

HOME ENERGY ASSISTANCE PROGRAM APPLICATION 2009-10



ANSWER **ALL** QUESTIONS. **DO NOT** WRITE IN THE **SHADED** AREAS. PLEASE **PRINT** CLEARLY, AND SIGN THE FORM ON PAGE 4.

COMPLETE THE WHITE BOXES BELOW

| | | | | | | | | | | | | | | | |
|---|------------------|---------|------------|-----------|-----------------|--|--|--|--|-------------------------|--|-------------|--|--|-------|
| CONTACT THE AGENCY ABOVE IF YOU NEED HELP | | | | | AGENCY USE ONLY | | | | | | | | | | |
| | | | | | DSS | | | | | OFA/ALTERNATE CERTIFIER | | | | | |
| | | | | | DATE RECEIVED | | | | | DATE RECEIVED | | | | | |
| OFFICE | APPLICATION DATE | UNIT ID | WORKER ID. | CASE TYPE | CASE NUMBER | | | | | REGISTRY NUMBER | | | | | VERS. |
| | | | | | 6 0 | | | | | | | | | | |
| CASE NAME | | | | | | | | | | NUMBER REUSE INDICATOR | | HEAP INCOME | | <input type="checkbox"/> REGULAR <input type="checkbox"/> MAIL IN <input type="checkbox"/> EMERGENCY <input type="checkbox"/> WALK IN | |

SECTION 1: HOUSEHOLD COMPOSITION

| | | | | | | | | | | | |
|---|--|--|----|------------|---|--|----|-----------|--|--------|--|
| APPLICANT INFORMATION | | | | | | | | | | | |
| FIRST NAME | | | MI | LAST NAME | | | | | | | |
| MY MAIDEN NAME AND/OR OTHER NAMES BY WHICH I HAVE BEEN KNOWN ARE: | | | | FIRST NAME | | | MI | LAST NAME | | | |
| | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | APT. # | |
| CITY | | | | | STATE | | | ZIP CODE | | | |
| COUNTY | | | | | PHONE NUMBER WHERE I CAN BE REACHED (Area Code + Phone No.) | | | | | | |

| | | | | | | | | | | |
|---|--|--|--|--------|------|--|--|--------|-------|----------|
| MY MAILING ADDRESS (IF DIFFERENT FROM ABOVE) IS: | | | | | | | | | | |
| ADDRESS | | | | APT. # | CITY | | | COUNTY | STATE | ZIP CODE |

HAVE YOU EVER APPLIED FOR HEAP? YES NO IF YES, ENTER DATE OF MOST RECENT APPLICATION →

| LIST EVERYONE INCLUDING YOURSELF WHO LIVES IN THE SAME HOME/APARTMENT (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. | M/F | | | | |
| 1 | 01 | | | | | | | | SELF | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 | 02 | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 | 03 | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 | 04 | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 | 05 | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 | 06 | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 | 07 | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 | 08 | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If there are more members in your household, please attach a separate sheet of paper.

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET FOOD STAMP BENEFITS? | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ FS CASE NUMBER | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET TEMPORARY ASSISTANCE? | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ TA CASE NUMBER | | | | | | | | | |

