

HOME ENERGY ASSISTANCE FUND APPLICATION FORM

2020-21



APPLICATION ID:	APPLICATION DATE:		CON	CONFERENCE:			
APPLICANT INFORMATION							
FIRST NAME & MI:	Marrie	Married? LAST NAME:					
ADDRESS:		'	APT/UNIT #: Z		Z	IP:	
EMAIL			PHONE:				
SS#: DOB:			GENDER □ Male □Female				
IS ANYONE IN HOME A VETERAN ☐ Yes ☐ No Who?:					Living in	AZ1YR+□Yes□No	
INSURANCE: ☐ Yes ☐ No	□ AHCCCS □	□ AHCCCS □ Medicare □ Medicaid □ Private □ Employer □ Other					
Reporting income? ☐ Yes ☐ No	INCOME SOURCE:	COME SOURCE: 30-day Gross:					
INCOME TYPE: ☐ Full-time ☐ Part-time ☐ 2 nd job ☐ 3 rd job ☐ TANF ☐ SSI ☐ Pension ☐ Unemployment ☐ SSDI ☐ Other							
ETHNICITY: ☐ Hispanic or Latino ☐ Non- Hispanic/Latino ☐ H1b ☐ US (Born or Naturalized) ☐ Permanent Resident ☐ Hon-Legal Resident ☐ Legal Resident ☐ Other							
RACE: ☐ American Indian/ Alaskan Native ☐ Asian ☐ Black/African American ☐ White/ Caucasian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/ Alaskan Native AND White ☐ Asian AND White ☐ Black/African American AND White ☐ American Indian/Alaskan Native AND Black/African American ☐ Other							
HOUSING TYPE: ☐ Rent ☐ Own ☐ Homeless ☐ Other HOUSEHOLD SIZE:							
FAMILY TYPE: □ Single Parent – Fema	irent – Male # OF SOURCES OF		OF HO	OF HOUSEHOLD INCOME:			
☐ Two Parent Household ☐ Single Person ☐ Ma ☐ Two Adults – No Children ☐ Grandparent Raising C			# OF HOUSEHOLD MEMBERS WITH INCOME:				
UTILITY ACCOUNT DETAILS							
BILLING NAME:			UTILITY COMPANY:			□Turned off	
UTILITY ACC'T #:		PAST DUE AMOUNT: \$			□Termination Notice □In Arrears		
□Verified □Unverified □Inc	correct	AMOUNT REQUESTED: \$			□Current		
NEEDS ASSESSMENT & COMMENTS							
□Skipped Meals	□Skipped or re	□Skipped or reduced medications		□F	Forgone Medical Care		
□Forgone purchasing essential goods	□Delaved or sl	□Delaved or skipped Mortgage or rent			□ Delaved or skipped Car Pavments		
□ Delaved or skipped Ins. Pavments	□Delayed or sl	□Delayed or skipped child support			□ Delaved or skipped Tuition		
□Left Household repairs undone	□Reduced or e	☐ Reduced or eliminated utility use			□Other:		
Are there any special or extenuating circumstances that occurred in the past 30 days that should be considered? □Yes □No							
CRISIS REASON (select one): □Loss or reduction of income □Unexpected/unplanned expenses □Health or safety endangerment							
Comments:							



