

HOME ENERGY ASSISTANCE PROGRAM APPLICATION



ANSWER **ALL** QUESTIONS. **DO NOT** WRITE IN THE **SHADED** AREAS. PLEASE **PRINT** CLEARLY, AND SIGN THE FORM ON PAGE 5. **COMPLETE THE WHITE BOXES BELOW**

CONTACT THE AGENCY ABOVE IF YOU NEED HELP					AGENCY USE ONLY			
					DSS		OFA/ALTERNATE CERTIFIER	
					DATE RECEIVED		DATE RECEIVED	
AGENCY USE ONLY								
OFFICE	APPLICATION DATE	UNIT ID	WORKER ID	CASE TYPE	CASE NUMBER		REGISTRY NUMBER	VERS.
CASE NAME				NUMBER REUSE INDICATOR	HEAP INCOME CODE	<input type="checkbox"/> REGULAR <input type="checkbox"/> HEATING EQPT <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER		

SECTION 1: HOUSEHOLD COMPOSITION

APPLICANT INFORMATION								
FIRST NAME			MI	LAST NAME				
OTHER NAMES BY WHICH I HAVE BEEN KNOWN ARE:			NAME			NAME		
STREET ADDRESS						APT. #	CITY	
STATE	ZIP CODE	COUNTY		LENGTH OF TIME AT THIS ADDRESS? YEARS _____ MONTHS _____				
DAYTIME PHONE NUMBER WHERE I CAN BE REACHED (Area Code + Phone No.)				BEST TIME TO CALL				

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 CURRENTLY LIVES IN THE SAME DWELLING (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	

TOTAL NUMBER IN HOUSEHOLD _____

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	<input style="width: 100%;" type="text"/>
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	<input style="width: 100%;" type="text"/>

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

<p>HOMEOWNER</p> <p><input type="checkbox"/> Single Family House or Mobile Home</p> <p><input type="checkbox"/> Multi-Family House; List Number of Units _____</p> <p><input type="checkbox"/> Co-op/Condo Owner</p> <p>OTHER</p> <p><input type="checkbox"/> I live with someone else and share expenses</p> <p><input type="checkbox"/> I pay for a room or room and board</p> <p><input type="checkbox"/> Permanent hotel/motel</p> <p><input type="checkbox"/> Other living situation _____</p>	<p>RENTER</p> <p><input type="checkbox"/> Private House, Apartment or Mobile Home</p> <p><input type="checkbox"/> Private Subsidized Housing</p> <p><input type="checkbox"/> Public Housing Project or Senior Housing</p> <p><input type="checkbox"/> Public Subsidized Housing</p>
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MY MONTHLY RENT OR MORTGAGE PAYMENT IS: \$ _____ NONE

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

DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD RECEIVE A SENIOR CITIZEN RENT INCREASE EXEMPTION(SCRIE)? Yes No

SECTION 3: HEAT AND UTILITY INFORMATION

IF YOU PAY FOR YOUR OWN HEAT, COMPLETE SECTION A BELOW:	OIL AND/OR KEROSENE HEATERS, COMPLETE SECTION B BELOW:
<p>A. My main source of heat is</p> <p><input type="checkbox"/> Fuel Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood/Wood Pellets</p> <p><input type="checkbox"/> Coal or Corn <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane or Bottle Gas</p> <p><input type="checkbox"/> PSC Electric <input type="checkbox"/> Municipal Electric <input type="checkbox"/> Individual Tank</p> <p style="padding-left: 150px;"><input type="checkbox"/> Metered Tank</p>	<p>B. Do you have a written service contract?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, provide a copy</p>
<p>IF YOU DO NOT PAY FOR YOUR OWN HEAT, COMPLETE SECTION C BELOW:</p>	
<p>Is the heating bill in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, the bill is in the name of: _____</p> <p>Relationship to you: _____</p> <p>Are you directly responsible to pay the bill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Your heating account number is:</p> <p><input type="checkbox"/> Please check if this is a landlord's account number</p> <p style="text-align: center;"> <input type="text"/> </p> <p>Your heating company's name is: _____</p>	<p>C. My household situation is:</p> <p><input type="checkbox"/> Both Heat and Utilities are included in the rent</p> <p><input type="checkbox"/> Heat is included in rent but I pay for utilities (lights/cooking/hot water). (Complete information below if checked)</p> <p>Is the bill in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, the bill is in the name of: _____</p> <p>Relationship to you: _____</p> <p>Are you directly responsible to pay the bill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>STREET ADDRESS</p>	<p>Your utility account number is:</p> <p><input type="checkbox"/> Please check if this is a landlord's account number</p> <p style="text-align: center;"> <input type="text"/> </p>
<p>CITY/TOWN</p>	<p>STATE</p>
<p>ZIP CODE</p>	<p>Your utility company's name is: _____</p> <p>Is electric necessary to run the furnace? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is electricity necessary to operate the thermostat in your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you also pay a utility company directly for your lights or cooking or hot water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete information below</p> <p>Your utility account number (if you have one) is:</p> <p><input type="checkbox"/> Please check if landlord's account number</p> <p style="text-align: center;"> <input type="text"/> </p> <p>Your utility company's name is: _____</p> <p>Is electric necessary to run the furnace? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is electricity necessary to operate the thermostat in your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Your utility company's name is: _____</p> <p>Is electric necessary to run the furnace? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is electricity necessary to operate the thermostat in your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SECTION 4: HOUSEHOLD INCOME

