



ENERGY ASSISTANCE PROGRAMS APPLICATION 2006 - 2007

The Ohio Department of Development (ODOD) offers several programs to help low-income Ohioans pay their utility bills and improve the energy efficiency of their homes. With this form, you may apply for the Home Energy Assistance Program (HEAP), Emergency HEAP (EHEAP) Winter and Summer Crisis Programs, Percentage of Income Payment Plan (PIPP) and Home Weatherization Assistance Program (HWAP). For EHEAP, an appointment is required at a local provider agency.

ELIGIBILITY

HEAP is a federally funded program designed to assist eligible low-income Ohioans with their winter heating bills. Households may be eligible for assistance from HEAP or EHEAP if the household's income is at or below 175% of the federal poverty guidelines. Households may be eligible for assistance from PIPP or HWAP if the household's income is at or below 150% of the federal poverty guidelines. Once your application has been processed, you will receive a notification letter telling you whether or not you are eligible for bill payment assistance. If you are eligible, the amount of your benefit will depend on how many people live with you, total household income and the primary fuel you use to heat your home. In most cases, benefits will be in the form of a credit applied to your heating bill by your utility company. If you are eligible for weatherization services, your application will be referred to the agency providing services in your area. The types of assistance you receive will be based on your home's energy efficiency. If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. If you live in federally subsidized housing and your heat is included in your rent, you are not eligible for payment assistance, but may be eligible for weatherization services.

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are ineligible. Boarding/rooming houses, group homes or emergency shelters are ineligible for payment assistance, but may be eligible for weatherization services. All persons who share a common kitchen or bath are considered members of the same household and must apply on one application. Tax-dependent college students who are absent from the household solely because of college attendance must be included in your application for the determination of eligibility. They may not apply for payment assistance as a separate household. For weatherization services, tax-dependent college students are not necessarily included to determine eligibility and may apply for weatherization services as a separate household. Households which have a member who is age 60 or older and/or a member who is disabled will be evaluated for an increased benefit.

PERCENTAGE OF INCOME PAYMENT PLAN (PIPP)

PIPP is a special payment plan that requires eligible customers to pay a portion of their household income each month to maintain utility service. PIPP protects customers from disconnection of service, as long as they follow the program's rules about monthly payments. However, the customer remains responsible for any unpaid balances on their bills. All gas and electric companies regulated by the Public Utilities Commission of Ohio (PUCO) must offer this plan to their customers. PIPP customers must pay 10% of their monthly income to the company that provides their primary heating source, year around. During the winter months, customers must pay 5% or 3%, depending on income, to the company that provides their secondary heating source. PIPP is not available to customers of rural electric co-ops, municipal utilities or users of delivered fuel. The utility bill must be in the name of the PIPP applicant.

HOME WEATHERIZATION ASSISTANCE PROGRAM (HWAP)

HWAP is a federally funded, low-income residential energy efficiency program that reduces the energy use of qualified households throughout the state. HWAP services include attic, wall and basement insulation; blower door guided air leakage reduction; heating system repairs or replacements; electric base-load measures that address lighting and appliance efficiency and health and safety inspections and testing. Services are based on the structure and energy use of the home. HWAP is administered locally by community action, social service and local government agencies.

INCOME DEFINITION

Household income is defined as the gross income of all household members, except wage or salary income earned by dependent minors under 18 years of age. Heads of household and spouses may never be considered as minors. Gross income includes, but is not limited to, wages (excluding documented health insurance premiums, interest, annuities, pensions, social security (excluding Medicare premiums), retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers' Compensation and any other indirect income such as utility allowances.)



Ohio Department of Development

INSTRUCTIONS

PROOF OF INCOME

You must provide proof of income for everyone living in your household. Examples of documents that provide proof of income are: payroll stubs, statements from employers, public assistance payment histories, or benefit letters from Social Security, Workers' Compensation, Unemployment Compensation, tax forms/schedule, etc. Please provide income documentation to support your response to question #4. If you are missing documentation for any income source or you list "0" income, please explain. If your response to question #6 is "No Income", a written, signed statement which provides an explanation as to how you are maintaining your household must be submitted. Failure to provide the required documents will delay the processing of your application. Please try to include copies, since originals will not be returned.

2006- 2007 INCOME GUIDELINES

Size of Household	Total Gross Annual Household Income	
1		\$ 17,150
2		\$ 23,100
3		\$ 29,050
4		\$ 35,000
5	(150%) (For PIPP & HWAP)	\$ 40,950
6		\$ 46,900
7		\$ 52,850
8		\$ 58,800
		(175%) (For HEAP)
		\$ 17,150
		\$ 23,100
		\$ 29,050
		\$ 35,000
		\$ 40,950
		\$ 46,900
		\$ 52,850
		\$ 58,800

For households with more than 8 members, add \$ 5,100 for 150% and \$ 5,950 for 175% per member.

If anyone in your household is disabled, you may be eligible for a larger benefit. To be eligible for this benefit, you must submit proof of disability, but need not disclose the nature of the disability. Proof includes a doctor's statement, benefits letters for Supplemental Security Income, Social Security Disability, Workers' Compensation, etc. "Disabled" describes a person who has some impairment in body or mind that makes the person unfit to work at any substantial employment that the person would otherwise reasonably be able to perform and that will, with reasonable probability, continue for an indefinite period of at least twelve months without any present indication of recovery therefrom, or who has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons.

