



FAMILY INDEPENDENCE ADMINISTRATION


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POLICY BULLETIN #14-53-ELI

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

<p>Date: May 14, 2014</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 May 1, 2014. The program will run until Friday, August 29, 2014 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 Assistance Component (CAC) does not include an additional HEAP cash benefit.</p> <p>HEAP is responsible for processing all applicants for the CAC. Job Centers (JC) and NCA SNAP Center staff are only responsible for the following when an applicant asks about applying for CAC benefits at a center:</p> <ul style="list-style-type: none"> • Inform the applicant that they must: <ul style="list-style-type: none"> ▪ Complete a Home Energy Assistance Program Application form (LDSS-3421) for non CA or non NCA SNAP applicants, or a Home Energy Assistance Program (HEAP) 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

HEAP Processing

- Either mail the appropriate application form, the name and address of the air conditioning vendor to the address below or bring the documents to the HEAP office 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: **929-221-5862** or the HEAT Hotline at **1-800-692-0557**, and for Homebound participants, call **212-331-3150**.

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 received a 2013-2014 HEAP benefit in an amount less than or equal to \$21.00 are not eligible for this component.

HEAP Eligibility requirements for the CAC are based on the following guidelines:

- Applicants that did not receive a 2013-2014 HEAP benefit must complete, sign, date and submit a **LDSS-3421**. In addition, the **LDSS-4992** must be completed, signed, dated and submitted. Districts must mark the **LDSS-3421** as "Cooling". Each application must be date-stamped upon receipt.
- Applicants who received a 2013-2014 HEAP benefit or who are currently in receipt of recurring CA or SNAP benefits need only complete the **LDSS-4992**. Each application must be date-stamped upon receipt. A sample of the HEAP CAC Cooling Assistance Application Short form is found in Attached.
- An authorized representative may apply on behalf of the applicant. Page 4 of the **LDSS-3421** 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.
- Applicant households must provide a valid Social Security Number and documentation of the following eligibility criteria: current address, identity and income for each person in the household. SSI households in current receipt of benefits which are designated as Federal Living Arrangement Code A and State Supplement Code A are categorically income eligible.

Code A SSI recipients who did not receive a 2013-2014 HEAP benefit are not required to provide income documentation. However, all other eligibility criteria must be documented.

- All applicant households must provide medical documentation for the household member with a medical condition exacerbated by extreme heat. The medical documentation must be issued by a physician, physician's assistant or a nurse practitioner and clearly state the health condition. The document must be 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).
- For applicants allowed to apply using the **LDSS-4992**, income documentation is not required as these households are categorically income eligible. However, the household must still provide medical documentation and also document any reported changes in household circumstances (change of address, household composition, etc.).
- Applicants required to provide documentation must be provided with the **LDSS-2642** and a copy must be retained in the case record. Required documentation may be provided by mail, fax, email, or in person. Any permanent documentation available in the agency or through the HRA One Viewer must be used to avoid requiring duplicate information from the applicant. A sample of the **LDSS-2642** is attached.
- Applications may be pended for a maximum of ten business days for documentation. However, due to the limited nature of this component, a SSD must make every effort must be made to quickly resolve any pending issues. If the applicant fails, without good cause, to provide the requested documentation by the due date, the application must be denied. Good cause includes but is not limited to difficulty in obtaining medical or non-medical documentation. If the applicant is having difficulty in obtaining medical documentation, HRA must assist the individual in getting the documentation.

Pending dates must be noted in the "start" and "end" fields on the "Agency Use" section of the **LDSS-3421** or the **LDSS-4992**.

- A household's countable income cannot exceed the 2013-2014 maximum HEAP guidelines found in the chart below.
- Households in receipt of recurring CA, SNAP, and Code A SSI benefits are categorically income eligible.

	2014 HEAP MONTHLY INCOME ELIGIBILITY GUIDELINES	
Household Size	Tier I	Tier II
1	0 - 1,245	1,246 - 2,175
2	0 - 1,680	1,681 - 2,844
3	0 - 2,116	2,117 - 3,513
4	0 - 2,551	2,552 - 4,182
5	0 - 2,987	2,988 - 4,182
6	0 - 3,422	3,423 - 5,521
7	0 - 3,858	3,859 - 5,646
8	0 - 4,293	4,294 - 5,772
9	0 - 4,729	4,730 - 5,897
10	0 - 5,164	5,165 - 6,023
11	0 - 5,600	5,601 - 6,461
11+	436	503

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

Effective Immediately

Attachments:

- Attachment A** HEAP Field Office Locations For The 2014 HEAP Cooling Assistance Component (CAC)
- Attachment B** HEAP Participating Vendor Report
- LDSS-3421** Home Energy Assistance Program Application (Rev. 5/13)
- LDSS-4992** Home Energy Assistance Program (HEAP) Cooling Assistance Application (Short Form) (Rev. 2/13)
- LDSS-2642** Documentation Requirements (Rev. 8/12)