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

CHECK ONE (v)	TYPE OF INCOME	IF YES, GIVE AMOUNT (Gross Monthly Amount before deductions)	ADDITIONAL INFORMATION	WHO RECEIVES?
<input type="checkbox"/> No <input type="checkbox"/> Yes	SOCIAL SECURITY/including direct deposit	MONTHLY AMOUNT \$	Indicate amount you pay for : Medicare Part B: Medicare Part D:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	SOCIAL SECURITY DISABILITY/including direct deposit	MONTHLY AMOUNT \$	Indicate amount you pay for : Medicare Part B: Medicare Part D:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	SUPPLEMENTAL SECURITY INCOME (SSI)	MONTHLY AMOUNT \$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	PENSION/RETIREMENT Private and/or government	MONTHLY AMOUNT \$	Source of Pension	
<input type="checkbox"/> No <input type="checkbox"/> Yes	VETERAN'S BENEFITS	MONTHLY AMOUNT \$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	DISABILITY private or NYS	WEEKLY AMOUNT \$	Source	
<input type="checkbox"/> No <input type="checkbox"/> Yes	CONTRIBUTION from someone outside the household	MONTHLY AMOUNT \$	Name of Contributor	
<input type="checkbox"/> No <input type="checkbox"/> Yes	CHILD SUPPORT	WEEKLY AMOUNT \$	Source	
<input type="checkbox"/> No <input type="checkbox"/> Yes	ALIMONY including payments for mortgage, utility bills, etc.	MONTHLY AMOUNT \$	Source	
<input type="checkbox"/> No <input type="checkbox"/> Yes	RENTAL INCOME apartment, garage, land, etc.	MONTHLY AMOUNT \$	Type of Rental	
<input type="checkbox"/> No <input type="checkbox"/> Yes	ROOM/BOARD (received) etc.	MONTHLY AMOUNT \$	Name of Room/Boarder	
<input type="checkbox"/> No <input type="checkbox"/> Yes	WORKER'S COMPENSATION	WEEKLY AMOUNT \$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	UNEMPLOYMENT BENEFITS	WEEKLY AMOUNT \$	Start Date: End Date:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	INTEREST from savings, checking, CDs, money market accounts, etc.	ENTER INFORMATION ON PAGE 4		
<input type="checkbox"/> No <input type="checkbox"/> Yes	DIVIDENDS from stocks, bonds, securities, etc.			
<input type="checkbox"/> No <input type="checkbox"/> Yes	WAGES SUBMIT WAGE STUBS FOR THE PAST 4 WEEKS. Note: Gross Weekly amounts are multiplied by 4.3333 to calculate the monthly amount. Gross Bi-Weekly amounts are multiplied by 2.1666 to calculate the monthly amount.	<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"/> No <input type="checkbox"/> Yes	IS THERE ANY OTHER INCOME FROM ANY OTHER SOURCE? ATTACH EXPLANATION	AMOUNT \$	Source	
<input type="checkbox"/> No <input type="checkbox"/> Yes	SELF-EMPLOYMENT INCOME _____ TYPE OF BUSINESS _____ If yes, you may choose to have your self-employment income calculated based on your filed federal tax return for the current year or prior tax year if you have not yet filed for the current year, including all applicable schedules or based on the three (3) months prior to your application. Please choose one method: <input type="checkbox"/> Filed Federal Tax Return <input type="checkbox"/> Past Three Months			

PLEASE SIGN APPLICATION ON PAGE 5

IS THERE ANYONE IN YOUR HOUSEHOLD WHO **DOES NOT** HAVE ANY INCOME FROM ANY SOURCE? LIST ONLY HOUSEHOLD MEMBERS AGE 18 AND OLDER.

