LDSS-3421 (Rev. 7/08)

HOME ENERGY ASSISTANCE PROGRAM APPLICATION

Home Energy Assistance Program

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.

ANSWER **ALL** QUESTIONS. **DO NOT** WRITE IN THE **SHADED** AREAS. PLEASE **PRINT** CLEARLY, AND SIGN THE FORM ON PAGE 3.

CONTACT THE AGENCY ABOVE IF YOU NEED HELP	AGENCY USE ONLY	
	DSS	**OFA / ALTERNATE CERTIFIER**
	DATE RECEIVED	**DATE RECEIVED**

FUEL/UTILITY COMPANY NAME	ACCOUNT NUMBER	AGE CODE:	AGE

OFFICE	APPLICATION DATE	UNIT ID	WORKER ID.	CASE TYPE 6 0	CASE NUMBER	REGISTRY NUMBER	VERS.

CASE NAME	NUMBER REUSE INDICATOR		HEAP INCOME		☐ REGULAR ☐ EMERGENCY	☐ MAIL IN ☐ WALK IN

SECTION 1: HOUSEHOLD COMPOSITION

CD	LN	COMPLETE THE WHITE BOXES BELOW:
1	01	

FIRST NAME	MI	LAST NAME	DATE OF BIRTH MO DAY YR	SEX	SOCIAL SECURITY NUMBER
				☐ Male ☐ Female	

MY MAIDEN NAME AND / OR OTHER NAMES BY WHICH I HAVE BEEN KNOWN ARE:	FIRST NAME	MI	LAST NAME

STREET ADDRESS	APT. #	CITIZEN / NATIONAL OR QUALIFIED ALIEN? ☐ Yes ☐ No	BLIND OR DISABLED? ☐ Yes ☐ No

CITY	STATE	ZIP CODE	PHONE NUMBER WHERE I CAN BE REACHED (Area Code + Phone No.)
			COUNTY

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 ➔

BESIDES MYSELF, THE FOLLOWING PEOPLE LIVE IN THE SAME HOME/APARTMENT (If no one else, write **NONE**):

CD	LN	FIRST NAME	MI	LAST NAME	DATE OF BIRTH MO.	DAY	YR.	SEX M/F	RELATION TO ME	SOCIAL SECURITY NUMBER	CITIZEN / NATIONAL OR QUALIFIED ALIEN	BLIND OR DISABLED
1	02										☐ Yes ☐ No	☐ Yes ☐ No
1	03										☐ Yes ☐ No	☐ Yes ☐ No
1	04										☐ Yes ☐ No	☐ Yes ☐ No
1	05										☐ Yes ☐ No	☐ Yes ☐ No
1	06										☐ Yes ☐ No	☐ Yes ☐ No
1	07										☐ Yes ☐ No	☐ Yes ☐ No
1	08										☐ Yes ☐ No	☐ Yes ☐ No

TOTAL NUMBER OF PEOPLE WHO LIVE IN MY HOME/APARTMENT, INCLUDING MYSELF:

DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET FOOD STAMP BENEFITS?

☐ YES ☐ NO IF YES, WHO? _____ FS CASE NUMBER:

DO YOU OR DOES ANYONE IN YOUR HOUSE/APARTMENT GET TEMPORARY ASSISTANCE?

☐ YES ☐ NO IF YES, WHO? _____ TA CASE NUMBER:

SECTION 2: HOUSING – CHECK (✓) **ONE** BOX ONLY

1.
- ☐ HOMEOWNER - Single Family House or Mobile Home
- ☐ HOMEOWNER - Multi-Family House List Number of Units ____
- ☐ CO-OP/CONDO OWNER
- ☐ RENTER - Public Housing Project or Senior Housing
- ☐ RENTER - Private Housing but receive government rent subsidy Type of Subsidy_____
- ☐ RENTER - Private House, Apartment or Mobile Home
- ☐ I live with someone else and share expenses
- ☐ I pay for a room
- ☐ Other (describe) _____