**HEAP Field Office Locations For The 2014 HEAP
Cooling Assistance Component (CAC)**

HEAP OFFICE	ADDRESS
Coney Island Job Center	3050 West 21st Street, Brooklyn, NY 11224 3rd Floor

If you are mailing in your application, please submit to:
HRA/HOME ENERGY ASSISTANCE Program
PO Box 1401
Church Street Station
New York NY 10008



HEAP Participating Vendor Report

BRONX

Total Participating Dealers: **16**

Name	Address	Phone
ARC Fuel Oil Co., Inc.	56 So. Parkway Drive North Babylon, NY 11704	631-539-9811
Association for Energy Affordability, Inc	105 Bruckner Boulevard Bronx, NY 10454	718 292 6733 ext 8211
Atomic Fuel Oil Co.	21-01 Steinway Street Astoria, NY 11105-1870	718-728-4022
Bronx Shepherds Restoration Corp.	1932 Washington Avenue Bronx, NY 10457	718-299-0500
Citiwide Plumbing Heating & Sprinklers Corp. DBA: Mr. Plumber and Mr. Clean	31-70 College Point Boulevard Flushing, NY 11354	917 416 2438
Dynamic Transportation & Energy Inc	132 Aracher Avenue Mount Vernon, NY 10550	914-664-8600
EBA Wholesale Corporation	2361 Nostrand Avenue Brooklyn, NY 11210	718 252 3400 ext 197
Finest Trucking	219-46 93rd Avenue Queens Village, NY 11428	718 417 1234
Genet Plumbing & Heating Corporation	206-05 Jamaica Avenue Queens Village, NY 11428	718-740-0651
Lloyd Drummond Plumbing & General Contracting	147-14 240 Street Rosedale, NY 11422	718-527-5115
Northwest Bronx Community & Clergy Coalition Inc	103 East 196th Street Bronx, NY 10468	718 584 0515 ext 232
Olympian Fuel Oil & Gas Service	118-17 15th Avenue College Point, NY 11356	718-278-9300
Paragon Oil Company	783 McDonald Avenue Brooklyn, NY 11218	718-252-9000



HEAP Participating Vendor Report

BRONX (Continued)

Name	Address	Phone
Ronco Mechanical	427 Manida Street Bronx, NY 10474	718 861 1110
US Heating & Cooling, Inc.	203 Lincoln Place Eastchester, NY 10709	718-409-9575
Vitello Plumbing & Mechanical Inc.	1952 Williams Bridge Road Bronx, NY 10461	718-409-4160



HEAP Participating Vendor Report

BROOKLYN

Total Participating Dealers: **16**

Name	Address	Phone
ARC Fuel Oil Co., Inc.	56 So. Parkway Drive North Babylon, NY 11704	631-539-9811
Arnica Heating & Air Conditioning	68 Broad St. Staten Island, NY 10304	718-720-6116
Association for Energy Affordability, Inc	105 Bruckner Boulevard Bronx, NY 10454	718 292 6733 ext 8211
Atomic Fuel Oil Co.	21-01 Steinway St. Astoria, NY 11105-1870	718-728-4022
Bedford Stuyvesant Restoration Corporation	1360 Fulton Street 2nd Floor Brooklyn, NY 11216	718 638 5705
Big City Plumbing & Heating Inc.	2639 Middle Country Road Centereach, NY 11720	631-361-9500
Community Environmental Center Inc	43-10 Eleventh Avenue Long Island City, NY 11101	718 784 1444 ext 118
Crown Heights Jewish Community Council, Inc	392 Kingstin Avenue Brooklyn, NY 11225	718 771 9000 ext 7717
EBA Wholesale Corporation	2361 Nostrand Avenue Brooklyn, NY 11210	718 252 3400 ext 197
Finest Trucking	219-46 93rd Avenue Queens Village, NY 11428	718 417 1234
Genet Plumbing & Heating Corporation	206-05 Jamaica Avenue Queens Village, NY 11428	718-740-0651
ODA Community Development Corp.	12 Heyward Street Brooklyn, NY 11249	718 855 8233
Olympian Fuel Oil & Gas Service	118-17 15th Avenue College Point, NY 11356	718-278-9300
Paragon Oil Company	783 McDonald Avenue Brooklyn, NY 11218	718-252-9000
Rucci Oil Co., Inc. DBA: Capitol Fuel Oil	1693 Richmond Terrace Staten Island, NY 10310	718-442-2080
Sunset Park Redevelopment Committee Inc.	5101 4th Avenue 2nd floor Brooklyn, NY 11220	718-492-8580