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HOUSEHOLD MEMBER							
Reporting income? ☐ Yes ☐ No	SS#:		Date of Birth:	□ Male □ Female			
FIRST NAME:		M.I.	LAST NAME:				
ETHNICITY: Hispanic or Latino Non- Hispanic/Latino CITIZENSHIP: US (Born or Naturalized) Non-Legal Resident Legal Resident Other							
RACE: □ American Indian/ Alaskan Native □ Asian □ Black/African American □ White/ Caucasian □ Native Hawaiian/Pacific Islander □ American Indian/ Alaskan Native AND White □ Asian AND White □ Other							
INSURANCE: ☐ Yes ☐ No ☐ AHCCCS ☐ Medicare ☐ Medicaid ☐ Private ☐ Employer ☐ Other							
INCOME TYPE: ☐ Full-time ☐ Part-time ☐ 2 nd job ☐ 3 rd job ☐ TANF ☐ SSI ☐ Pension ☐ Unemployment ☐ SSDI ☐ Other							
INCOME SOURCE:	30-da	y Gross:	CONFIRMATION: □ Verified	d □ Un-Verified □ Incorrect			
HOUSEHOLD MEMBER							
Reporting income? ☐ Yes ☐ No	SS#:		Date of Birth:	□ Male □ Female			
FIRST NAME:		M.I.	LAST NAME:	•			
ETHNICITY: Hispanic or Latino							
RACE: American Indian/ Alaskan Native Asian Black/African American White/ Caucasian Native Hawaiian/Pacific Islander Black/African American AND White American Indian/Alaskan Native AND Black/African American Other							
INSURANCE: ☐ Yes ☐ No ☐ AHCCCS ☐ Medicare ☐ Medicaid ☐ Private ☐ Employer ☐ Other							
INCOME TYPE: ☐ Full-time ☐ Part-time ☐ 2 nd job ☐ 3 rd job ☐ TANF ☐ SSI ☐ Pension ☐ Unemployment ☐ SSDI ☐ Other							
NAME SOURCE:	30-da	y Gross:	CONFIRMATION: □ Verified	d □ Un-Verified □ Incorrect			
HOUSEHOLD MEMBER							
Reporting income? ☐ Yes ☐ No	SS#:		Date of Birth:	□ Male □ Female			
FIRST NAME:		M.I.	LAST NAME:				
ETHNICITY:							
RACE: American Indian/ Alaskan Native Asian Black/African American Black/African American Black/African American AND White Asian AND White Asian AND White American Indian/Alaskan Native AND Black/African American Other							
INSURANCE: ☐ Yes ☐ No ☐ AHCCCS ☐ Medicare ☐ Medicaid ☐ Private ☐ Employer ☐ Other							
INCOME TYPE: ☐ Full-time ☐ Part-time ☐ 2 nd iob ☐ 3 rd iob ☐ TANF ☐ SSI ☐ Pension ☐ Unemployment ☐ SSDI ☐ Other							
NAME SOURCE: 30-day Gross:		CONFIRMATION: □ Verified □ Un-Verified □ Incorrect					
RECEIVED REQUIRED DOCUMENTS VERIFICATION							
☐ PHOTO ID OF APPLICANT ☐ CITIZENSHIPRESIDENCY STATUS ☐ ADDRESS VERIFICATION ☐ CURRENT UTY STATEMENT ☐ PROOF OF IDENTITY FOR EACH HOUSEHOLD MEMBER ☐ PROOF OF INCOME FOR HOUSEHOLD ☐ PROOF OF CRISIS							



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AUTHORITY FOR RELEASE OF INFORMATION

I(PRINT), authorize St Vincent de Paul – St Margaret Mary; the EAP Partnering Agency and/or delegate agency to contact TEP or SWG and any other source necessary to establish the accuracy of the information given by me and to								
release or receive information contained on this form, application and/or in my case file.								
Statement of Truth Under penalty of perjury and acknowledged by my signature be statements made regarding persons in my home, and the incomposition that pertain to my possible eligibility for benefits a my knowledge.	me, resources, property and all							
Income Statement								
,(PRINT), Hereby attest that notes that I have experpage 1, during the last 30 days. I also hereby attest that I have experpage 1, during the last 30 days.								
Applicants printed name Applicants sign	ature Date							
An acceptable <u>crisis reason must be documented and or explai</u>	ned on the application.							
Crisis reason (select one) A. Loss or reduction of income. B. Unexpected or unplanned expenses. C. Any condition that endangers the health or safety of	the household?							
c. Any condition that endangers the health of safety of	the nousehold:							
HOME VISITORS:Print Clearly	DATE:							
HOME VISITORS:Print Clearly								
Tillit Cically								
WORKER SIGNATURE:	DATE:							