

Locality/FIPS _____ Case # _____ Date Application Received _____ Worker # _____

COOLING ASSISTANCE APPLICATION
PLEASE ANSWER ALL QUESTIONS COMPLETELY
PART I

Applications accepted from June 15 through August 15

In what city or county do you live? _____

Your Name (last, first, middle initial) _____
 Home Phone _____ Cell Phone _____ Work Phone _____ Email Address _____
 Preferred Contact Method – CIRCLE ONE Contact Method above

Your Physical/Service Address (include Apt number) _____ City, State, ZIP _____ Primary Language spoken in your home _____

Your Mailing Address (if different from street address) _____ City, State, ZIP _____ E-mail Address _____

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

Preferred Method of Correspondence

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 deposit
- Self-pick-up and installation of ONE window air conditioner
- Payment of electric bill
- Purchase and installation of ONE window air conditioner by an approved Energy Assistance Program vendor
- Pick-up of ONE portable fan
- 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.)
- Repair central air conditioner or heat pump
- Purchase and installation of a ceiling, attic, or whole house fan
- Repair ceiling, attic, or whole house fan

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

- 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.
- D. I pay rent & my cooling is included in the rent payment.
- E. I live in subsidized housing Section 8, HUD, Public Housing, and occasionally pay excess usage charges.
- F. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my cooling bills.
- G. I live in one room in someone else's house.
- H. I live in an institution, group home, treatment center or home for adults.
- I. I live rent-free in more than one room, house or apartment and pay for heat/cooling.
- J. 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; Social Security; SSI; Veterans Benefit; Child Support; etc.
						Yes (Y)	No (N)	Yes (Y)	No (N)			
	Self											

7. Circle ALL types of household income: Employment or Self-employed Unemployment Worker's Compensation Rental Income Alimony Child Support
 Social Security SSI Veterans Benefits Retirement TANF General Relief Other: specify _____

8. Do you receive payments from the Division of Child Support Enforcement? ___YES ___NO How much? _____ Who pays the child support? _____

9. Does any household member receive SNAP benefits (formerly Food Stamps)? ___YES ___NO If yes, case name(s) _____

10. Does any household member receive Medicaid? _____YES ___NO If yes, case name(s) _____

11. Is Medicaid Home & Community-Based Care received? ___YES ___NO If yes, by whom? _____ Patient pay amount \$ _____

12. Does anyone pay for Medicare, Part B ___ or D ___ insurance? ___YES ___NO If yes, who? _____ How much? \$ _____

13. 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

14. Does the cooling equipment in your home work? ___YES ___NO If NO, list all equipment that does NOT work. _____

15. Who owns or is responsible for any cooling equipment in your home? _____

16. 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

17. Where else have you applied for this assistance? _____

18. 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

19. Name and address of the company used for home heating. _____

20. What is the account name on your heating bill? _____ What is the account number on your heating bill? _____

21. 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

22. Does your household owe a past due amount on your electric account? ___YES ___NO If yes, how much is the past due amount? _____

23. Has your household received a shutoff notice for electricity? ___YES ___NO If yes, when will your electric service be disconnected? _____

24. Has your household's electricity been disconnected? ___YES ___NO If yes, when did your electric service end? _____

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 _____