HEAP Participating Vendor Report

MANHATTAN

Total Participating Dealers: **32**

Name	Address	Phone
ARC Fuel Oil Co., Inc.	56 So. Parkway Drive North Babylon, NY 11704	631-539-9811
Arnica Heating & Air Conditioning	68 Broad St. Staten Island, NY 10304	718-720-6116
Association for Energy Affordability, Inc	105 Bruckner Boulevard Bronx, NY 10454	718 292 6733 ext 8211
Atomic Fuel Oil Co.	21-01 Steinway St. Astoria, NY 11105-1870	718-728-4022
Bedford Stuyvesant Restoration Corporation	1360 Fulton Street 2nd Floor Brooklyn, NY 11216	718 638 5705
Big City Plumbing & Heating Inc.	2639 Middle Country Road Centereach, NY 11720	631-361-9500
Bronx Shepherds Restoration Corp.	1932 Washington Avenue Bronx, NY 10457	718-299-0500
Citiwide Plumbing Heating & Sprinklers Corp. DBA: Mr. Plumber and Mr. Clean	31-70 College Point Boulevard Flushing, NY 11354	917 416 2438
Community Environmental Center Inc	43-10 Eleventh Avenue Long Island City, NY 11101	718 784 1444 ext 118
Crown Heights Jewish Community Council, Inc	392 Kingstin Avenue Brooklyn, NY 11225	718 771 9000 ext 7717
Dynamic Transportation & Energy Inc	132 Aracher Avenue Mount Vernon, NY 10550	914-664-8600
EBA Wholesale Corporation	2361 Nostrand Avenue Brooklyn, NY 11210	718 252 3400 ext 197
Finest Trucking	219-46 93rd Avenue Queens Village, NY 11428	718 417 1234
Genet Plumbing & Heating Corporation	206-05 Jamaica Avenue Queens Village, NY 11428	718-740-0651



HEAP Participating Vendor Report

MANHATTAN (Continued)

Name	Address	Phone
Harlem Community Development Corporation	163 West 125th Street New York, NY 10027	212 961 4148
Housing Conservsation Coordinator, Inc.	777 10th Avenue New York, NY 10019	212 541 5996 ext 22
Lloyd Drummond Plumbing & General Contracting	147-14 240 Street Rosedale , NY 11422	718-527-5115
Northern Manhattan Improvement Corp	76 Wadsworth Avenue, 4th floor New York, NY 10033	212 822 8340
Northfield Home Performance Inc	160 Heberton Avenue Staten Island, NY 10302	718 442 7351 ext 241
Northwest Bronx Community & Clergy Coalition Inc	103 East 196th Street Bronx, NY 10468	718 584 0515 ext 232
Nuzzi Fuel, LLC	70 Windsor Avenue Mineola, NY 11501	516-354-2258
ODA Community Development Corp.	12 Heyward Street Brooklyn, NY 11249	718 855 8233
Olympian Fuel Oil & Gas Service	118-17 15th Avenue College Point, NY 11356	718-278-9300
Paragon Oil Company	783 McDonald Avenue Brooklyn, NY 11218	718-252-9000
Ronco Mechanical	427 Manida Street Bronx, NY 10474	718 861 1110
Rucci Oil Co., Inc. DBA: Capitol Fuel Oil	1693 Richmond Terrace Staten Island, NY 10310	718-442-2080
Sunset Park Redevelopment Committee Inc.	5101 4th Avenue 2nd floor Brooklyn, NY 11220	718-492-8580
Tim Daniels Plumbing & Heating Group	1073 Long Beach Road South Hempstead, NY 11550	516-594-1509



HEAP Participating Vendor Report

MANHATTAN (Continued)

Name	Address	Phone
US Heating & Cooling, Inc.	203 Lincoln Place Eastchester, NY 10709	718-409-9575
Vitello Plumbing & Mechanical Inc.	1952 Williams Bridge Road Bronx, NY 10461	718-409-4160
Windsor Fuel Co., Inc.	80 Windsor Avenue Mineola, NY 11501	516-746-5900
Woodhaven Plumbing & Heating Corp.	103-19 101st Avenue Ozone Park, NY 11416	718-847-8343



HEAP Participating Vendor Report

QUEENS

Total Participating Dealers: **16**

Name	Address	Phone
ARC Fuel Oil Co., Inc.	56 So. Parkway Drive North Babylon, NY 11704	631-539-9811
Arnica Heating & Air Conditioning	68 Broad St. Staten Island, NY 10304	718-720-6116
Association for Energy Affordability, Inc	105 Bruckner Boulevard Bronx, NY 10454	718 292 6733 ext 8211
Atomic Fuel Oil Co.	21-01 Steinway St. Astoria, NY 11105-1870	718-728-4022
Big City Plumbing & Heating Inc.	2639 Middle Country Road Centereach, NY 11720	631-361-9500
Community Environmental Center Inc	43-10 Eleventh Avenue Long Island City, NY 11101	718 784 1444 ext 118
EBA Wholesale Corporation	2361 Nostrand Avenue Brooklyn, NY 11210	718 252 3400 ext 197
Finest Trucking	219-46 93rd Avenue Queens Village, NY 11428	718 417 1234
Genet Plumbing & Heating Corporation	206-05 Jamaica Avenue Queens Village, NY 11428	718-740-0651
Lloyd Drummond Plumbing & General Contracting	147-14 240 Street Rosedale, NY 11422	718-527-5115
Nuzzi Fuel, LLC	70 Windsor Avenue Mineola, NY 11501	516-354-2258
Olympian Fuel Oil & Gas Service	118-17 15th Avenue College Point, NY 11356	718-278-9300
Paragon Oil Company	783 McDonald Avenue Brooklyn, NY 11218	718-252-9000
Tim Daniels Plumbing & Heating Group	1073 Long Beach Road South Hempstead , NY 11550	516-594-1509
Windsor Fuel Co., Inc.	80 Windsor Avenue Mineola, NY 11501	516-746-5900
Woodhaven Plumbing & Heating Corp.	103-19 101st Avenue Ozone Park, NY 11416	718-847-8343