2. MY MONTHLY RENT OR MORTGAGE PAYMENT IS: $ _____ ☐ NONE

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

4. DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD RECEIVE A SENIOR CITIZEN RENT INCREASE (SCRIE) (NYC Only)?

☐ YES ☐ NO

SECTION 3: HEAT AND UTILITY INFORMATION

IF YOU PAY FOR YOUR OWN HEAT, COMPLETE SECTION A BELOW:

A. My main source of heat is:

☐ Fuel Oil ☐ Electric Heat ☐ Natural Gas

☐ Coal or Wood ☐ Kerosene ☐ Propane or Bottle Gas

Is the heating bill in your name? ☐ YES ☐ NO

If "**No**," the bill is in the name of: _____

Relationship to you: _____

Are you responsible to pay the bill? ☐ YES ☐ NO

Your heating account number (if you have one) is: **(Do not use a landlord's account number)**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Your heating company's name is: _____

STREET ADDRESS

CITY/TOWN | STATE | ZIP CODE

Do you also pay a utility company directly for your lights or cooking or hot water?

☐ YES ☐ NO If yes,

Your utility account number (if you have one) is: **(Do not use a landlord's account number)**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Your utility company's name is: _____

Is electricity necessary to run the furnace? ☐ YES ☐ NO

Is electricity necessary to operate the thermostat in your apartment? ☐ YES ☐ NO

IF YOU DO NOT PAY FOR YOUR OWN HEAT, COMPLETE SECTION B BELOW:

B. My household situation is:

☐ Both Heat and Utilities are Included in the Rent

OR

☐ Pay Utilities **only** (Lights, Cooking)

If you pay for utilities, is the bill in your name? ☐ YES ☐ NO

If "**No**," the bill is in the name of: _____

Relationship to you: _____

Are you responsible to pay the bill? ☐ YES ☐ NO

Your utility account number (if you have one) is: **(Do not use a landlord's account number)**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Your utility company's name is: _____

Is electricity necessary to run the furnace? ☐ YES ☐ NO

Is electricity necessary to operate the thermostat in your apartment? ☐ YES ☐ NO

OIL AND/OR KEROSENE HEATERS, COMPLETE SECTION C BELOW:

C. Do you have any of the following?

☐ Price Protection Plan ☐ Budget Plan with a Price Cap

☐ Prepayment Plan ☐ Service Contract

SECTION 4: HOUSEHOLD INCOME

CHECK (✓) YES OR NO FOR EVERY QUESTION. REPORT ANY INCOME FOR **ALL HOUSEHOLD MEMBERS**. ALL $ AMOUNTS MUST BE REPORTED AS GROSS INCOME BEFORE ANY DEDUCTIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

	TYPE OF INCOME	CHECK ONE (✓)	IF YES, GIVE AMOUNT		WHO RECEIVES?
1.	SOCIAL SECURITY/SOCIAL SECURITY DISABILITY including direct deposit **(Gross Monthly Amount before deductions)**	☐ YES ☐ NO	MONTHLY AMT. $	Indicate amount you pay for : Medicare Part B:	
				Medicare Part D:	
2.	SUPPLEMENTAL SECURITY INCOME (SSI)	☐ YES ☐ NO	MONTHLY AMT. $		
3.	PENSION/RETIREMENT Private and/or government	☐ YES ☐ NO	MONTHLY AMT. $	Source of Pension	
4.	VETERAN'S BENEFITS	☐ YES ☐ NO	MONTHLY AMT. $		
5.	DISABILITY private or NYS	☐ YES ☐ NO	WEEKLY AMT. $	Source	
6.	CONTRIBUTION from someone outside the household	☐ YES ☐ NO	MONTHLY AMT. $	Name of Contributor	
7.	CHILD SUPPORT (received)	☐ YES ☐ NO	Court ordered weekly amt. $	Source	
8.	ALIMONY including payments for mortgage, utility bills, etc.	☐ YES ☐ NO	MONTHLY AMT. $	Source	
9.	RENTAL INCOME apartment, garage, land, etc.	☐ YES ☐ NO	MONTHLY AMT. $	Type of Rental	
10.	ROOM/BOARD (received) etc.	☐ YES ☐ NO	MONTHLY AMT. $	Name of Room/Boarder	
11.	WORKER'S COMPENSATION	☐ YES ☐ NO	WEEKLY AMT. $		
12.	UNEMPLOYMENT BENEFITS	☐ YES ☐ NO	WEEKLY AMT. $		
13.	INTEREST from savings, checking, CD's, money market accounts, etc.	☐ YES ☐ NO	YEARLY AMT. $	Name of Bank	
14.	DIVIDENDS from stocks, bonds, securities, etc.	☐ YES ☐ NO	YEARLY AMT. $	Source of Dividends	
15.	Does anyone in the household work? If yes, submit wage stubs for the past 4 weeks.	☐ YES ☐ NO	Weekly Amt. before Deductions $	Employer	
			Weekly Amt. before Deductions $	Employer	
16.	Is there any other income from any other source?	☐ YES ☐ NO	Amount $	Source	

