



FAMILY INDEPENDENCE ADMINISTRATION


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Policy, Procedures, and Training

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Office of Procedures

POLICY BULLETIN #13-40-ELI

COOLING ASSISTANCE PROGRAM FOR ELIGIBLE NEW YORKERS WITH HEAT RELATED HEALTH PROBLEMS

<p>Date: April 26, 2013</p>	<p>Subtopic(s): HEAP</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Job Center and NCA SNAP Center responsibilities</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center staff that the Cooling Assistance Program opened its Cooling Component on April 1, 2013. The program will run until Sunday, August 20, 2013 or until funds are no longer available whichever comes first.</p> <p>Home Energy Assistance Program (HEAP) will provide eligible households with one air conditioning unit per household. The Cooling Component does not include an additional HEAP cash benefit.</p> <p>HEAP is responsible for processing all applicants for the Cooling Assistance Program. JC and NCA SNAP Center staff are only responsible for the following when an applicant asks about applying for cooling component benefits at a center:</p> <ul style="list-style-type: none"> • Inform the applicant that they must: <ul style="list-style-type: none"> ▪ complete an Home Energy Assistance Program Application form (LDSS-3421) for non CA or non NCA SNAP applicants, or a Home Energy Assistance Program Cooling Assistance Application (Short Form) (LDSS-4992) for CA or NCA SNAP participants. ▪ identity which vendor they are going to purchase the Air Conditioner from by locating it on Attachment B.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- either mail the appropriate application form, the name and address of the air conditioning vendor to the address below or bring the documents to one of the HEAP offices listed on **Attachment A**.

HRA/HOME ENERGY ASSISTANCE Program,
PO BOX 1401 Church Street Station
New York, NY 10008

- Applicants can call and request an application and/or the vendor listing by calling the following HEAP numbers: **212-331-3524** or the HEAT Hotline at **1-800-692-0557**, and for **Homebound participants, call 212-331-3150**.

HEAP Processing

Note: Households that already have a working air conditioner less than five years old, and households that have received a HEAP-funded air conditioner within the past 10 years, are not eligible. In addition, households that reside in subsidized housing or households that received only \$1 HEAP payment are not eligible for this component. (e.g. publicly operated or State-certified private nonprofit residential drug or alcoholic treatment facilities)

HEAP Eligibility requirements for the Cooling Component are as follows:

- All applicant households must provide medical documentation for the household member with a medical condition exacerbated by extreme heat. The medical documentation must be in writing and clearly state the health condition of the household member, be signed by a physician, physician's assistant or a nurse practitioner and dated within the previous 12 months from the month of application. Documentation older than 12 months may be used if the documentation provides sufficient information to indicate that the medical condition is considered chronic, e.g. Chronic Obstructive Pulmonary Disease (COPD).
- Applicants that did not receive a 2012-2013 HEAP benefit greater than \$1, or who are not in receipt of recurring Cash Assistance (CA) or Supplemental Nutrition Assistance Program (SNAP) benefits must complete, sign and date a 2012-2013 HEAP application (**LDSS-3421**) form.

- Applicants in receipt of Code A SSI must complete the 2012-2013 HEAP application (**LDSS-3421**). Income documentation is not required for these households as they are categorically income eligible. However, all other eligibility factors must be documented. Applicants who received a 2012-2013 HEAP benefit greater than \$1, or who are in receipt of recurring TA or SNAP benefits need only complete the HEAP CAC Cooling Assistance Application Short (**LDSS-4992**) Form.
- An authorized representative may apply on behalf of the applicant. Page 4 of the HEAP application can be used to assign an authorized representative. A dated and signed statement from the applicant authorizing the individual to apply on their behalf is required if the authorized representative section of the HEAP application is not filled out.
- Applicants must have an interview by HEAP and may choose to have an in person or phone interview.
- Applicant households must provide documentation of the following eligibility factors: current address; identity; Social Security Number; and income for each person in the household.
- A household's countable income cannot exceed the 2012-2013 maximum HEAP guidelines found in the chart below. Additionally, households that received a 2012-2013 HEAP benefit of more than \$1 are income eligible; and households in recurring receipt of TA, SNAP, and Code A SSI benefits are categorically income eligible.

Household Size	2012-13 HEAP MONTHLY INCOME ELIGIBILITY GUIDELINES	
	Tier I	Tier II
1	0 - 1,210	1,211 - 2,138
2	0 - 1,639	1,640 - 2,796
3	0 - 2,068	2,069 - 3,453
4	0 - 2,497	2,498 - 4,111
5	0 - 2,926	2,927 - 4,769
6	0 - 3,355	3,356 - 5,427
7	0 - 3,784	3,785 - 5,550
8	0 - 4,213	4,214 - 5,673
9	0 - 4,642	4,643 - 5,797
10	0 - 5,071	5,072 - 5,920
11	0 - 5,500	5,501 - 6,346
11+	429	495

All other applicants must apply for the HEAP Cooling Component in person at one of the offices listed in **Attachment A**.