HEAP Participating Vendor Report

STATEN ISLAND

Total Participating Dealers: **6**

Name	Address	Phone
Arnica Heating & Air Conditioning	68 Broad St. Staten Island, NY 10304	718-720-6116
Atomic Fuel Oil Co.	21-01 Steinway St. Astoria, NY 11105-1870	718-728-4022
EBA Wholesale Corporation	2361 Nostrand Avenue Brooklyn, NY 11210	718 252 3400 ext 197
Lloyd Drummond Plumbing & General Contracting	147-14 240 Street Rosedale, NY 11422	718-527-5115
Northfield Home Performance Inc	160 Heberton Avenue Staten Island, NY 10302	718 442 7351 ext 241
Rucci Oil Co., Inc. DBA: Capitol Fuel Oil	1693 Richmond Terrace Staten Island, NY 10310	718-442-2080

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	
					DATE RECEIVED		DATE RECEIVED	
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"/> COOLING <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			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? NO 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)? No Yes
 If yes, who? _____ CASE NUMBER _____

DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET OR HAVE RECENTLY APPLIED FOR TEMPORARY ASSISTANCE?
 No Yes If yes, who? _____ CASE NUMBER _____

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 <input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ <input type="checkbox"/> SEMI-MONTHLY	Employer Employer Employer 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/SPOUSAL SUPPORT 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 NEXT PAGE		
<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, list member(s):

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

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 must 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.

I would like to designate an authorized representative. No Yes- Complete information below

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 SUBMIT YOUR APPLICATION AS SOON AS POSSIBLE.

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 Commissioner, 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.

CONSENT

I understand that by signing this application/certification, I consent to any investigation to verify or confirm the information I have given and other investigation by any authorized government agency in connection with this and subsequent requests for Home Energy Assistance Program (HEAP) 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 my utility company's low income programs.

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 <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 Gross Bi-Weekly Income x 2.1666 Gross Weekly Income x 4.3333		REGULAR BENEFIT (EMERGENCY USE PART B) <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 Benefit \$ _____	
TOTAL INCOME \$			
<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 SIGNATURE/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

FEDERAL REPORTING CRISIS INFORMATION

THE HOUSEHOLD HAD ONE OF THE FOLLOWING CRISIS SITUATIONS- CHECK ONE

- Household has a utility shut off but service was not terminated
- Household had a utility shut off and service was terminated
- Household has ¼ tank of fuel
- Household had no fuel
- Household has a working furnace that needs replacement
- Household had a non-working furnace that needs replacement

Crisis Resolved No Yes

If no, why?

**NEW YORK STATE HOME ENERGY ASSISTANCE PROGRAM
(HEAP)
APPLICATION INSTRUCTIONS**

IMPORTANT INFORMATION ABOUT PROGRAM DATES

HEAP benefits are only available when the program is open. The opening and closing dates are determined for each program year. Opening dates for the regular benefit and the emergency benefit components may be different. Information on the opening and closing dates for this year's program can be found on the OTDA website at <http://www.otda.ny.gov> or by calling our toll free number at 1-800-342-3009.

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

Complete all non shaded areas and answer all questions.

Who should complete and sign the application?

The application should be completed by the person who has primary and direct responsibility for payment of the heating bill or the primary tenant if heat is included in the rent.

What address should I list?

You must list your current address. This must be your permanent and primary residence.

Why do you need my daytime phone number?

It is important to list a phone number where you can be reached. This will assist in timely processing of your application if additional information is required.

Will I need an interview?

Some applicants may be required to have an interview. You may choose to have a phone interview or to have an in person interview. Please indicate your interview preference in the box on page one. Completion of this section does not mean you will be required to have an interview.

Who should I list as household members?

List everyone who lives in your house, even if they are not related to you or contributing financially to your household. You may be required to provide proof of identity for all household members. List yourself first on line 1. If you live alone, write the word "none" on line 2.

Citizen /Alien Information:

In order to receive HEAP you must be a U.S.citizen, Qualified Alien, or U.S non-citizen national. For additional information on what constitutes a Qualified Alien or U.S. non-citizen national, please contact the New York State Office of Temporary and Disability Assistance hotline at 1-800-342-3009 or visit the OTDA website at <http://www.otda.ny.gov>.

Why do I need to provide Social Security numbers for everyone?

Social Security numbers are required for all household members. The information is validated with data from the Social Security Administration. If any member does not have a Social Security number but has applied for one, write the word "applied" in the Social Security Number box. If you leave this section blank for any household member, your application cannot be processed but will be pended for further information. This information may also be used to perform data matches with other state and federal agencies for the purposes of verifying your household's HEAP eligibility.