SECTION 5: RESOURCES (Emergency Applications Only)

IF APPLYING FOR EMERGENCY BENEFITS COMPLETE SECTION 5 BELOW

	CHECK ONE (✓)	AMOUNT	SOURCE	WHO RECEIVES?
Cash on hand?	☐ YES ☐ NO	$		
Savings, Checking, Credit Union?	☐ YES ☐ NO	$		
Stock, Bonds, CDs?	☐ YES ☐ NO	$		
IRA, Pensions, etc?	☐ YES ☐ NO	$		
Other Resources?	☐ YES ☐ NO	$		

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.

I swear and/or affirm that the information given on this application is true and correct. I realize that any False Statements or other Misrepresentation knowingly made by me in connection with this application for 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 request for Home Energy Assistance.

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

Comments, resolution activities, income calculation/documentation, verification of emergency for expedited regular benefit, vendor contact, etc.

Does anyone in the household meet the criteria for vulnerability? ☐ Yes ☐ No

☐ Application compared to previous information

☐ No prior application ☐ No Changes ☐ Changes resolved

☐ PENDED	START:	END:	☐ APPROVED ☐ DENIED

TOTAL INCOME $	CATEGORICALLY ELIGIBLE TA / FS / CODE A SSI:	TIER ☐ I ☐ II

CERTIFYING AGENCY	Emergency Application Date _____
WORKER'S SIGNATURE / DATE	Emergency Resolution Date _____
SUPERVISOR'S INITIALS / DATE	Action Taken _____

REGULAR BENEFIT

☐ **SEPARATE HEAT (check ✓ one):**

☐ Oil ☐ LP Gas ☐ Wood

☐ Kerosene ☐ Natural Gas ☐ Coal

☐ PSC Electric Heat ☐ Municipal Electric Heat

☐ **HEAT INCLUDED IN RENT:**

☐ Payment to household

☐ Payment to Utility

Benefit	$
Vendor	
Vendor Code	

EMERGENCY

☐ **HEAT OR** ☐ **COMBINED**

Benefit	$
Vendor Code	

☐ **HEAT RELATED ONLY**

☐ **PSC** ☐ **Municipal**

Benefit	$
Vendor Code	

☐ **OTHER** _____

Benefit	$
Vendor	
Vendor Code	

NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL

本表格有中文文本

"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)

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!

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.

VOTER REGISTRATION FORM

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 ☐ No ☐
If you answered NO, do not complete this form.

2 Will you be 18 years old on or before election day? Yes ☐ No ☐
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 F

8 Home Tel. Number (optional)

9 ID Number - Check the applicable box and provide your number
☐ New York DMV number __ __ __ __ __ __ __ __ __
If you do not have a New York DMV number, please provide:
☐ Last four digits of your Social Security Number __ __ __ __
☐ 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
☐ DEMOCRATIC PARTY
☐ REPUBLICAN PARTY
☐ INDEPENDENCE PARTY
☐ CONSERVATIVE PARTY
☐ WORKING FAMILIES PARTY
☐ OTHER (write in) _____
☐ 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.**