Effective Immediately

Attachments:

🖨 Please use Print on Demand to obtain copies of forms.

- Attachment A** List of HEAP Offices Accepting Applications for 2012-2013 Cooling Component
- Attachment B** Air Conditioner Vendor List
- LDSS-3421** Home Energy Assistance Program Application
- LDSS-4992** Home Energy Assistance Program Cooling Assistance Application (Short Form)

ATTACHMENT B



IEAP Participating Vendor Report

County: **Manhattan**

[Print this report](#)

Total Participating Dealers: **27**

You can print this page by right-clicking and selecting print. Be sure to select "landscape" for page orientation
 Click dealer name for more information (password required)

County D	Name	Address	Phone	Fuels Offered	Accepting New Customers	Offers Service
	Air Masters Inc.	1935 Richmond Terrace Staten Island, NY 10302	718-727-4547	Furnace Repair,Utility Dealer	Yes	Yes
	ARC Fuel Oil Co., Inc.	56 So. Parkway Drive North Babylon, NY 11704	631-539-9811	Oil,Furnace Repair,Utility Dealer	Yes	Yes
	Arnica Heating & Air Conditioning	68 Broad St. Staten Island, NY 10304	718-720-6116	Furnace Repair,Utility Dealer	Yes	Yes
	Association for Energy Affordability, Inc	105 bruckner Boulevard Bronx, NY 10454	718 292 6733 ext 8211	Utility Dealer	No	Yes
	Atomic Fuel Oil Co.	21-01 Steinway St. Astoria, NY 11105-1870	718-728-4022	Oil,Utility Dealer	Yes	Yes
	Bedford Stuyvesant Restoration Corporation	1360 Fulton Street 2nd Floor Brooklyn, NY 11216	718 638 5705	Utility Dealer	No	Yes
	Big City Plumbing & Heating Inc.	2639 Middle Country Road Centereach, NY 11720	631-361-9500	Furnace Repair,Utility Dealer	Yes	Yes
	Dynamic Transportation & Energy Inc	132 Aracher Avenue Mount Vernon, NY 10550	914-664-8600	Oil,Furnace Repair,Utility Dealer	Yes	Yes
	Finest Trucking	219-46 93rd Avenue Queens Village, NY 11428	718 417 1234	Oil,Utility Dealer	Yes	Yes
	Genet Plumbing & Heating Corporation	206-05 Jamaica Avenue Queens Village, NY 11428	718-740-0651	Furnace Repair,Utility Dealer	Yes	Yes

ATTACHMENT B

Harlem Community Development Corporation	163 West 125th Street New York, NY 10027	212 961 4148	Utility Dealer	No	Yes
Housing Conservsation Coordinator, Inc.	777 10th Avenue New York, NY 10019	212 541 5996 ext 22	Utility Dealer	No	Yes
Lloyd Drummond Plumbing & General Contracting	147-14 240 Street Rosedale , NY 11422	718-527-5115	Oil,Kerosene,Blend,Propane,Furnace Repair,Utility Dealer	Yes	Yes
Northern Manhattan Improvement Corp	76 Wadsworth Avenue, 4th floor New York, NY 10033	212 822 8340	Utility Dealer	No	Yes
Northfield Home Performance Inc	160 Heberton Avenue Staten Island, NY 10302	718 442 7351 ext 241	Utility Dealer	No	Yes
Northwest Bronx Community & Clergy Coalition Inc	103 East 196th Street Bronx, NY 10468	718 584 0515 ext 232	Utility Dealer	No	Yes
Nuzzi Fuel, LLC	70 Windsor Avenue Mineola, NY 11501	516-354-2258	Oil,Utility Dealer	Yes	Yes
Paragon Oil Company	783 McDonald Avenue Brooklyn, NY 11218	718-252-9000	Oil,Furnace Repair,Utility Dealer	Yes	Yes
Petro, Inc. DBA: G & S Fuel Service, New Age, Patterson Fuel, Consumers, Hardy Fuel, Berkowski, Lyons Fuel	212 Elm Street North Haven, CT 06473	800-605-3466	Oil,Kerosene,Propane,Furnace Repair,Utility Dealer	Yes	Yes
Ronco Mechanical	427 Manida Street Bronx, NY 10474	718 861 1110	Utility Dealer	No	Yes
Rucci Oil Co., Inc. DBA: Capitol Fuel Oil	1693 Richmond Terrace Staten Island, NY 10310	718-442-2080	Oil,Furnace Repair,Utility Dealer	Yes	Yes
Sunset Park Redevelopment Committee Inc.	5101 4th Avenue 2nd floor Brooklyn, NY 11220	718-492-8580	Furnace Repair,Utility Dealer	Yes	Yes
The crown Heights Jewish Community	392 Kingstin Avenue Brooklyn, NY	718 771 9000	Utility Dealer	No	Yes