Housing Information

Please check the box that most accurately represents your housing situation.

Heating Situation

Make sure to answer all three (3) questions

How should I complete the income section? Will I need to provide proof?

List ALL income for all household members. All amounts should be entered as gross income prior to any deductions. Deductions include, but are not limited to: income taxes, child support, garnishments, health insurance, and union dues. You are required to submit documentation of all earned income, including self-employment and rental income. You may be required to provide proof of other income. Please see page 5 of the application instructions for specific types of acceptable documentation. Do not submit originals, they will not be returned. Eligibility will be based on your household's gross monthly income for the month of application.

Please enter the amount of your Social Security before any deductions for Medicare. List separately the amounts that you pay for Medicare Part B and/or D. Amounts for Medicare Parts B and D are excluded as income.

Enter only the interest or dividend portions of bank accounts, CDs, stocks, bonds or other investment income. List each account separately. If you need more space, attach additional sheets. Enter the amount received for the twelve (12) months prior to the month of application.

What does authorized representative mean?

An authorized representative is a person who may act as your agent for HEAP purposes as listed on the application. Authorized representative status is for the current program only and you may revoke it at any time during the program by submitting a statement to your local department of social services. Since this person may be providing information on your behalf, it should be someone who knows your circumstances.

Make sure to SIGN and date the application. The application must be signed by the person who has the heating bill in their name, or who pays the bill if it is in someone else's name. If heat is included in the rent, the primary tenant must complete and sign the application.

Motor Voter Registration

Please include the Motor Voter form with your application. Complete this form if you are not registered to vote and you want to register. This does not affect your HEAP eligibility or benefit amount.

WHAT WILL I NEED TO APPLY?

New applicants will need to include the following documentation along with your application:

- Proof of each household member's identity
- A valid Social Security Number for each household member
- Proof of residence
- A fuel and/or utility bill if you pay for heat or proof that you pay rent which includes heat
- Documentation of income for all household members

Please see page 5 of the application instructions for specific types of acceptable documentation. In addition, new applicants will also need to have an interview; and you can choose either a phone interview or an in person interview. However, if you do choose a phone interview, please include a working phone number and the best time to contact you for a phone interview on Page 1 of your application.

All applications for heating equipment repair or replacement must be in person with full documentation.

WHERE TO APPLY:

You must apply in the county in which you currently reside. You can apply in person or mail in your application at the address stamped at the top of the application or can find other local certifiers by checking our website at: <http://www.otda.ny.gov>.

MY BENEFITS

You may apply for HEAP online by going to <https://www.mybenefits.ny.gov> . Once your application for HEAP is submitted, you can check the status of your application on-line by using your secure online account at <https://www.mybenefits.ny.gov> . If your application is approved the amount of the benefit is provided. You may be eligible for food assistance. Check your eligibility and apply for SNAP at <https://www.mybenefits.ny.gov> . Additional Information about HEAP and other human services program can be found at <https://www.mybenefits.ny.gov> .

How will my benefit be paid?

If you are approved and you pay for heat, your payment will be sent to your heating fuel vendor. Your eligibility notice will include the name of the vendor. If the vendor listed is not correct, notify the social services district immediately. In some cases, your benefit will be paid to your electric company if heat is included in your rent. Your notice will tell you the amount of the benefit, how it will be paid, and how it was calculated.

Vendors are not permitted to make deliveries until payment is received or until instructed to do so by the local Department of Social Services. Benefits may not be applied to prior deliveries for deliverable fuel sources. If you are in need of fuel before your vendor has received notification or payment, you must contact your local department of social services.

Regular HEAP benefits are intended to be a one-time supplement to your annual energy costs and are not intended to replace your personal payments. You must continue to pay your energy bills.

What is a HEAP Emergency?

- You are out of fuel or have less than ¼ tank of oil, kerosene or propane, or less than a ten (10) day supply of other deliverable heating fuel.
- Your natural gas or electric heat has been shut off or is scheduled to be shut off.
- Applicant owned heating equipment is not working.

WHAT IF I HAVE AN EMERGENCY?

HEAP benefits can assist with the following emergencies:

- You are out of fuel or have less than ¼ tank of oil, kerosene or propane, or less than a ten (10) day supply of other deliverable heating fuel.
- Your natural gas or electric heat has been shut off or is scheduled to be shut off.
- Applicant owned heating equipment is not working.

If you have a heating emergency and have applied for, but have not received, your regular benefit, you should contact your local Department of Social Services after the program opens. Whenever possible, regular HEAP benefits are used first to resolve an energy emergency.

DO NOT WAIT UNTIL YOU ARE OUT OF HEATING FUEL OR YOUR GAS/ELECTRIC SERVICE IS OFF TO REQUEST ASSISTANCE. IF YOUR UTILITY SERVICE IS TERMINATED, YOUR UTILITY COMPANY IS NOT REQUIRED TO RESTORE YOUR SERVICE EVEN IF YOU ARE ELIGIBLE FOR A HEAP BENEFIT.

