

Locality/FIPS _____

Case # _____

Date Application Received _____

Worker _____

CRISIS ASSISTANCE APPLICATION
Applications are accepted from November 1 through March 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) _____ Zip Code _____

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

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? CHECK 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 crisis need? (Check all that apply.)**

Heating equipment repair Purchase of Heating Equipment Supplemental Equipment or Equipment Maintenance
 Payment of security deposit Deposit for LP Gas Tank Purchase of portable space heater Emergency Shelter

Crisis Assistance – Emergency Fuel begins on January 1 Purchase of Primary Home Heating Fuel Payment of primary heat utility bill

If you are having an energy emergency right now, check the type of emergency below:

Primary Heat - Already Disconnected Company: _____ Disconnect Date: _____
 Received Disconnect Notice for Primary Heat Company: _____ Date Disconnect Scheduled: _____
 Prepay Electric Account Balance of \$25 or less? YES NO Account balance: \$ _____
 Propane/Bottled Gas Tank Less than 20% in tank? YES NO Size of your tank: _____ What is the percentage in your tank today? _____ %
 Oil or Kerosene Tank Less than 25 gallons in tank? YES NO Size of your tank: _____ How many gallons are in your tank today? _____
 Coal or Wood Less than 7 day supply? YES NO How many days' supply of coal or wood do you have left? _____

2. CHECK the box for the letter that best describes your present living situation. Read each one before you choose. **CHECK ONLY ONE.**

- A. I own or am buying my home and pay all heating bills.
- B. I own or rent my home and do not pay a heating bill.
- C. I pay \$_____rent and also pay for heat separately.
- E. I pay \$_____rent & my heat is included in the rent payment.
- F. I live in subsidized housing, Section 8, HUD and occasionally pay excess usage charges.
- G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my heating 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.
- Q. I live in an emergency shelter. YES NO I am homeless. YES NO
I have arranged to move into a house, apartment, or more than one room. YES NO

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					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

3. How many people live in your home? _____

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

5. Are all people in your household United States citizens? YES NO If NO, who is not a citizen? _____
What is their immigration Status? _____ What is their Alien Registration Number? _____

6. Is anyone in your household disabled? YES NO If YES, who is disabled? _____

7. Does any household member receive SNAP benefits (formerly Food Stamps)? YES NO If yes, case name _____

8. Does any household member receive Medicaid? YES NO If yes, case name _____

9. Is Medicaid Home & Community-Based Care received? YES NO If yes, by whom? _____ Patient pay amount is \$ _____

10. Does anyone pay for Medicare, Part B, Part C, or Part D insurance? YES NO If yes, who? _____
How much is paid for Medicare Part B? \$ _____ How much is paid for Medicare Part C? \$ _____ How much is paid for Medicare Part D? \$ _____

11. CHECK the type of equipment you use as the primary/main heat source for your home. **CHECK 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

12. Is your heating equipment working? ___YES ___NO Describe any current problem with your heating equipment _____

13. If your heating equipment is not working, do you have another heat source? ___YES___NO

If yes, what? ___Fireplace ___Wood Stove ___Portable Space Heater ___Other

14. Who owns or is responsible for purchase or repairs of your heating equipment? _____

15. Circle the type of fuel you use to heat your home. **CHECK ONLY ONE.**

Electricity Natural Gas Oil Clear Kerosene Dyed (Red) Kerosene Coal Wood Liquid Propane (LP)/Bottled Gas

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

Verification from the utility company is needed if you heat with electricity or natural gas. A Crisis Assistance benefit can only be paid if you owe a balance that will lead to disconnection of your service or if your PrePay electric service account balance is less than \$25. Attach a copy of your current electric bill, gas bill, or proof that you have a balance of \$25 or less in your Prepay electric service account **Complete the following:**

Account Name_____ Account Number_____ Who is responsible for paying the bill? _____

Is the payment made by an automatic debit/credit payment or monthly bank draft? ___YES ___NO

17. Do you have a family member or friend who can provide you with temporary shelter? ___YES ___NO

The following question is required for federal reporting purposes only. Your responses will not impact the processing of your application, your eligibility, or your benefit amount.

18. If electricity is not the fuel you use to heat your home, what is the name of the company used for your electric service? _____

Account Name_____ Account Number_____

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> or by calling (804) 371-7000.

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** _____