ATTACHMENT B

Council, Inc	11225	ext 7917			
Tim Daniels Plumbing & Heating Group	1073 Long Beach Road South Hempstead , NY 11550	516-594-1509	Furnace Repair,Utility Dealer	Yes	Yes
US Heating & Cooling, Inc.	203 Lincoln Place Eastchester, NY 10709	718-409-9575	Oil,Furnace Repair,Utility Dealer	Yes	Yes
Vitello Plumbing & Mechanical Inc.	1952 Williams Bridge Road Bronx, NY 10461	718-409-4160	Furnace Repair,Utility Dealer	Yes	Yes
Windsor Fuel Co., Inc.	80 Windsor Avenue Mineola, NY 11501	516-746-5900	Oil,Utility Dealer	Yes	Yes

ATTACHMENT B



EAP Participating Vendor Report

County: **Queens**

[Print this report](#)

Total Participating Dealers: **13**

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 Click dealer name for more information (password required)

County ID	Name	Address	Phone	Fuels Offered	Accepting New Customers	Offers Service
	ARC Fuel Oil Co., Inc.	56 So. Parkway Drive North Babylon, NY 11704	631-539-9811	Oil,Furnace Repair,Utility Dealer	Yes	Yes
	Arnica Heating & Air Conditioning	68 Broad St. Staten Island, NY 10304	718-720-6116	Furnace Repair,Utility Dealer	Yes	Yes
	Association for Energy Affordability, Inc	105 bruckner Boulevard Bronx, NY 10454	718 292 6733 ext 8211	Utility Dealer	No	Yes
	Atomic Fuel Oil Co.	21-01 Steinway St. Astoria, NY 11105-1870	718-728-4022	Oil,Utility Dealer	Yes	Yes
	Big City Plumbing & Heating Inc.	2639 Middle Country Road Centereach, NY 11720	631-361-9500	Furnace Repair,Utility Dealer	Yes	Yes
	Finest Trucking	219-46 93rd Avenue Queens Village, NY 11428	718 417 1234	Oil,Utility Dealer	Yes	Yes
	Genet Plumbing & Heating Corporation	206-05 Jamaica Avenue Queens Village, NY 11428	718-740-0651	Furnace Repair,Utility Dealer	Yes	Yes
	Lloyd Drummond Plumbing & General Contracting	147-14 240 Street Rosedale , NY 11422	718-527-5115	Oil,Kerosene,Blend,Propane,Furnace Repair,Utility Dealer	Yes	Yes
	Nuzzi Fuel, LLC	70 Windsor Avenue Mineola, NY 11501	516-354-2258	Oil,Utility Dealer	Yes	Yes
	Paragon Oil Company	783 McDonald Avenue Brooklyn, NY 11218	718-252-9000	Oil,Furnace Repair,Utility Dealer	Yes	Yes

ATTACHMENT B

Petro, Inc. DBA: G & S Fuel Service, New Age, Patterson Fuel, Consumers, Hardy Fuel, Berkowski, Lyons Fuel	212 Elm Street North Haven, CT 06473	800-605-3466	Oil,Kerosene,Propane,Furnace Repair,Utility Dealer	Yes	Yes
Tim Daniels Plumbing & Heating Group	1073 Long Beach Road South Hempstead , NY 11550	516-594-1509	Furnace Repair,Utility Dealer	Yes	Yes
Windsor Fuel Co., Inc.	80 Windsor Avenue Mineola, NY 11501	516-746-5900	Oil,Utility Dealer	Yes	Yes

ATTACHMENT B



HEAP Participating Vendor Report

County: **Bronx**

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Total Participating Dealers: **13**

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Click dealer name for more information (password required)

County ID	Name	Address	Phone	Fuels Offered	Accepting New Customers	Offers Service
	ARC Fuel Oil Co., Inc.	56 So. Parkway Drive North Babylon, NY 11704	631-539-9811	Oil,Furnace Repair,Utility Dealer	Yes	Yes
	Association for Energy Affordability, Inc	105 bruckner Boulevard Bronx, NY 10454	718 292 6733 ext 8211	Utility Dealer	No	Yes
	Atomic Fuel Oil Co.	21-01 Steinway St. Astoria, NY 11105-1870	718-728-4022	Oil,Utility Dealer	Yes	Yes
	Dynamic Transportation & Energy Inc	132 Aracher Avenue Mount Vernon, NY 10550	914-664-8600	Oil,Furnace Repair,Utility Dealer	Yes	Yes
	Finest Trucking	219-46 93rd Avenue Queens Village, NY 11428	718 417 1234	Oil,Utility Dealer	Yes	Yes
	Genet Plumbing & Heating Corporation	206-05 Jamaica Avenue Queens Village, NY 11428	718-740-0651	Furnace Repair,Utility Dealer	Yes	Yes
	Lloyd Drummond Plumbing & General Contracting	147-14 240 Street Rosedale , NY 11422	718-527-5115	Oil,Kerosene,Blend,Propane,Furnace Repair,Utility Dealer	Yes	Yes
	Northwest Bronx Community & Clergy Coalition Inc	103 East 196th Street Bronx, NY 10468	718 584 0515 ext 232	Utility Dealer	No	Yes
	Paragon Oil Company	783 McDonald Avenue Brooklyn, NY 11218	718-252-9000	Oil,Furnace Repair,Utility Dealer	Yes	Yes