FAIR HEARINGS

You have certain rights when filing your HEAP application. You have the right to be told if your application is approved or denied within thirty (30) business days of the date that the HEAP certifier receives your completed and signed application.

The processing time for applications will not begin until program opening even though you may have received an application prior to the program opening date as a part of our outreach effort. You have the right to request a conference and/or a fair hearing if it has been more than thirty (30) business days since the HEAP certifier received your signed and completed application (or it has been more than thirty (30) business days since program opening if the certifier received your application prior to program opening) and you have not been told of the eligibility decision.

If you would like a conference, you should ask for one as soon as possible. At the conference, if it is discovered that a wrong decision was made, or if because of information you provide, the decision has changed our original decision, corrective action will be taken.

If you would like a conference, please contact your [Local Department of Social Services Department](#). This is only for requesting a conference. It is not how you ask for a fair hearing. If you ask for or have a conference, you are still entitled to a fair hearing.

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below:

Telephone: Statewide toll free request number is 800-342-3334. Please have the notice, if any, with you when you call.

Fax: your Fair Hearing request to: 518-473-6735

Online: Complete online request form at <http://www.otda.ny.gov/oah/>

In writing: For notices, fill in the supplied space and send a copy of the notice, or write to:

NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
P.O. Box 1930
Albany, NY 12201-1930

If you request a fair hearing, NYS will send you a notice of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, friend, or other person, or to represent yourself. At the hearing, your attorney or other representative will have the opportunity to present written and oral evidence, as well as the opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents that may be helpful in presenting your case.

If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid society or other legal advocate group. You may locate the nearest Legal Aid society or advocate group by checking the yellow pages under "lawyers".

You have the right to review your case record. Upon your request, you have the right to free copies of documents that your local Department of Social Services presents into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record that you need for your fair hearing. To request such documents or to find out how you may review your case record, contact your [Local Department of Social Services](#).

If you need someone who speaks Spanish, contact the NYS OTDA Hotline at 1-800-342-3009.

OTHER PROGRAMS YOU MAY BE ELIGIBLE FOR:

WEATHERIZATION ASSISTANCE

You may also be eligible for weatherization assistance programs through NYS Homes and Community Renewal (HCR) or the New York State Energy Research and Development Authority (NYSERDA). A list of local weatherization sub-grantee contacts can be found at: <http://nysdhcr.gov/Programs/WeatherizationAssistance/>. For more information on available NYSEDA energy services, visit <http://www.nyserda.ny.gov>. Your signature on the HEAP application allows a referral and exchange of information to be made to the weatherization assistance programs on your behalf.

UTILITY LOW INCOME PROGRAM

You may also be eligible to enroll in your utility company's low income program. Your signature on the HEAP application allows a referral to be made to your utility company on your behalf.

TYPES OF ACCEPTABLE DOCUMENTATION

RESIDENCE (Where you now live)

- Current rent receipt with name and address of tenant and landlord or lease with name and address
- Water, sewage, or tax bill
- Deed
- Utility bill
- Mortgage payment books/receipts with address
- Homeowners insurance policy

IDENTITY

You must provide one or more of the following for each person in your household:

- Birth certificate
- Baptismal certificate
- School records
- Passport
- Social Security card
- Driver's license
- Marriage certificate

SOCIAL SECURITY NUMBER

You must provide a valid Social Security Number for each member of your household. If you or a member of your household does not have a Social Security Number, you must apply for one at the Social Security Administration.

VULNERABILITY

You must provide one of the following for proof of vulnerability for a vulnerable member of your household (children under 6 years of age, adults 60 years of age or older, or anyone with a disability):

- Birth certificate
- Baptismal certificate with date of birth
- Award letter
- Passport
- Driver's license
- Written statement of eligibility for benefits

HEATING SITUATION

If you pay a fuel or utility bill, bring a copy of your most recent fuel/utility bill or a statement from your vendor.

If you do not pay for heat, bring a current rent receipt with name and address of tenant and landlord, lease with name and address, or statement from your landlord that indicates heat is included in your rent.

INCOME

- Pay stubs for the most recent four (4) weeks
- If self-employed, business records for the most recent three (3) months or your filed federal tax return for the current year, including all applicable schedules.
- Rental income/expenses for previous 12 months
- Child support or alimony/spousal support
- Bankbook/dividend or interest statement
- Statement from roomer/boarder

COPY OF AWARD LETTER OR OFFICIAL CORRESPONDANCE FOR THE FOLLOWING:

- Social Security/Supplemental Security Income (SSI)
- Veteran's Benefits
- Pensions
- Worker's Compensation/Disability
- Unemployment Insurance Benefit amount
- Educational Grants/Loans

RESOURCES (For emergency benefit applications only)

- Cash
- Stocks/bonds
- Checking, savings, and/or CD account balances
- IRA accounts
- Lump sums from sale of property or insurance settlements.

