pensions, Annuities, and IRAs	<input type="checkbox"/> (UC) Unemployment Compensation
<input type="checkbox"/> (DS) Disability Short-term	<input type="checkbox"/> (R) Rental Income	<input type="checkbox"/> (V) Veterans Benefits
<input type="checkbox"/> (D) Dividends/Interest	<input type="checkbox"/> (SE) Self-Generated Income	<input type="checkbox"/> (W) Wages & Tips
<input type="checkbox"/> (G) Gambling/Lottery/Bingo	<input type="checkbox"/> (SP) Spousal Impoverishment	<input type="checkbox"/> (WK) Workers Compensation
<input type="checkbox"/> (GR) General Relief	<input type="checkbox"/> (SS) Social Security	

Household Member's Name	Income Type	Income Source
<i>Example: John Doe</i>	<i>W</i>	<i>ABC Corporation</i>

Attach a separate sheet if necessary for additional income.

ENERGY FUELS:

	Primary Heating – Only select one	Electricity
<p>Fuel Type:</p> <p>Both Primary Heating and Electricity columns must be completed if you do not have electric heat.</p>	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other (Describe: _____) Check here if your furnace/heating unit is not working: <input type="checkbox"/>	<input type="checkbox"/> Check here if you do not have electric service in your home from a utility, municipality, or cooperative. Indicate alternate electric source: <input type="checkbox"/> Solar <input type="checkbox"/> Generator <input type="checkbox"/> Off Grid <input type="checkbox"/> Other
<p>How is the bill paid?</p> <p>Check one for Primary Heating and one for Electricity.</p>	<input type="checkbox"/> I have an account and pay my bill directly to the provider <input type="checkbox"/> Heat is included in my rent <input type="checkbox"/> Separate payment to my landlord, mobile home park owner, or other person <input type="checkbox"/> I do not pay: heat included in the monthly rent when residing in government assisted housing or have an in-kind arrangement	<input type="checkbox"/> I have an account and pay my bill directly to the provider <input type="checkbox"/> Electric is included in my rent <input type="checkbox"/> Separate payment to my landlord, mobile home park owner, or other person <input type="checkbox"/> I do not pay: electric included in the monthly rent when residing in government assisted housing or have an in-kind arrangement
<p>Business or recreational use on the meter</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Account Information</p> <p>*Electric company for your home must be listed even if you don't have a direct account with a vendor.</p>	<p>*Company Name:</p>	<p>*Company Name:</p>
	<p>Account Number:</p>	<p>Account Number:</p>
	<p>Energy Account Holder:</p> <input type="checkbox"/> Household member <input type="checkbox"/> A deceased spouse <input type="checkbox"/> A Protective Payee <input type="checkbox"/> Other – identify relationship of account holder: _____	<p>Energy Account Holder:</p> <input type="checkbox"/> Household member <input type="checkbox"/> A deceased spouse <input type="checkbox"/> A Protective Payee <input type="checkbox"/> Other – identify relationship of account holder: _____
	<p>Name on Account:</p>	<p>Name on Account:</p>

<p>If your primary heat source is natural gas or electric, have you received a past due or disconnect notice within the last 90 days?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Is this account currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If your primary heat source is propane or fuel oil, does your tank currently have equal to or less than 20% of fuel remaining?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Are you currently out of fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Hot water: Identify fuel type that heats the water in your home: <input type="checkbox"/> Electric <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane (LP)</p> <p><input type="checkbox"/> Wood and Other <input type="checkbox"/> None</p>
<p>Additional heating source: Identify additional heating sources used in your home such as fireplace, wood burner, space heaters, or other alternative heating source. <input type="checkbox"/> Electric <input type="checkbox"/> Wood or Other _____ <input type="checkbox"/> None</p>
<p>Air Conditioning Type (select only one): <input type="checkbox"/> None <input type="checkbox"/> Central A/C <input type="checkbox"/> Wall/Window Unit A/C</p>

Certification Page

Person ID:	Application #:
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Read each item on this page before signing the application.
If you do not understand any item, ask the worker for assistance.

1. I understand I am responsible for providing all required information within 30 days of the date of the application or the application is void and will be denied. I may reapply but a new application may be required.
2. I understand I am responsible for reporting the names of all persons living at my address and the Social Security number and income of all persons in my household. Collection of Social Security numbers is not prohibited by federal law and is a required data element for tracking applicant benefits granted by this Program. Failure to provide this information will result in delayed processing of my application and the inability to determine benefit amounts.
3. I understand I am responsible for using the payments I receive to pay for the heating/electric costs for the residence listed in my application or for paying the heating/electric costs for any future permanent residence I may move to in Wisconsin.
4. I understand I have the right to apply for Energy Assistance benefits and to receive either a payment or letter of explanation within 45 days from the date the application process is completed. I understand that the payment or letter of explanation may be delayed depending on when the Program year begins and/or when payments are being processed.
5. I understand I have the right to request a fair hearing within 15 days after receiving a notification letter if I believe my Energy Assistance application has not been processed timely, has been incorrectly denied, or my payment is incorrect. I may also request a fair hearing if I have not received payment or explanation. I may ask for a fair hearing by contacting the local office that processed my application because I applied directly to their office or submitted an online application.
6. I understand I have the right to file a complaint if I believe I have been discriminated against in any unlawful way. I may file a complaint by contacting the authorized person within my county or tribe or submit an email to heat@wisconsin.gov.
7. I understand that by providing application information I am authorizing the Wisconsin Department of Administration and its authorized agents to verify the data provided against federal, state, county, energy provider, water utility, employer and landlord databases or records.
8. I understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to the Wisconsin Department of Administration for the purposes of eligibility determination of this and future applications, benefit determination, and program evaluation and analysis including before and after receiving any weatherization services.
9. I understand that the rights, requirements, and authorizations I am certifying to, may also apply to multiple heating seasons, crisis, and furnace applications, when supplemental benefits are issued, and to outreach activities.
10. I understand the information collected on this and any future forms may be disclosed to energy programs operating under the Wisconsin Public Benefit Program Authority, Wisconsin Public Service Commission Approval, or other programs administered by the State of Wisconsin and may be used for the purposes of referral, research, evaluation, and analysis.
11. I understand if eligible for energy assistance benefits, I may be referred to other residential weatherization and/or energy programs. I authorize the weatherization agency to provide weatherization services to my residence. If I am not the owner of the residence, I authorize the weatherization agency to contact my landlord and I will cooperate with the agency providing weatherization services.
12. I understand when applying for energy assistance I may be denied benefits and/or be required to apply online or via phone if I demonstrate threatening behavior to an agency and/or worker.

I certify that all information provided in connection with the Wisconsin Home Energy Assistance Program application are true and complete statements of facts. I further certify that I have read and understand the statements above. I understand that I may be required to provide proof of any information upon request of an authorized agent of the Wisconsin Home Energy Assistance Program, that giving false information will invalidate this and any future application(s) and require the return of any benefits received and possibly subject me to criminal prosecution. By typing my name in the 'Applicant Signature' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.

Applicant Signature	Date (mm/dd/yyyy)
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Applications must be mailed to the local energy office

Local office address:	To contact your local office, go to: https://energyandhousing.wi.gov/Pages/Home.aspx Select the county/tribe where you live from the map or drop-down menu found on this page.
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This application can be made available in alternate formats to individuals with disabilities upon request.