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Ronco Mechanical	427 Manida Street Bronx, NY 10474	718 861 1110	Utility Dealer	No	Yes
US Heating & Cooling, Inc.	203 Lincoln Place Eastchester, NY 10709	718-409-9575	Oil,Furnace Repair,Utility Dealer	Yes	Yes
Vitello Plumbing & Mechanical Inc.	1952 Williams Bridge Road Bronx, NY 10461	718-409-4160	Furnace Repair,Utility Dealer	Yes	Yes

ATTACHMENT B

HEAP Participating Vendor Report



County: **Richmond**

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Total Participating Dealers: **7**

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 Click dealer name for more information (password required)

County ID	Name	Address	Phone	Fuels Offered	Accepting New Customers	Offers Service
	Air Masters Inc.	1935 Richmond Terrace Staten Island, NY 10302	718-727-4547	Furnace Repair,Utility Dealer	Yes	Yes
	Arnica Heating & Air Conditioning	68 Broad St. Staten Island, NY 10304	718-720-6116	Furnace Repair,Utility Dealer	Yes	Yes
	Atomic Fuel Oil Co.	21-01 Steinway St. Astoria, NY 11105-1870	718-728-4022	Oil,Utility Dealer	Yes	Yes
	Lloyd Drummond Plumbing & General Contracting	147-14 240 Street Rosedale , NY 11422	718-527-5115	Oil,Kerosene,Blend,Propane,Furnace Repair,Utility Dealer	Yes	Yes
	Northfield Home Performance Inc	160 Heberton Avenue Staten Island, NY 10302	718 442 7351 ext 241	Utility Dealer	No	Yes
	Petro, Inc. DBA: G & S Fuel Service, New Age, Patterson Fuel, Consumers, Hardy Fuel, Berkowski, Lyons Fuel	212 Elm Street North Haven, CT 06473	800-605-3466	Oil,Kerosene,Propane,Furnace Repair,Utility Dealer	Yes	Yes
	Rucci Oil Co., Inc. DBA: Capitol Fuel Oil	1693 Richmond Terrace Staten Island, NY 10310	718-442-2080	Oil,Furnace Repair,Utility Dealer	Yes	Yes

ATTACHMENT B



MAP Participating Vendor Report

County: **Kings**

[Print this report](#)

Total Participating Dealers: **14**

You can print this page by right-clicking and selecting print. Be sure to select "landscape" for page orientation.
 Click on the dealer name for more information (password required)

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	Air Masters Inc.	1935 Richmond Terrace Staten Island, NY 10302	718-727-4547	Furnace Repair,Utility Dealer	Yes	Yes
	ARC Fuel Oil Co., Inc.	56 So. Parkway Drive North Babylon, NY 11704	631-539-9811	Oil,Furnace Repair,Utility Dealer	Yes	Yes
	Arnica Heating & Air Conditioning	68 Broad St. Staten Island, NY 10304	718-720-6116	Furnace Repair,Utility Dealer	Yes	Yes
	Association for Energy Affordability, Inc	105 bruckner Boulevard Bronx, NY 10454	718 292 6733 ext 8211	Utility Dealer	No	Yes
	Atomic Fuel Oil Co.	21-01 Steinway St. Astoria, NY 11105-1870	718-728-4022	Oil,Utility Dealer	Yes	Yes
	Bedford Stuyvesant Restoration Corporation	1360 Fulton Street 2nd Floor Brooklyn, NY 11216	718 638 5705	Utility Dealer	No	Yes
	Big City Plumbing & Heating Inc.	2639 Middle Country Road Centereach, NY 11720	631-361-9500	Furnace Repair,Utility Dealer	Yes	Yes
	Finest Trucking	219-46 93rd Avenue Queens Village, NY 11428	718 417 1234	Oil,Utility Dealer	Yes	Yes
	Genet Plumbing & Heating Corporation	206-05 Jamaica Avenue Queens Village, NY 11428	718-740-0651	Furnace Repair,Utility Dealer	Yes	Yes
	Paragon Oil Company	783 McDonald Avenue Brooklyn, NY 11218	718-252-9000	Oil,Furnace Repair,Utility Dealer	Yes	Yes

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Rucci Oil Co., Inc. DBA: Capitol Fuel Oil	1693 Richmond Terrace Staten Island, NY 10310	718-442-2080	Oil,Furnace Repair,Utility Dealer	Yes	Yes
Sunset Park Redevelopment Committee Inc.	5101 4th Avenue 2nd floor Brooklyn, NY 11220	718-492-8580	Furnace Repair,Utility Dealer	Yes	Yes
The crown Heights Jewish Community Council, Inc	392 Kingstin Avenue Brooklyn, NY 11225	718 771 9000 ext 7917	Utility Dealer	No	Yes

HOME ENERGY ASSISTANCE PROGRAM APPLICATION



PLEASE READ THE INSTRUCTIONS ATTACHED TO THE BACK OF THE APPLICATION. ANSWER ALL QUESTIONS. DO NOT WRITE IN THE SHADED AREAS. PLEASE PRINT CLEARLY, AND SIGN THE FORM ON PAGE 5. COMPLETE THE WHITE BOXES BELOW IN BLUE OR BLACK INK.

