



State of Utah  
Department of Workforce Services  
**H.E.A.T. Program/HELP/EAF Instructions**  
**(Home Energy Assistance Target)**

**Instructions for H.E.A.T. Application:**

This application must be completely filled out, signed, and dated. Copies of all the following documents must be included or your application cannot be processed.

**1. Household Verifications:**

- Copy of a picture identification for primary applicant
- Copies of Social Security cards for **EVERYONE** in the home, including children
- Copies of U.S. Customs and Immigration Services (USCIS) documents showing legal status in the U.S. for any non-citizens

**2. Income and Income Deductions Verifications:**

- Copies of proof of all income received in the previous month by all household members (check stubs, Social Security statements, retirement benefits, child support, alimony, etc.)
  - Explanation and documentation if income is less than living expenses
  - Proof of payment for any eligible medical expenses paid in the previous month
  - Proof of any child support or alimony paid the previous month, if applicable
- \*Please note, if you are mailing an application, the previous month is the month prior to the month the application is postmarked.*

**3. Energy Burden Verifications:**

- Copies of the applicant's most recent utility bills.
- A copy of the applicant's lease if the utilities are included in the rent, or the Landlord Statement (form 1062H) completed and signed by landlord.

**4. Target Groups Verifications** (additional funding is available for applicants with household members 60 or older, disabled, or under six):

- Driver's license or other official documentation indicating age 60 or older
- Copy of the birth certificate for a child five years old or younger in the home
- Proof of a disability, if applicable

**5. Additional Documentation may be required.** Relevant third parties may be contacted to verify information provided.

**Remember to include a phone number where you can be reached  
if we have questions or need other documents.**

***Send copies only, as originals will not be returned.***

**If the application is not filled out correctly or is lacking documentation, it will be denied.**

**If your utilities have been disconnected or are scheduled for disconnection within 48 hours, contact your local HEAT office for instructions. Call 211 for local HEAT office phone numbers.**

<b>If you live in this county:</b>	<b>Please mail the application to:</b>
Salt Lake, Tooele	SALT LAKE COMMUNITY ACTION HEAT PROGRAM 764 S 200 W SALT LAKE CITY UT 84101
Davis, Morgan, Weber	FUTURES THROUGH TRAINING HEAT PROGRAM 1140 36TH STREET STE 150 OGDEN UT 84403-2046
Summit, Utah, Wasatch	MOUNTAINLAND AOG HEAT PROGRAM 586 E 800 N OREM UT 84097
Beaver, Garfield, Kane, Iron, Washington	HEAT PROGRAM 168 N 100 E STE 255 ST GEORGE UT 84770
Juab, Millard, Piute, Sanpete, Sevier, Wayne	SIX COUNTY ASSOCIATION OF GOVERNMENTS HEAT PROGRAM PO BOX 820 RICHFIELD UT 84701
Carbon, Emery, Grand, San Juan	SOUTHEASTERN UTAH ASSOCIATION OF LOCAL GOVERNMENTS HEAT PROGRAM PO BOX 1106 PRICE UT 84501
Box Elder	BEAR RIVER ASSOCIATION OF GOVERNMENTS HEAT PROGRAM 2535 S HIGHWAY 89 PERRY UT 84302
Cache, Rich	BEAR RIVER ASSOCIATION OF GOVERNMENTS HEAT PROGRAM 170 NORTH MAIN LOGAN UT 84321
Daggett, Duchesne, Uintah	UINTAH BASIN ASSOCIATION OF GOVERNMENTS HEAT PROGRAM 330 E 100 S ROOSEVELT UT 84066

**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162



State of Utah  
Department of Workforce Services  
**H.E.A.T. PROGRAM/HELP/EAF APPLICATION**  
**(HOME ENERGY ASSISTANCE TARGET)**

**One Person Household — H.E.A.T. Application**

**1. Applicant information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last  
 Social Security #: \_\_\_\_\_ Gender:  Male  Female Birth Date: \_\_\_\_\_  
Month/ Day /Year  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Have you applied for HEAT assistance before?** .....  Yes  No