No Yes, list members with no income:

IS ANYONE IN YOUR HOUSEHOLD A FULL-TIME DEPENDENT HIGH SCHOOL OR COLLEGE STUDENT?

No Yes, Who _____

INTEREST & DIVIDEND INCOME

TYPE OF INCOME	IF YES, LIST AMOUNT RECEIVED FOR LAST 12 MONTHS	ADDITIONAL INFORMATION
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT \$	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT \$	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT \$	Name of Bank
INTEREST from savings, checking, CDs, money market accounts, etc.	ANNUAL AMOUNT \$	Name of Bank
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT \$	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT \$	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT \$	Source of Dividends
DIVIDENDS from stocks, bonds, securities, etc.	ANNUAL AMOUNT \$	Source of Dividends

AUTHORIZED REPRESENTATIVE

You can authorize someone who knows your household circumstances to apply for HEAP benefits for you. This person is called your Authorized Representative. Your Authorized Representative may: complete and file your HEAP application, contact the agency and speak with your worker, have access to eligibility information in your case file, complete and sign all forms for you, provide documentation, appeal agency decisions, and receive forms and notices. The Authorized Representative designation will remain in effect for the current HEAP season unless revoked by you. Each HEAP season you will be asked if you want to designate an Authorized Representative.

- Please check this box if you would like to authorize a HEAP Authorized Representative at this time.
- Please check this box if you would like your Authorized Representative to get letters about your benefits.

You told us that you want someone to be your Authorized Representative for HEAP. Please provide us with the following information about the individual you want as your Authorized Representative.

Name of authorized representative:	Address and phone number:
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PLEASE SIGN APPLICATION ON PAGE 5

SECTION 5: IMPORTANT NOTICES

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. 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.

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 or anyone in your household 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 or anyone in your household were getting unemployment benefits.
- We may check with banks to make sure we know about any income you or anyone in your household 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. If you or anyone in your household does not have a Social Security Number, a Social Security Number must be applied for at the U.S. Social Security Administration.

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 the current HEAP season. I also consent to allow the information provided on this application to be used in referrals to the Weatherization Assistance Program and to my utility company's low income programs.

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:

AGENCY USE ONLY			
APPLICATION TYPE: <input type="checkbox"/> Full Documentation <input type="checkbox"/> Simplified			
Vendor	Account Number	Vendor Code	Vendor Relationship: <input type="checkbox"/> Current Bill/Vendor Statement <input type="checkbox"/> Collateral Contact
IDENTITY OF HOUSEHOLD MEMBERS			
LN	HOUSEHOLD MEMBER'S NAME	DOCUMENTATION	
01			
02			
03			
04			
05			
06			
IS ANYONE IN THE HOUSEHOLD VULNERABLE? <input type="checkbox"/> Under the age of 6 <input type="checkbox"/> Age 60 or older <input type="checkbox"/> Permanently Disabled Who _____ Documentation _____			
RESIDENCE – CHECK TYPE OF DOCUMENTATION OBTAINED			
<input type="checkbox"/> Current Rent Receipt w/Name & Address <input type="checkbox"/> Water, Sewage, or Tax Bill <input type="checkbox"/> Mortgage Payment Book/Receipts w/Address <input type="checkbox"/> Deed <input type="checkbox"/> Copy of Lease w/Address <input type="checkbox"/> Utility Bill <input type="checkbox"/> Homeowners Ins. Policy <input type="checkbox"/> Other _____			
INCOME DOCUMENTATION/CALCULATION		Categorically Eligible: <input type="checkbox"/> TA <input type="checkbox"/> FS <input type="checkbox"/> Code A SSI	
Comments, resolution activities, income calculation/documentation, verification of emergency for expedited regular benefit, vendor contract, etc. Gross Bi-Weekly Income x 2.1666 Gross Weekly Income x 4.3333		REGULAR BENEFIT (EMERGENCY USE PART B)	
		<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 <input type="checkbox"/> Municipal Electric	
		<input type="checkbox"/> HEAT INCLUDED IN RENT <input type="checkbox"/> Payment to Household <input type="checkbox"/> Payment to Utility	
TOTAL INCOME \$ _____		<input type="checkbox"/> TIER I <input type="checkbox"/> TIER II Benefit \$ _____	
<input type="checkbox"/> Application compared to previous information <input type="checkbox"/> No prior application <input type="checkbox"/> No Changes <input type="checkbox"/> WMS Inquiry <input type="checkbox"/> Changes verified How: _____			
<input type="checkbox"/> Pended	START: _____	END: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
CERTIFYING AGENCY _____			
WORKER'S SIGNATURE/DATE _____			
SUPERVISOR'S INITIALS/DATE _____			
CONSENT TO WITHDRAW			
I CONSENT TO WITHDRAW MY APPLICATION		SIGN HERE X _____	
I UNDERSTAND THAT I MAY REAPPLY FOR HEAP BENEFITS AT ANY TIME DURING THE PERIOD THAT HEAP APPLICATIONS ARE BEING ACCEPTED			

**NEW YORK STATE HOME ENERGY ASSISTANCE PROGRAM
(HEAP)
APPLICATION INSTRUCTIONS**

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

Complete all non shaded areas and answer all questions.