CONTACT THE AGENCY ABOVE IF YOU NEED HELP					AGENCY USE ONLY			
					DSS		OFA/ALTERNATE CERTIFIER	
AGENCY USE ONLY								
APPLICATION DATE	OFFICE	UNIT ID	WORKER ID	CASE TYPE	CASE NUMBER	REGISTRY NUMBER	VERS.	
CASE NAME						<input type="checkbox"/> REGULAR <input type="checkbox"/> HEATING EQPT <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER		

SECTION 1: HOUSEHOLD COMPOSITION

APPLICANT INFORMATION			
FIRST NAME		MI	LAST NAME
OTHER NAMES BY WHICH I HAVE BEEN KNOWN ARE:		OTHER NAME	
CURRENT STREET ADDRESS		APT. #	CITY
STATE	ZIP CODE	COUNTY	LENGTH OF TIME AT THIS ADDRESS? YEARS _____ MONTHS _____
DAYTIME PHONE NUMBER WHERE I CAN BE REACHED (Area Code + Phone No.)		BEST TIME TO CALL	IF AN INTERVIEW IS NEEDED, I WOULD LIKE A: <input type="checkbox"/> Phone Interview <input type="checkbox"/> In Person Interview
MY MAILING ADDRESS (IF DIFFERENT FROM ABOVE) IS:			
ADDRESS		APT. #	CITY
		COUNTY	STATE ZIP CODE
HAVE YOU EVER APPLIED FOR HEAP? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ENTER DATE OF MOST RECENT APPLICATION →			

LIST EVERYONE INCLUDING YOURSELF WHO CURRENTLY LIVES IN THE SAME HOUSE (If no one else, write NONE UNDER YOUR NAME):												
CD	LN	FIRST NAME	MI	LAST NAME	DATE OF BIRTH			SEX	RELATION TO ME	SOCIAL SECURITY NUMBER	CITIZEN / NATIONAL OR QUALIFIED ALIEN	BLIND OR DISABLED
					MO.	DAY	YR.					
1	01								SELF		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
1	02										<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
1	03										<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
1	04										<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
1	05										<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
1	06										<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
1	07										<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

If there are more members in your household, please attach a separate sheet of paper.		Total Number in Household: _____
DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET OR HAVE RECENTLY APPLIED FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (formerly known as Food Stamps New York)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who? _____		
		CASE NUMBER _____
DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET OR HAVE RECENTLY APPLIED FOR TEMPORARY ASSISTANCE ?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who? _____		CASE NUMBER _____

SECTION 2: HOUSING - CHECK (✓) ONE BOX ONLY

HOMEOWNER

- Single Family House or Mobile Home
- Multi-Family House; List Number of Units _____
- Co-op/Condo Owner
- Life Estate/Use

OTHER

- I live with someone else and share expenses
- I pay for a room
- I pay room and board
- Permanent hotel/motel
- Other living situation _____

RENTER

- Private House, Apartment or Mobile Home

SUBSIDIZED RENT

- Private Subsidized Housing
- Public Housing Project or Senior Housing
- Public Subsidized Housing

Do you receive a HUD utility allowance?

- No Yes If yes, how much \$ _____

MY MONTHLY RENT OR MORTGAGE PAYMENT IS: \$ _____ NONE

IF APPLICABLE, THE NAME OF THE APARTMENT BUILDING OR HOUSING PROJECT I LIVE IN IS: _____

DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD RECEIVE A SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE)? No Yes

SECTION 3: HEAT AND UTILITY INFORMATION

1. DO YOU PAY SEPARATELY FOR HEAT? No Yes- Complete information below

My main source of heat is

- Natural Gas Fuel Oil PSC Electric Coal or Corn
- Wood/Wood Pellets Kerosene Propane or Bottle Gas Municipal Electric

My fuel tank is: Individual Tank Metered Tank

Is the heating bill in your name? No Yes

If No, name on the bill: _____

Relationship to you: _____

Are you directly responsible to pay the bill? No Yes

Your heating account number is:

Please check if this is a landlord's account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your heating company's name is: _____

STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

2. DO YOU PAY A SEPARATE ELECTRIC BILL FOR UTILITIES OTHER THAN HEAT? No Yes -Complete information below

If yes, is the electric bill in your name? NO YES If No, name on the bill _____

Your electric account number (if you have one) is:

