

COOLING ASSISTANCE APPLICATION

Applications accepted from June 15 through August 15

PLEASE ANSWER ALL QUESTIONS COMPLETELY

PART I

Your Name (last, first, middle initial): _____ In what city or county do you live? _____

Your Physical/Service Address (include Apt Number): _____

Your Mailing Address (if different from street address): _____

Home Telephone Number: _____ Cell Telephone Number: _____ Work Telephone Number: _____

Email Address _____ Primary Language Spoken in your home: _____

What is the best way for your worker to contact you? **CIRCLE** only one choice: Home Phone Cell Phone Work Phone Email Address

Preferred Method of Correspondence (Note: this is not the same as the best way for your worker to contact you)

If you would like to receive either a text message or an email notifying you that some of your mail about your benefits can be accessed electronically through CommonHelp, select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified through a text or an email, you will receive all written correspondence through the U.S. Mail. If you are completing an application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

Text Email Cell Phone for Text Message: _____ Cell Service Provider: _____ E-mail Address: _____

PART II

1. What is your cooling need? (Check all that apply)

- Payment of electric bill Payment of electric deposit Repair central air conditioner or heat pump
 - Pick-up of ONE portable fan Purchase and installation of a ceiling, attic, or whole house fan Repair ceiling, attic, or whole house fan
 - Self-pick-up and installation of ONE window air conditioner Purchase and installation of ONE window air conditioner by an approved Energy Assistance Program vendor
- Do you have at least one working air conditioner in your home? YES NO (You cannot receive a window air conditioner if you already have a working air conditioner of any type in your home. The local agency may call you or visit your home to confirm you do not have a working air conditioner.)

2. Circle the letter that best describes your present living situation. Read each one before you choose. **CIRCLE** only one of the choices.

- A. I own or am buying my home and pay all cooling bills.
- B. I own or rent my home and do not pay a cooling bill.
- C. I pay rent and also pay for cooling separately.
- E. I pay rent & my cooling is included in the rent payment.
- F. I live in subsidized housing Section 8, HUD, Public Housing, and occasionally pay excess usage charges.
- G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my cooling bills.
- I. I live in one room in someone else's house.
- L. I live in an institution, group home, treatment center or home for adults.
- P. I live rent-free in more than one room, house or apartment and pay for heat/cooling.
- Q. I live in an emergency shelter or I am homeless. I have arranged to move into a house, apartment or more than one room.

3. Are all people in your household United States citizens? YES NO If no, who? _____ What is their Alien Status? _____

4. Is anyone in your household disabled? YES NO If yes, who? _____

5. How many people live in your household? # _____

6. Is anyone temporarily out of the home? YES NO If yes, who? _____ Expected Date of Return? _____

List yourself first and every person living in the home. List the Social Security Number for everyone who lives in your home. Complete information for each person.

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	GENDER (M, F)	DATE OF BIRTH	RACE	HISPANIC OR LATINO		WORKING		GROSS MONTHLY INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly, monthly	LIST ALL SOURCES OF INCOME Earned Income (List the Name of Employer/Company); Self-employment; Unemployment; Worker's Comp; SSI; Social Security; Veterans Benefit; Retirement; TANF; Child Support; Alimony; Rental Income; etc.
						Yes (Y)	No (N)	Yes (Y)	No (N)			
	Self											

7. Does any household member receive SNAP benefits (formerly Food Stamps)? YES NO If yes, case name(s) _____
8. Does any household member receive Medicaid? YES NO If yes, case name(s) _____
9. Is Medicaid Home & Community-Based Care received? YES NO If yes, by whom? _____ Patient pay amount \$ _____
10. Does anyone pay for Medicare, Part B or D insurance? YES NO If yes, who? _____ How much? \$ _____
11. Circle **every type of cooling equipment** that is in your home. None Portable fan Ceiling fan Attic fan Whole House fan
 Window Air Conditioner Central Air Conditioning Unit Heat Pump
12. Does the cooling equipment in your home work? YES NO If **NO**, list all equipment that does **NOT** work. _____
 Please describe what is wrong with the equipment: _____
13. If you are requesting assistance for the repair or purchase of cooling equipment, which business/company do you want to use? _____
 Note: If the company that you want to use has not signed an agreement to be a vendor for the Energy Assistance Program, your worker will contact you to choose another company.
14. Who owns or is responsible for any cooling equipment in your home? _____
15. Name and address of the company used for home cooling. _____
Verification from the utility company is needed if you cool with electricity. Attach a copy of your current electric bill. Complete the following:
- In whose name is the bill? _____ Account Number _____ Who is responsible for paying the bill? _____
 Is the utility payment made by an automatic monthly withdrawal or debit/credit payment? YES NO Do you have a PrePay electric service account? YES NO
16. Where else have you applied for this assistance? _____
17. Do you have a heating expense? YES NO If **YES**, what is your fuel type? **Circle** the fuel used most frequently to heat your house. **CIRCLE ONLY ONE.**
 Electricity Natural Gas Oil Clear Kerosene Dyed (Red) Kerosene Coal Wood Liquid Propane (LP)/Bottled Gas
18. Name and address of the company used for home heating. _____
19. What is the **account name** on your heating bill? _____ What is the **account number** on your heating bill? _____
20. Circle the primary heating equipment used to heat your home. **CIRCLE ONLY ONE.**
 Furnace Radiator Portable Heater Vented Space Heater (heater with outside exhaust or Monitor system)
 Baseboard Heat Pump Fireplace Coal or Wood Stove Cook stove None Unknown
21. Does your household owe a past due amount on your electric account? YES NO If yes, how much is the past due amount? _____
22. Has your household received a shutoff notice for electricity? YES NO If yes, when will your electric service be disconnected? _____
23. Has your household's electricity been disconnected? YES NO If yes, when did your electric service end? _____

Commonwealth of Virginia Voter Registration Agency Certification

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

- I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to voter.
- Yes, I would like to apply to register to vote. (Please go to www.elections.virginia.gov/citizen-portal/ to apply online or request a voter registration form be mailed to you)
- No, I do not want to register to vote.

IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

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

If you decline to register to vote, this fact will remain confidential. If you do register to vote, your application will be kept confidential, and it will be used only for voter registration purposes.

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 desire. 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, you may file a complaint with:

Secretary of the Virginia State Board of Elections
Washington Building
1100 Bank Street
Richmond, VA 23219-3497
(804) 864-8901

The Virginia Department of Housing and Community Development (DHCD) administers the Weatherization Assistance Program (WAP) through a network of nonprofit organizations around the state. The WAP reduces household energy use through the installation of cost-effective energy savings measures, which also improve resident health and safety. Common measures including sealing air leaks, adding insulation, and repairing heating and cooling systems. More information about the WAP is available at <https://www.dhcd.virginia.gov/wx>

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services (DSS) within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local DSS has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, disability, sex, age, political beliefs, religion, sexual orientation, marital or family status. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the DSS may use information on this application or that I may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal law. My signature authorizes the DSS to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance. I understand that, by providing my energy supplier(s)/ account information, I am authorizing the energy supplier(s) to provide details about my account and energy use to the DSS for the purposes of program verification, evaluation, reporting, and analysis. I agree to hold harmless and/or release my energy supplier(s) from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

Applicant's Signature OR Mark: _____ **Date** _____
Witness to Mark or Interpreter: _____ **Phone Number** _____ **Date** _____
Completed on behalf of applicant by: _____ **Phone Number** _____ **Date** _____