Applications for Heating Equipment Repair and Replacement require additional documentation. If you are applying for this component, you will be given a separate list of documentation you need to provide.

NYS Agency-Based Voter Registration Form



"If you are not registered to vote where you live now, would you like to apply to register here today?"

YES (If you check yes, please complete VOTER REGISTRATION APPLICATION at bottom of page)

NO because I choose not to register OR

I am already registered at my current address OR

I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

_____/____/____
(Signature) (Date)

(Please Print Name)

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料：如果你有興趣索取本中文資料表格，請電 1 - 800 - 367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화하십시오.

VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (01/2011)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** Yes, I would like to be an Election Day worker

1	Are you a U. S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		2	Will you be 18 years old on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/>		For Board use only!
	If you answered NO, do not complete this form.			If you answered NO, do not complete this form unless you will be 18 by the end of the year.		
3	Last Name	First Name	Middle Initial	Suffix		
4	Address where you live (do not give P.O. address)		Apt. No.	City/Town/Village	Zip Code	County
5	Address where you get your mail (if different from above)		P.O. Box, star route, etc.		Post Office	Zip Code
6	Date of Birth	7	Sex (circle) M <input type="checkbox"/> F <input type="checkbox"/>	8	Home Tel. Number (optional)	
10	The last year you voted	Your Address was (give house number, street and city)			9	ID Number—Check the applicable box and provide your number: <input type="checkbox"/> New York DMV number _____ If you do not have a New York DMV number, please provide: <input type="checkbox"/> Last four digits of your Social Security Number _____ <input type="checkbox"/> I do not have a New York Driver's license number
	In county/state	Under the Name (if different from your name now)				
11	Choose a party -- Check one box only <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Conservative Party <input type="checkbox"/> Working Families Party <input type="checkbox"/> Independence Party <input type="checkbox"/> Green Party <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> I do not wish to enroll in a party			12	AFFIDAVIT: I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city or village for at least 30 days before the election. • I will meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. → _____ (Signature or Mark in Ink) (Date)	

(Optional) Register to donate your organs and tissues

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Address _____
 Apt Number _____ Zip Code _____
 City _____
 Birth Date _____ Sex M F
 Eye Color _____ Height _____ Ft. _____ In.

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.



Sign

Date

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

New York State Board of Elections, 40 Steuben Street,
Albany, New York 12207-2109
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.state.ny.us

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the **DMV number (driver's license number or non-driver ID number)**, or the **last four digits of your social security number**, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, pay-check, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to *Verifying your identity* above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. To vote in a primary election, you must be enrolled in one of these listed parties — Except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.



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: _____

DOCUMENTATION REQUIREMENTS

Applicant/Recipient Name	Case Name
Date	Time of Interview
Case Number	

LOCAL DISTRICT NAME AND ADDRESS:

You must provide proof of the eligibility factors checked. Your worker must receive this proof no later than _____. If your worker does not receive this proof, your application may be denied or your assistance may be discontinued. (If you cannot obtain these items by the above date, call _____ to find out what other forms may be used to verify your eligibility.) If you ask, we will help you get the proof as long as you are cooperating with us.

Eligibility Factor	To prove this factor, provide: ✓↓ ONE of the following	OR	✓↓ TWO of the following (If you are applying for SNAP Benefits or Medical Assistance only, you need to bring only one form for each eligibility factor checked.)
<input type="checkbox"/> Identity You must prove who you are.	Photo I.D. Driver's license U.S. passport Naturalization Certificate Hospital/Doctor's Records Adoption paper		Statement from another person Validated Social Security Number Birth/Baptismal Certificate
<input type="checkbox"/> Marital Status You must prove if you are married, divorced, separated, or widowed.	Marriage/Death certificates Separation agreement Divorce decree Social Security records VA records		Statement from clergy Census records Newspaper notice Statement from another person
<input type="checkbox"/> Residence You must prove where you live.	Statement from landlord Current rent receipt or lease Mortgage records		Statement from another person Current mail School records
<input type="checkbox"/> Household Composition/Size You must prove who is living with you.	Statement from non-relative Landlord School records		Statements from other persons
<input type="checkbox"/> Age You must prove the age of each person applying for assistance, where appropriate.	Birth certificate Baptismal certificate Hospital records Adoption records Naturalization certificate Driver's license		Insurance policy Census records School records Statement from another person Physician statement Official correspondence from SSA
<input type="checkbox"/> Absent Parent If the parent of any child in your home is not living with you, you must prove this	Death certificate Survivor's benefits Hospital records VA or military records Divorce papers Proof of remarriage		Newspaper notice Insurance company records Institutional records Agency case records and burial payment files Statement from another person

Eligibility Factor

Social Security Number
(For Temporary Assistance, SNAP Benefits and Medical Assistance **only**, you do **not** have to provide proof of your Social Security Number (SSN) unless the SSN you give does not match with SSA'S records or cannot be verified by the agency.)

Citizenship or Current Alien Status - US citizens are eligible for Temporary Assistance, SNAP and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, SNAP or Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary non-immigrants are eligible only for the treatment of an emergency medical condition.