SECTION 4: HOUSEHOLD INCOME

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

| CHECK ALL THAT APPLY | TYPE OF INCOME | IF YES, GIVE AMOUNT (Gross Monthly Amount before deductions) | ADDITIONAL INFORMATION | WHO RECEIVES? |
|--------------------------|---|--|---|---------------|
| <input type="checkbox"/> | SOCIAL SECURITY/including direct deposit | MONTHLY AMOUNT \$ | Indicate amount you pay for : Medicare Part B: Medicare Part D: | |
| <input type="checkbox"/> | SOCIAL SECURITY DISABILITY | MONTHLY AMOUNT \$ | Indicate amount you pay for : Medicare Part B: Medicare Part D: | |
| <input type="checkbox"/> | SUPPLEMENTAL SECURITY INCOME (SSI) | MONTHLY AMOUNT \$ | | |
| <input type="checkbox"/> | PENSION/RETIREMENT Private and/or government | MONTHLY AMOUNT \$ | Source of Pension | |
| <input type="checkbox"/> | VETERAN'S BENEFITS | MONTHLY AMOUNT \$ | | |
| <input type="checkbox"/> | DISABILITY private or NYS | WEEKLY AMOUNT \$ | Source | |
| <input type="checkbox"/> | CONTRIBUTION from someone outside the household | MONTHLY AMOUNT \$ | Name of Contributor | |
| <input type="checkbox"/> | CHILD SUPPORT (received) | COURT ORDERED WEEKLY AMOUNT \$ | Source | |
| <input type="checkbox"/> | ALIMONY including payments for mortgage, utility bills, etc. | MONTHLY AMOUNT \$ | Source | |
| <input type="checkbox"/> | RENTAL INCOME apartment, garage, land, etc. | MONTHLY AMOUNT \$ | Type of Rental | |
| <input type="checkbox"/> | ROOM/BOARD (received) etc. | MONTHLY AMOUNT \$ | Name of Room/Boarder | |
| <input type="checkbox"/> | WORKER'S COMPENSATION | WEEKLY AMOUNT \$ | | |
| <input type="checkbox"/> | UNEMPLOYMENT BENEFITS | WEEKLY AMOUNT \$ | Start Date: End Date: | |
| <input type="checkbox"/> | INTEREST from savings, checking, CDs, money market accounts, etc. | ANNUAL AMOUNT \$ | Name of Bank | |
| <input type="checkbox"/> | INTEREST from savings, checking, CDs, money market accounts, etc. | ANNUAL AMOUNT \$ | Name of Bank | |
| <input type="checkbox"/> | DIVIDENDS from stocks, bonds, securities, etc. | ANNUAL AMOUNT \$ | Source of Dividends | |
| <input type="checkbox"/> | EARNED INCOME SUBMIT WAGE STUBS FOR THE PAST 4 WEEKS. | <input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ | Employer | |
| | | <input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ | Employer | |
| | | <input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ | Employer | |
| | | <input type="checkbox"/> WEEKLY \$ <input type="checkbox"/> BI-WEEKLY \$ <input type="checkbox"/> MONTHLY \$ | Employer | |
| <input type="checkbox"/> | IS THERE ANY OTHER INCOME FROM ANY OTHER SOURCE? ATTACH EXPLANATION | AMOUNT \$ | Source | |

SELF EMPLOYED

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | ARE YOU SELF-EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE OF BUSINESS _____ | DO YOU FILE TAXES? <input type="checkbox"/> Yes <input type="checkbox"/> No DO YOU WANT INCOME CALCULATED BASED ON PAST THREE MONTHS OR MOST RECENT TAX FILING <input type="checkbox"/> Tax <input type="checkbox"/> Three Months |
|--------------------------|---|---|

Additional Interest & Dividend Income

| CHECK ALL THAT APPLY | TYPE OF INCOME | IF YES, GIVE AMOUNT (Gross Monthly Amount before deductions) | ADDITIONAL INFORMATION | WHO RECEIVES? |
|--------------------------|---|---|------------------------|---------------|
| <input type="checkbox"/> | INTEREST from savings, checking, CDs, money market accounts, etc. | ANNUAL AMOUNT \$ | Name of Bank | |
| <input type="checkbox"/> | INTEREST from savings, checking, CDs, money market accounts, etc. | ANNUAL AMOUNT \$ | Name of Bank | |
| <input type="checkbox"/> | INTEREST from savings, checking, CDs, money market accounts, etc. | ANNUAL AMOUNT \$ | Name of Bank | |
| <input type="checkbox"/> | INTEREST from savings, checking, CDs, money market accounts, etc. | ANNUAL AMOUNT \$ | Name of Bank | |
| <input type="checkbox"/> | DIVIDENDS from stocks, bonds, securities, etc. | ANNUAL AMOUNT \$ | Source of Dividends | |
| <input type="checkbox"/> | DIVIDENDS from stocks, bonds, securities, etc. | ANNUAL AMOUNT \$ | Source of Dividends | |
| <input type="checkbox"/> | DIVIDENDS from stocks, bonds, securities, etc. | ANNUAL AMOUNT \$ | Source of Dividends | |
| <input type="checkbox"/> | DIVIDENDS from stocks, bonds, securities, etc. | ANNUAL AMOUNT \$ | Source of Dividends | |

SECTION 5: RESOURCES (If you are applying for an Emergency Benefit)

IF APPLYING FOR EMERGENCY BENEFITS COMPLETE SECTION 5 BELOW

| | CHECK ONE (✓) | AMOUNT | SOURCE | WHO RECEIVES? |
|----------------------------------|--|--------|--------|---------------|
| Cash on hand? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | | |
| Savings, Checking, Credit Union? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | | |
| Stock, Bonds, CD's? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | | |
| IRA, Pensions, etc? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | | |
| Other Resources? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | | |

Additional Comments:

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 AND THE PROGRAM WILL CLOSE. 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.