List everyone who lives in your dwelling, even if they are not related to you or contributing financially to your household. You may be required to provide proof of identity for all household members.

Social Security numbers are required for all household members. If any member does not have a Social Security number but has applied for one, write the word "applied" in the Social Security Number box. If you leave this section blank for any household member, your application will not be processed but will be pended for further information.

List ALL income for all household members. All amounts should be entered as gross income prior to any deductions. You may be required to provide proof of income. Eligibility will be based on your household's gross monthly income for the month of application.

Please enter the gross amount of your Social Security and the amounts you pay for Medicare Part B or D. Amounts for Medicare Parts B and D are excluded as income.

Only the interest or dividend portions of bank accounts, CDs, stocks, bonds or other investment income are used to calculate your income. Enter the amount received for the previous twelve (12) months.

Make sure to SIGN and date the application. The application must be signed by the person who has the heating bill in their name, or who pays the bill if it is in someone else's name. If heat is included in the rent, the primary tenant must complete and sign the application.

Motor Voter Registration

Please include the Motor Voter form with your application. Complete this form if you are not registered to vote and you want to register. This does not affect your HEAP eligibility or benefit amount.

WHAT WILL I NEED TO APPLY?

New applicants will need to include the following documentation along with your application:

- Proof of each household member's identity
- A valid Social Security Number for each household member
- Proof of residence
- A fuel and/or utility bill if you pay for heat or proof that you pay rent which includes heat
- Verification of income for all household members

Please see page 4 of the application instructions for specific types of acceptable documentation. In addition, new applicants will also need to complete an interview; and can choose whether you would like to conduct a phone interview or an in person interview. However, if you do choose a phone interview, please include a working phone number and the best time to contact you for a phone interview on Page 1 of your application.

WHERE TO APPLY:

You must apply in the county in which you currently reside. You can apply in person or mail in your application at the address stamped at the top of the application or can find other local certifiers by checking our website at: <http://www.otda.ny.gov>.

HOW DO I KNOW IF I AM ELIGIBLE?

You will receive a notice to let you know if your application has been approved or denied. If you are approved and you pay for heat, your payment will be sent to your heating fuel vendor. In some cases, your benefit will be paid to your electric company if heat is included in your rent. Your notice will tell you the amount of the benefit, how it will be paid, and how it was calculated. Vendors will not make deliveries until payment is received or until instructed to do so by the local Department of Social Services.

Regular HEAP benefits are intended to be a one-time supplement to your annual energy costs and are not intended to replace your personal payments. You should continue to pay your energy bills.

WHAT IF I HAVE AN EMERGENCY?

HEAP benefits can assist with the following emergencies:

- You are out of fuel or have less than ¼ tank of oil, kerosene or propane, or less than a ten (10) day supply of other deliverable heating fuel.
- Your natural gas or electric heat has been shut off or is scheduled to be shut off.
- Applicant owned heating equipment is not working.

If you have a heating emergency and have applied for, but have not received, your regular benefit, you should contact your local Department of Social Services. Whenever possible, regular HEAP benefits are used first to resolve an energy emergency.

DO NOT WAIT UNTIL YOU ARE OUT OF HEATING FUEL OR YOUR GAS/ELECTRIC SERVICE IS OFF TO REQUEST ASSISTANCE. IF YOUR UTILITY SERVICE IS TERMINATED, YOUR UTILITY COMPANY IS NOT REQUIRED TO RESTORE YOUR SERVICE EVEN IF YOU ARE ELIGIBLE FOR A HEAP BENEFIT.

All applications for heating equipment repair or replacement must be in person with full documentation.

Citizen /Alien Information:

In order to receive HEAP you must be a U.S.citizen, Qualified Alien, or U.S non-citizen national. For additional information on what constitutes a Qualified Alien or U.S. non-citizen national, please contact the New York State Office of Temporary and Disability Assistance hotline at 1-800-342-3009 or visit the OTDA website at <http://www.otda.ny.gov>.