Please check if landlord's account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your utility company's name is: _____

Is electric necessary to run the furnace? No Yes

Is electricity necessary to operate the thermostat in your apartment? No Yes

3. ARE BOTH HEAT AND ELECTRIC INCLUDED IN YOUR RENT? No Yes

SECTION 4: HOUSEHOLD INCOME

REPORT ANY INCOME FOR ALL HOUSEHOLD MEMBERS. ALL AMOUNTS MUST BE REPORTED AS GROSS MONTHLY INCOME BEFORE ANY DEDUCTIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

CHECK YES OR NO FOR EACH (✓)	TYPE OF INCOME	IF YES, GIVE AMOUNT	ADDITIONAL INFORMATION	WHO RECEIVES?
<input type="checkbox"/> No <input type="checkbox"/> Yes	SOCIAL SECURITY AMOUNT BEFORE MEDICARE	GROSS MONTHLY AMOUNT \$	Indicate amount you pay for : Medicare Part B: Medicare Part D:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	SOCIAL SECURITY DISABILITY AMOUNT BEFORE MEDICARE	GROSS MONTHLY AMOUNT \$	Indicate amount you pay for : Medicare Part B: Medicare Part D:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	SUPPLEMENTAL SECURITY INCOME (SSI)	GROSS MONTHLY AMOUNT \$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	WAGES SUBMIT WAGE STUBS FOR THE PAST 4 WEEKS. Note: Gross Weekly amounts are multiplied by 4.3333 to calculate the monthly amount. Gross Bi-Weekly amounts are multiplied by 2.1666 to calculate the monthly amount.	<input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY	Employer	
		<input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY	Employer	
		<input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY	Employer	
		<input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY	Employer	
<input type="checkbox"/> No <input type="checkbox"/> Yes	PENSION/RETIREMENT Private and/or government	GROSS MONTHLY AMOUNT \$	Source of Pension	
<input type="checkbox"/> No <input type="checkbox"/> Yes	VETERAN'S BENEFITS	GROSS MONTHLY AMOUNT \$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	DISABILITY private or NYS	GROSS WEEKLY AMOUNT \$	Source	
<input type="checkbox"/> No <input type="checkbox"/> Yes	CONTRIBUTION from someone outside the household	GROSS MONTHLY AMOUNT \$	Name of Contributor	
<input type="checkbox"/> No <input type="checkbox"/> Yes	CHILD SUPPORT	GROSS WEEKLY AMOUNT \$	Source	
<input type="checkbox"/> No <input type="checkbox"/> Yes	ALIMONY including payments for mortgage, utility bills, etc.	GROSS MONTHLY AMOUNT \$	Source	
<input type="checkbox"/> No <input type="checkbox"/> Yes	RENTAL INCOME apartment, garage, land, etc.	GROSS MONTHLY AMOUNT \$	Type of Rental	
<input type="checkbox"/> No <input type="checkbox"/> Yes	ROOM/BOARD (received) etc.	GROSS MONTHLY AMOUNT \$	Name of Room/Boarder	
<input type="checkbox"/> No <input type="checkbox"/> Yes	WORKER'S COMPENSATION	GROSS WEEKLY AMOUNT \$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	UNEMPLOYMENT BENEFITS	GROSS WEEKLY AMOUNT \$	Start Date:	
			End Date:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	Income from savings, checking, CDs, money market accounts, stocks, bonds, securities. IRA, annuity, and 401K distributions.	ENTER INFORMATION ON PAGE 4		
<input type="checkbox"/> No <input type="checkbox"/> Yes	IS THERE ANY OTHER INCOME FROM ANY OTHER SOURCE? ATTACH EXPLANATION	AMOUNT \$	Source	WHO RECEIVES
<input type="checkbox"/> No <input type="checkbox"/> Yes	SELF-EMPLOYMENT INCOME _____ TYPE OF BUSINESS _____ If yes, you may choose to have your self-employment income calculated based on your filed federal tax return for the current year or prior tax year if you have not yet filed for the current year, including all applicable schedules or based on the three (3) months prior to your application. Please choose one method: <input type="checkbox"/> Filed Federal Tax Return <input type="checkbox"/> Three Months			

IS THERE ANYONE IN YOUR HOUSEHOLD AGE 18 OR OLDER WHO **DOES NOT** HAVE ANY INCOME FROM ANY SOURCE?
 No Yes, list members with no income:

IS THERE ANYONE IN YOUR HOUSEHOLD WHO IS A FULL-TIME DEPENDENT HIGH SCHOOL OR COLLEGE STUDENT?
 No Yes, Who

INTEREST AND INVESTMENT INCOME		
LIST EACH ACCOUNT SEPARATELY. ATTACH ADDITIONAL SHEETS IF NECESSARY.	LIST AMOUNT RECEIVED FOR THE 12 MONTHS PRIOR TO THE MONTH OF APPLICATION	SOURCE
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT \$	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT \$	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT \$	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT \$	Name of Bank
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT \$	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT \$	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT \$	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT \$	Source of Dividends
DISTRIBUTIONS from IRA, 401K, annuity, etc.	ANNUAL AMOUNT \$	Source of Distributions
DISTRIBUTIONS from IRA, 401K, annuity, etc.	ANNUAL AMOUNT \$	Source of Distributions
DISTRIBUTIONS from IRA, 401K, annuity, etc.	ANNUAL AMOUNT \$	Source of Distributions

AUTHORIZED REPRESENTATIVE	
<p>You can designate someone who knows your household circumstances to be your authorized representative. Your Authorized Representative may: complete and file your HEAP application, contact the agency and speak with your worker, have access to eligibility information in your case file, complete all forms for you, provide documentation, appeal agency decisions. You <u>must</u> still sign this application. The Authorized Representative designation will remain in effect for the current HEAP season unless revoked by you. Each HEAP season you will be asked if you want to designate an Authorized Representative.</p> <p>I would like to designate an authorized representative. <input type="checkbox"/> No <input type="checkbox"/> Yes- Complete information below</p>	
Name of authorized representative:	Address and phone number:

PLEASE SIGN APPLICATION ON PAGE 5

SECTION 5: IMPORTANT NOTICES

IMPORTANT NOTICE

YOU SHOULD BE AWARE THAT THERE IS LIMITED MONEY AVAILABLE FOR HEAP BENEFIT PAYMENTS. ONCE AVAILABLE MONEY IS USED UP, NO BENEFITS WILL BE ISSUED. THEREFORE, IT IS STRONGLY RECOMMENDED THAT YOU COMPLETE AND RETURN YOUR APPLICATION AS SOON AS POSSIBLE. BE AWARE THAT IN PAST YEARS THE PROGRAM HAS CLOSED DOWN AS EARLY AS MARCH 12.

PERSONAL PRIVACY LAW - NOTIFICATION TO CLIENTS

The State's Personal Privacy Protection Law, which took effect September 1, 1984, states that we must tell you what the State will do with the information you give us about yourself and your family. We use the information to find out if you are eligible for the Home Energy Assistance Program and, if so, for how much. The section of the Law that gives us the right to collect the information about you is Section 21 of the Social Services Law. To make sure that you are getting all of the assistance you and your family are legally entitled to receive, we check with other sources to find out more about the information you have given us. For example:

- We may check to find out if you or anyone in your household were working. We do this by sending your name and Social Security Number to the State Department of Taxation and Finance, and also to known employers, to tell us whether you worked and, if so, how much you made.
- We may ask the State to check with the Unemployment Insurance Division to see if you or anyone in your household were getting unemployment benefits.
- We may check with banks to make sure we know about any income you or anyone in your household may have received.

Besides using the information you give us in this way, the State also uses the information to prepare statistics about all the people receiving Home Energy Assistance. This information is used for program planning and management. The information is used for quality control by the State to make sure local districts are doing the best job they can. It is used to verify who your energy supplier is and to make certain payments to such vendors. Your failure to provide us with the information we need may prevent us from finding out if you are eligible for assistance and we may then have to deny your application. This information is kept by the Deputy Commissioner, Division of Information Technology (DoIT), Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, New York 12243-0001. Do not send your application to this address. If you or anyone in your household does not have a Social Security Number, a Social Security Number must be applied for at the U.S. Social Security Administration.

Read the Important Information Below

I swear and/or affirm that the information given on this application and subsequent phone interviews is true and correct. I realize that any false statements or other misrepresentation knowingly made by me in connection with this application and subsequent requests for HEAP assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statement or misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in an action against me which may subject me to civil and/or criminal penalties. I understand that by signing this Application/Certification, I consent to any investigation to verify or confirm the information I have given and any other investigation by any authorized government agency in connection with this and subsequent requests for Home Energy Assistance Program benefits for the current HEAP season. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and to my utility company's low income programs. If you are applying for Lifeline, the Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider to verify your eligibility for Lifeline discounted telephone rate.

TO GET HEAP- ALL QUESTIONS MUST BE ANSWERED AND YOUR APPLICATION MUST BE SIGNED AND DATED BELOW.