LIFELINE – 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. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

If you do not want this information released, check this box .

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

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 2009-10.

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

| | |
|---|---------------|
| SIGN HERE: X | DATE SIGNED |
| NAME OF PERSON, IF ANY, WHO ASSISTED YOU: | PHONE NUMBER: |

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 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 were getting unemployment benefits.
- We may check with banks to make sure we know about any income you 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.

CONSENT TO WITHDRAW

I CONSENT TO WITHDRAW MY HEAP APPLICATION: **SIGN HERE: X** _____

I UNDERSTAND THAT I MAY REAPPLY FOR HEAP BENEFITS AT ANYTIME DURING THE PERIOD THAT HEAP APPLICATIONS ARE BEING ACCEPTED.

| AGENCY USE ONLY | | | | REGULAR BENEFIT | |
|--|--|--|--|--|----|
| Comments, resolution activities, income calculation/documentation, verification of emergency for expedited regular benefit, vendor contact, etc. | | | | <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 Heat <input type="checkbox"/> Municipal Electric Heat | |
| | | | | <input type="checkbox"/> HEAT INCLUDED IN RENT: <input type="checkbox"/> Payment to household <input type="checkbox"/> Payment to Utility | |
| | | | | Benefit | \$ |
| | | | | Vendor | |
| | | | | Vendor Code | |
| | | | | EMERGENCY | |
| | | | | <input type="checkbox"/> HEAT | |
| | | | | Benefit | \$ |
| | | | | Vendor Code | |
| <input type="checkbox"/> Application compared to previous information <input type="checkbox"/> No prior application <input type="checkbox"/> No Changes <input type="checkbox"/> Changes resolved | <input type="checkbox"/> HEAT RELATED ONLY <input type="checkbox"/> PSC <input type="checkbox"/> MUNICIPAL | TIER <input type="checkbox"/> I <input type="checkbox"/> II | | | |
| <input type="checkbox"/> PENDED START: _____ END: _____ | <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | Vendor Code | | | |
| TOTAL INCOME \$ | CATEGORICALLY ELIGIBLE TA/FS CODE A SSI: | | | | |
| CERTIFYING AGENCY | | | | Benefit | \$ |
| WORKER'S SIGNATURE/DATE | | | | Vendor | |
| | | | | Code | |
| SUPERVISOR'S INITIALS/DATE | | | | <input type="checkbox"/> OTHER _____ | |
| | | | | Benefit | \$ |
| EMERGENCY RESOLUTION Emergency Application Date: _____ Emergency Resolution Date: _____ | | | | Vendor | |
| | | | | Vendor | |
| How was the Emergency resolved? <input type="checkbox"/> Vendor Contacted Date _____ <input type="checkbox"/> Delivery Arranged <input type="checkbox"/> Service Continued <input type="checkbox"/> Service Restored <input type="checkbox"/> Relocation <input type="checkbox"/> Other _____ | | | | Code | |

NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL

本表格有中文文本



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.

_____/____/____ (Date)

(Signature)

(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.

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.

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.

VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (01/07)

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"/> If you answered NO, do not complete this form. | 2 | Will you be 18 years old on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form unless you will be 18 by the end of the year. | For Board use only! | | |
| 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) _____ | 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 or a Social Security Number |
| 10 | The last year you voted _____ | Your Address was (give house number, street, and city) _____ | | | | |
| | 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"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHER (write in) _____ <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY | | Please note: In order to vote in a primary election , you must be enrolled in one of these parties. *See reverse | 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 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) |

IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, as requested in Box 9 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote for the first time. Samples of the identification you may provide include a valid photo ID, a current utility bill, bank statement, government check or some other government document that shows your name and address.

TO COMPLETE THIS FORM:

Box 1: Must be completed. If you answer NO, do not complete this form.

Box 2: Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

Box 4: Give your home address.

Box 5: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.).

Box 8: The completion of this box is optional.

Box 9: Must be completed. If you have a current New York driver's license, you must provide that number. If you do not have a current New York driver's license, you must provide the last four digits of your social security number.

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: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only. (*Except the Independence Party, which permits non-enrolled voters to vote in their primary elections.)

Box 12: This application must be signed and dated in ink.