Attach a copy of your heating bill or any other document showing your main heating source and main heating supplier. Also attach a copy of your electric bill, even if electricity is not your main heating source. To qualify for possible benefits from the HEAP Summer Crisis Program, you must submit the information requested regarding your electric utility vendor with this application.

CONTACT INFORMATION

For questions regarding HEAP or PIPP. — energyhelp.ohio.gov or e-mail us at energyhelp@odod.state.oh.us
Questions regarding HEAP, PIPP or HWAP. — **1-800-282-0880**, or **(614)644-6600** for Franklin County residents.
For the hearing impaired only. — **1-800-686-1557** or **(614)752-8808** for Franklin County residents.

PRIVACY ACT NOTICE

DISCLOSURE: The disclosure of social security numbers is mandatory to receive HEAP benefits. **AUTHORITY:** 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i) **USE:** The State will use social security numbers in the administration of the HEAP to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants to states for temporary assistance for needy families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under Federal or State law for knowingly making false or fraudulent statements.

PLEASE SIGN AND MAIL APPLICATION TO:
OFFICE OF COMMUNITY SERVICES/HOME ENERGY ASSISTANCE PROGRAM
P.O. BOX 1240
COLUMBUS, OHIO 43216

Please tear here and keep instructions for your records

For Office Use Only

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD
Please complete all items and questions and attach required proof
An incomplete application will delay assistance

For Office Use Only (Date)

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Client Number
[] []

Please Print or Type	First Name	M. I.	Last Name	Your Social Security Number			
	Current Mailing Address (no. and street, including route)			Apartment / Lot / Unit / Floor			
	City		State	Zip code		Ohio County	
	Daytime Telephone including Area Code () ()		Date of Birth Mo. Day Yr.		E-mail Address		
	Current Service Address (if different from above)			Apartment / Lot / Unit / Floor			
	City		State	Zip code		Ohio County	

- 1) Check the box that most closely describes the type of building you live in. (Check only one)
- Mobile Home Single Family Multi-family Low-rise (3 stories or less) Multi-family High-rise (4 stories or more)
- 2) Including yourself, how many people live in your household?
(Include all persons listed on question number 3.)
- 3) Including yourself, please list the names, relationships, social security number(s), date(s) of birth and gross incomes of everyone living in your household. If a household member is pregnant or disabled, please check the appropriate box. Include all income of all persons living in your household except for wage or salary income earned by dependent minors under 18. (Attach proof of income- see "Instructions".) Use a separate sheet if necessary.

Household Members	Relationship to You (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source	Current Mo.	Last 3 Mo.	Last 12 Mo.	Pregnant?	Disabled?
	Self								

- 4) What was your total gross household income for the last 12 months?
- 5) yes no Do you receive Public Assistance? Case Number
- 6) **INCOME SOURCE (Check the Income Source(s) for Your Household) DOCUMENTATION MUST BE PROVIDED!**
- Wages Pension Social Security Child Support Employment Disability
- Self Employment VA Pension SSDI Workers' Comp Interest DA
- Unemployment VA Disability SSI TANF Other _____
- Active Military Pay Disability Assistance No Income (Explain how you pay bills on a separate sheet.)
- 7) Is there anyone in the home who is 18 years old or older and a full-time student in a high school or the equivalent level of vocational or technical training? yes no If yes, who? _____
- 8) If there are no children under the age of 18 in the household, do any adults have children under age 18 who live in another household? yes no If yes, please list the children's name(s) _____

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May 15, 2006

9) Do you rent or own your home? Rent Own (Buying) skip to question 13.

10) Landlord's Name

Address

Telephone Number

11) yes no Do you rent a room in someone else's home?

12) yes no Do you receive **Rental** assistance from the government i.e. Section 8, HUD, Metropolitan Housing?

13) yes no Has your household received weatherization services from any other program; for example, a utility program?
If yes, which program?

14) yes no Would you like to apply for weatherization services?

15) yes no Is anyone in the household a citizen of a country other than the United States?

If question 15 is yes, does that person(s) have permanent or temporary U.S. status?
Please check permanent temporary

16) Number of Native Americans (as defined by the U.S. Bureau of Indian Affairs) in the household.

17) Number of migrant farm workers in the household.

18) What is your **Main** source of heat? (Check only one)

Natural Gas Bottle Gas or Propane (L.P. Gas) Fuel oil or Kerosene Coal or Wood or Pellets Electric

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. **Please include a copy of your LAST fuel or HEATING bill.**

Complete the section below with your electric company name and account number. **Please include a copy of your LAST electric bill.**

Main Heating Source (Same source as Question 18.)

yes no Do you want to enroll in PIPP? (Please see front page for PIPP description)

Company/Vendor

Account #

19) yes no Are your heating costs included in your rent?

20) yes no Is the name on your heating bill different from the Applicant's name? If yes, give that name.

First: Last:

21) yes no Do you share a main heating source meter with another household?

Vendor Code
For Office Use Only

Electric

yes no Do you want to enroll in PIPP? (Please see front page for PIPP description)

Company/Vendor

Account #

22) yes no Is your electricity included in your rent?

23) yes no Is the name on your electric bill different from the Applicant's name? If yes, give that name.

First: Last:

24) yes no Do you share an electric meter with another household?

Vendor Code
For Office Use Only

I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Department of Development, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State Law for knowingly making false or fraudulent statements. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45nCFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

X Sign Here _____ **Application Date** _____