Application Rights:

You have certain rights when filing your HEAP application. You have the right to be told if your application is approved or denied within thirty (30) business days of the date that the HEAP certifier receives your completed and signed application.

The processing time for applications will not begin until program opening even though you may have received an application prior to the program opening date as a part of our outreach effort. Please visit OTDA's website at <http://www.otda.ny.gov> or the OTDA hotline at 1-800-342-3009 for information regarding the date for program opening.

You have the right to request a conference and/or a fair hearing if it has been more than thirty (30) business days since the HEAP certifier received your signed and completed application (or it has been more than thirty business days since program opening if the certifier received your application prior to program opening and you have not been told of the eligibility decision).

If you would like a conference, you should ask for one as soon as possible. At the conference, if it is discovered that a wrong decision was made, or if because of information you provide, the decision is changed; corrective action will be taken.

If you would like a conference, please contact your local Department of Social Services Department listed above. This is only for requesting a conference. It is not how you ask for a fair hearing. If you ask for or have a conference, you are still entitled to a fair hearing.

You can request a fair hearing from the New York State Office of Temporary and Disability Assistance by:

Calling, toll free:
1-800-342-3334
or by Writing to:
NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
P.O. Box 1930
Albany, NY 12201-1930.

If you request a fair hearing, NYS will send you a notice of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, friend, or other person, or to represent yourself. At the hearing, your attorney or other representative will have the opportunity to present written and oral evidence, as well as the opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents that may be helpful in presenting your case.

If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid society or other legal advocate group. You may locate the nearest Legal Aid society or advocate group by checking the yellow pages under "lawyers".

You have the right to review your case record. Upon your request, you have the right to free copies of documents that your local Department of Social Services presents into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record that you need for your fair hearing. To request such documents or to find out how you may review your case record, contact your local Department of Social Services listed above.

Si necesita alguien que hable español, comuníquese con la línea directa de NYS OTDA al 1-800-342-3009.

Telephone Lifeline Program:

If you qualify to receive HEAP, you also qualify for low cost local telephone service under the Lifeline Program. You can get basic local service for as low as \$1.00 per month, plus per call charges and taxes. We will share your name with Verizon so that you can be automatically enrolled in Lifeline, unless you mark the box on the application to decline the release of your information. You may also contact your telephone company to receive a Lifeline application, or for more information on the Lifeline Program. This does not affect your HEAP eligibility or benefit amount.

OTHER PROGRAMS YOU MAY BE ELIGIBLE FOR:

WEATHERIZATION ASSISTANCE

You may also be eligible for weatherization assistance. A list of contacts can be found at: <http://nysdhcr.gov/Programs/WeatherizationAssistance/>. Your signature on the HEAP application allows a referral to be made to the weatherization assistance program on your behalf.

UTILITY LOW INCOME PROGRAM

You may also be eligible to enroll in your utility company's low income program. Your signature on the HEAP application allows a referral to be made to your utility company on your behalf.

MY BENEFITS

Additional information about HEAP and other human services programs can be found at MY BENEFITS. You can also conduct a self-screening for eligibility for HEAP and other programs. Please go to <https://www.mybenefits.ny.gov> for more information.

NYS Agency-Based 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.

_____/____/____
(Signature) (Date)

(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.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料：如果你有興趣索取本中文資料表格，請電 1 - 800 - 367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화하십시오.

VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (01/2011)

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"/>		2	Will you be 18 years old on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/>		For Board use only!
	If you answered NO, do not complete this form.			If you answered NO, do not complete this form unless you will be 18 by the end of the year.		
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)	
10	The last year you voted		Your Address was (give house number, street and city)		9	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
	In county/state	Under the Name (if different from your name now)				
11	Choose a party -- Check one box only		12	AFFIDAVIT: I swear or affirm that		
	<input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Conservative Party <input type="checkbox"/> Working Families Party <input type="checkbox"/> Independence Party <input type="checkbox"/> Green Party <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> I do not wish to enroll in a party			<ul style="list-style-type: none"> • 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 will 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)

(Optional) Register to donate your organs and tissues



Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Address _____
 Apt Number _____ Zip Code _____
 City _____
 Birth Date _____ Sex M F
 Eye Color _____ Height _____ Ft. _____ In.

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Sign

Date

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!

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.

Verifying your identity

We will try to check your identity before Election Day, through the **DMV number (driver's license number or non-driver ID number)**, or the **last four digits of your social security number**, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, pay-check, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to *Verifying your identity* above.

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: Check one box only. To vote in a primary election, you must be enrolled in one of these listed parties — Except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.