**3. Ethnic background:**  Native American  White  Hispanic  Black  Asian  
 Pacific Islander  Other:

**4. Are you:** U.S. Citizen: .....  Yes  No Age 60 or older: .....  Yes  No  
 Handicapped/Disabled: .....  Yes  No SNAP Recipient (Food Stamps): .....  Yes  No  
 U.S. Veteran: .....  Yes  No

**5. Your dwelling is a:** (check one):  House  Duplex  Small trailer  
 Mobile home  Condo  Townhouse  
 Apartment (3 or more units)  Basement apartment

**6. Do you rent or own your home?** .....  Rent  Own  
 What is your primary heating source?  Gas  Electricity  Propane  Oil  Wood  Other  
 What is your secondary heating source?  Gas  Electricity  Propane  Oil  Wood  Other  
 What is your primary cooling source?  Central Air  Fan/Evaporative/Other  
 Window Unit  None

**7. How much is your monthly rent/mortgage payment?** \$ \_\_\_\_\_ Is your rent subsidized? ...  Yes  No

**8. Does your rent include utilities?**  Yes  No (If so, please include a copy of the lease or a signed  
 Landlord Statement form 1062H)  
 Which utilities? \_\_\_\_\_

**9. Does anyone else live with you now?**  Yes  No If yes, make an appointment with your local HEAT  
 office (dial 2-1-1). This application is for one-person households only.

**10. Please enclose copies of your most recent utility bills.** HEAT payment is to be issued to the following  
 utility vendor(s) in the percentages listed below (100%, 50/50%, or 25/75%). Payment cannot be changed  
 once application is submitted. Be sure to circle the account status for each utility. If you circle 48 hr. you  
 must include a copy of the 48 hour shut-off notice. For propane, circle **on** if you have fuel, **off** if you are out  
 of fuel, and 48 hr. if you will run out of fuel within 48 hours.

%	Name of Utility Vendor(s)	Account Status (circle one)	Utility Account Number(s)	Name on Account (provide explanation if not applicant)
		ON / OFF / 48 hr.		
		ON / OFF / 48 hr.		

Name of electricity vendor and account number if not included above: \_\_\_\_\_

**11. Income** (please enclose documentation of income): Enter the gross amount of income you received **last month** from each source.

Income documented is for the month of: \_\_\_\_\_

Wages (Part-time/Full-time/Self-emp.)	\$ _____	Unemployment . . . . .	\$ _____
Railroad Retirement . . . . .	\$ _____	Supplemental Security Income (SSI)	\$ _____
Veterans Benefits . . . . .	\$ _____	General Assistance . . . . .	\$ _____
Social Security . . . . .	\$ _____	Income from Rental Property . . . . .	\$ _____
Pension/Annuity/Retirement . . . . .	\$ _____	Other: _____	\$ _____

**12. Deductions:** Did you make any payments to doctors, hospitals, or medical/dental clinics, pay for any health, dental, or vision insurance premiums, or pay for prescription medicines, oxygen, glasses/contacts, or hearing aids **last month**? .....  Yes  No

***If yes, please include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed above.***

Total Income: \$ \_\_\_\_\_ Total Deductions: \$ \_\_\_\_\_ Net Income: \$ \_\_\_\_\_

DECLARATION: I understand that neither the vendor nor the percentage of my H.E.A.T. payment may be changed. By signing this application, I certify under penalty of perjury that the information I provided on this application is true, and that giving false information may require repayment of any funds received. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I give permission for my utility companies to provide my billing and usage information to the State of Utah. I hereby authorize H.E.A.T. program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied. I further understand that if Federal H.E.A.T. funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment. I understand that if my application is denied or if the local office has failed to act upon my application within 45 days, I have the right to request a Fair Hearing. I verify that, if eligible, I would like to receive the Rocky Mountain Power (RMP) HELP discount program and Questar Gas Energy Assistance Fund (EAF) credit.

\_\_\_\_\_  
Signature Date

If you believe you have been treated unfairly by the HEAT program, call 866-205-4357 for assistance.

OFFICE USE: Office Code: \_\_\_\_\_ Worker: \_\_\_\_\_ Editor: \_\_\_\_\_ Fuel Type: \_\_\_\_\_

House Standard  Apartment Standard  Actual amount \$ \_\_\_\_\_