<p>SIGN HERE:</p> <p>X</p>	<p>DATE SIGNED</p>
<p>NAME OF PERSON, IF ANY, WHO ASSISTED YOU:</p>	<p>PHONE NUMBER:</p>

AGENCY USE ONLY			
APPLICATION TYPE: <input type="checkbox"/> Full Documentation <input type="checkbox"/> Simplified			
Vendor	Account Number	Vendor Code	Vendor Relationship: <input type="checkbox"/> Current Bill/Vendor Statement <input type="checkbox"/> Collateral Contact
IDENTITY OF HOUSEHOLD MEMBERS			
LN	HOUSEHOLD MEMBER'S NAME	DOCUMENTATION	
01			
02			
03			
04			
05			
06			
IS ANYONE IN THE HOUSEHOLD VULNERABLE? <input type="checkbox"/> Under the age of 6 <input type="checkbox"/> Age 60 or older <input type="checkbox"/> Permanently Disabled			
Who		Documentation	
RESIDENCE - CHECK TYPE OF DOCUMENTATION OBTAINED			
<input type="checkbox"/> Current Rent Receipt w/Name & Address <input type="checkbox"/> Water, Sewage, or Tax Bill <input type="checkbox"/> Mortgage Payment Book/Receipts w/Address <input type="checkbox"/> Deed <input type="checkbox"/> Copy of Lease w/Address <input type="checkbox"/> Utility Bill <input type="checkbox"/> Homeowners Ins. Policy <input type="checkbox"/> Other _____			
INCOME DOCUMENTATION/CALCULATION		Categorically Eligible: <input type="checkbox"/> TA <input type="checkbox"/> SNAP (FS) <input type="checkbox"/> Code A SSI	
Comments, resolution activities, income calculation/documentation, verification of emergency for expedited regular benefit, vendor contract, etc. SHOW ALL CALCULATIONS		REGULAR BENEFIT (EMERGENCY USE PART B)	
Gross Bi-Weekly Income x 2.1666 Gross Weekly Income x 4.3333		<input type="checkbox"/> SEPARATE HEAT (check one) <input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> LP Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Coal/Corn <input type="checkbox"/> PSC Electric <input type="checkbox"/> Municipal Electric	
		<input type="checkbox"/> HEAT INCLUDED IN RENT <input type="checkbox"/> Payment to Household <input type="checkbox"/> Payment to Utility	
TOTAL INCOME \$		Benefit \$ _____	
<input type="checkbox"/> Application compared to previous information <input type="checkbox"/> No prior application <input type="checkbox"/> No Changes <input type="checkbox"/> WMS Inquiry <input type="checkbox"/> Changes verified How: _____			
<input type="checkbox"/> Pended	START: _____	END: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
CERTIFYING AGENCY			
WORKER'S SIGNATURE/DATE			
SUPERVISOR'S INITIALS/DATE			
CONSENT TO WITHDRAW			
I CONSENT TO WITHDRAW MY APPLICATION		SIGN HERE X _____	
I UNDERSTAND THAT I MAY REAPPLY FOR HEAP BENEFITS AT ANY TIME DURING THE PERIOD THAT HEAP APPLICATIONS ARE BEING ACCEPTED			

AGENCY USE ONLY

NOTES AND INCOME CALCULATION WORKSHEET



Home Energy Assistance Program (HEAP) Cooling Assistance Application (Short Form)

YOU MAY ONLY USE THIS APPLICATION IF:

- ✓ Your household received a HEAP benefit during the current HEAP program year OR
- ✓ You are currently receiving Temporary Assistance (TA) or Supplemental Nutrition Assistance Program (SNAP).

If you DID receive a HEAP benefit during the current HEAP program year, your eligibility for a cooling benefit will be based on the information used to determine your HEAP benefit and the information submitted on this form.

If you DID NOT receive a benefit during the current HEAP program year, BUT you are currently receiving TA or SNAP benefits, your eligibility for a cooling benefit will be based on the information in your TA or SNAP case and the information submitted on this form.

APPLICANT INFORMATION:

First Name		MI	Last Name		SSN (last 4 digits)
Street Address				Apt. No.	City
State	Zip	County			Daytime Phone Number

HOUSEHOLD INFORMATION: List everyone including yourself who currently lives in the same house.

Name	SSN	Date of Birth	Blind or Disabled
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO
6.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your household contain an individual that has a medical condition that is worsened by extreme heat? If yes, please provide a note from a physician, physician assistant or a nurse practitioner dated within the previous twelve months prior to the month of application documenting this condition.			<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE READ, SIGN AND DATE

I swear and/or affirm that the information given on this application and subsequent phone interviews is true and correct. I realize that any false statements or other misrepresentation knowingly made by me in connection with this application and subsequent requests for HEAP assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statement or misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in an action against me which may subject me to civil and/or criminal penalties. I understand that by signing this Application/Certification, I consent to any investigation to verify or confirm the information I have given and any other investigation by any authorized government agency in connection with this and subsequent requests for Home Energy Assistance Program benefits for the current HEAP season. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and to my utility company's low income programs.

I understand that I may be eligible for a cooling benefit but may not receive a benefit if federal funds are not available for this component.

SIGNED: _____

DATE: _____

FOR AGENCY USE ONLY

- Received a current HEAP Program year benefit:
- Regular
 - Emergency
 - Eligible**
 - Pended Start: _____ End: _____
 - Ineligible** because:
 - No Vulnerable Household Member
 - Failed to Provide Information
 - Over Income Limit (Code 5)
 - Other

Comments:

Eligibility Determination Date: _____

Worker Signature: _____ Date: _____ Supervisors Initials: _____ Date: _____