Earned Income
From employer

From self-employment

Income from rent or room/board

Unearned Income
Child support

Unemployment Insurance benefits (UIB)

Social Security benefits (including SSI)

Veteran's benefits

To prove this factor, provide one of the following:

Social Security Card
Official correspondence from SSA
A Social Security Number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance-only applicants who are pregnant.

Birth certificate
Baptismal certificate
Hospital records
U.S. passport
Military service records
Naturalization certificate
USCIS documentation
Evidence of continuous U.S. residence since prior to 11/1/72.

Current wage stubs
Pay envelopes
On letterhead, rate of pay per hour; hours worked per week; date of first pay, if new and employer's phone number
Contact with employer
Business records
Tax records
Records and related materials concerning self-employment earnings and expenses
Current income tax return
Current contribution check
Statement from roomer, boarder, tenant
Income tax records

Statement from Family Court
Statement from person paying support
Check stubs
Current award certificate
Current benefit check
Official correspondence with NYS Dept. of Labor
Current award certificate
Current benefit check
Official correspondence from SSA
Current award certificate
Current benefit check
Official correspondence from VA

Eligibility Factor

Unearned Income (con't)

Workers' Compensation

Education grants and loans

Interest/dividends/royalties

Private pension/annuity

Other

Resources

Bank accounts: checking, savings, retirement (IRA and Keogh)

Stocks, bonds, certificates

Life Insurance

Burial trust or fund burial plot or funeral agreement

Income tax refund or earned income tax credit (EITC)

Real estate other than Residence

Motor Vehicle

Lump sum payment

Statement from school
Statement from bank
Award letter

Statement from bank or credit union
Statement from broker/agent

Current award letter
Current benefit check
Official correspondence from source of income

Statement from household
Statement from nursing home

Current bank records
Current credit union records

Stock certificate
Bonds
Statement from financial institution

Insurance policy
Statement from insurance company

Bank records
Burial agreement
Burial plot deed
Statement from funeral director

Tax Refund
Statement from tax office

Deed
Statement from real estate broker
Appraisal/estimate of current value by broker

Registration (older models)
Title of ownership
Appraisal of current value by dealer
Financing data

Statement from source of payment

To prove this factor, provide one of the following:

Award Letter
Check stub

Statement from school
Statement from bank
Award letter

Statement from bank or credit union
Statement from broker/agent

Current award letter
Current benefit check
Official correspondence from source of income

Statement from household
Statement from nursing home

Current bank records
Current credit union records

Stock certificate
Bonds
Statement from financial institution

Insurance policy
Statement from insurance company

Bank records
Burial agreement
Burial plot deed
Statement from funeral director

Tax Refund
Statement from tax office

Deed
Statement from real estate broker
Appraisal/estimate of current value by broker

Registration (older models)
Title of ownership
Appraisal of current value by dealer
Financing data

Statement from source of payment

Medical Bills

Health Insurance
If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.

Disabled/Incapacitated /Pregnant
If you or anyone living with you is sick or pregnant, you must provide proof.

Unpaid Bills
Rent, utility

Referral
Drug/Alcohol Treatment Program

Employment Service

Other Expenses/ Dependent Care Cost
You must provide proof if you pay court-ordered support, child care, recurring loans, or for services of a home health aide or attendant.

School Attendance
You must prove who is in school

Other:

Eligibility Factor

Other _____

Shelter Expenses
You must prove how much it costs you to live where you do (You may need to provide separate documentation for each item of shelter expense.) **Medical Assistance does not require documentation of shelter expenses.**

Medical Bills

Health Insurance

Disabled/Incapacitated /Pregnant

Unpaid Bills

Referral

Employment Service

Other Expenses/ Dependent Care Cost

School Attendance

Other:

To prove this factor, provide one of the following:

Current rent receipt
Current lease
Mortgage book/records
Property and school tax records
Landlord statement
Sewer and water bills
Homeowner's insurance records
Fuel bills
Non-heating utility bills
Telephone bills

Copies of medical bills (paid and unpaid)

Insurance policy
Insurance card
Statement from provider of coverage
Medicare card

Statement from medical professional verifying pregnancy and expected date of birth
Statement from medical professional
Proof of SSA or SSI benefits for disability or blindness

Copy of each bill showing amount owed, period of services and provider

Statement from provider of Treatment

Statement from employment service

Court order
Statement from day care center or other child care provider
Statement from aide or attendant
Cancelled checks or receipts

School records (current report card)
Statement from school/ or Higher Education Institution

DATE

TELEPHONE NUMBER
()

DATE

TELEPHONE NUMBER
()

Absent Parent Information
You must provide any information you have: name, address, Social Security Number, birth date, employment

Pay Stubs
Tax returns
Social Security or VA records
Monetary determination letters
ID. cards (health insurance)
Driver's license or registration

WORKER NAME

APPLICANT/ RECIPIENT SIGNATURE

DATE

DATE

TELEPHONE NUMBER
()

TELEPHONE NUMBER
()