



# 2020-21

## HOME ENERGY ASSISTANCE FUND APPLICATION FORM



APPLICATION ID:	APPLICATION DATE:	CONFERENCE:
<b>APPLICANT INFORMATION</b>		
FIRST NAME & MI:	Married?	LAST NAME:
ADDRESS:	APT/UNIT #:	ZIP:
EMAIL	PHONE:	
SS#:	DOB:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
IS ANYONE IN HOME A VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No Who?:		Living in AZ 1 YR + <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INSURANCE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> AHCCCS <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Employer <input type="checkbox"/> Other		
Reporting income? <input type="checkbox"/> Yes <input type="checkbox"/> No	INCOME SOURCE:	30-day Gross:
INCOME TYPE: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> 2 <sup>nd</sup> job <input type="checkbox"/> 3 <sup>rd</sup> job <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> SSDI <input type="checkbox"/> Other		
<b>ETHNICITY:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Latino	<b>CITIZENSHIP:</b> <input type="checkbox"/> US (Born or Naturalized) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> H1b <input type="checkbox"/> Non-Legal Resident <input type="checkbox"/> Legal Resident <input type="checkbox"/> Other	
<b>RACE:</b> <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/ Alaskan Native AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black/African American AND White <input type="checkbox"/> American Indian/Alaskan Native AND Black/African American <input type="checkbox"/> Other		
HOUSING TYPE: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other	HOUSEHOLD SIZE:	
FAMILY TYPE: <input type="checkbox"/> Single Parent – Female <input type="checkbox"/> Single Parent – Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Married <input type="checkbox"/> Two Adults – No Children <input type="checkbox"/> Grandparent Raising Children	# OF SOURCES OF HOUSEHOLD INCOME:	
	# OF HOUSEHOLD MEMBERS WITH INCOME:	
<b>UTILITY ACCOUNT DETAILS</b>		
BILLING NAME:	UTILITY COMPANY:	<input type="checkbox"/> Turned off <input type="checkbox"/> Termination Notice <input type="checkbox"/> In Arrears <input type="checkbox"/> Current
UTILITY ACC'T #:	PAST DUE AMOUNT: \$	
<input type="checkbox"/> Verified <input type="checkbox"/> Unverified <input type="checkbox"/> Incorrect	AMOUNT REQUESTED: \$	
<b>NEEDS ASSESSMENT &amp; COMMENTS</b>		
<input type="checkbox"/> Skipped Meals	<input type="checkbox"/> Skipped or reduced medications	<input type="checkbox"/> Forgone Medical Care
<input type="checkbox"/> Forgone purchasing essential goods	<input type="checkbox"/> Delayed or skipped Mortgage or rent	<input type="checkbox"/> Delayed or skipped Car Payments
<input type="checkbox"/> Delayed or skipped Ins. Payments	<input type="checkbox"/> Delayed or skipped child support	<input type="checkbox"/> Delayed or skipped Tuition
<input type="checkbox"/> Left Household repairs undone	<input type="checkbox"/> Reduced or eliminated utility use	<input type="checkbox"/> Other: _____
<b>Are there any special or extenuating circumstances that occurred in the past 30 days that should be considered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>CRISIS REASON (select one):</b> <input type="checkbox"/> Loss or reduction of income <input type="checkbox"/> Unexpected/unplanned expenses <input type="checkbox"/> Health or safety endangerment		
<b>Comments:</b>		



# 2020-21 HOME ENERGY ASSISTANCE FUND



## HOUSEHOLD MEMBERS

HOUSEHOLD MEMBER			
Reporting income? <input type="checkbox"/> Yes <input type="checkbox"/> No	SS#:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
FIRST NAME:	M.I.	LAST NAME:	
ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non- Hispanic/Latino	CITIZENSHIP: <input type="checkbox"/> US (Born or Naturalized) <input type="checkbox"/> H1b	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Legal Resident	<input type="checkbox"/> Legal Resident <input type="checkbox"/> Other
<b>RACE:</b> <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/ Alaskan Native AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black/African American AND White <input type="checkbox"/> American Indian/Alaskan Native AND Black/African American <input type="checkbox"/> Other			
<b>INSURANCE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> AHCCCS <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Employer <input type="checkbox"/> Other			
<b>INCOME TYPE:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> 2 <sup>nd</sup> job <input type="checkbox"/> 3 <sup>rd</sup> job <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> SSDI <input type="checkbox"/> Other			
INCOME SOURCE:	30-day Gross:	CONFIRMATION: <input type="checkbox"/> Verified <input type="checkbox"/> Un-Verified <input type="checkbox"/> Incorrect	

HOUSEHOLD MEMBER			
Reporting income? <input type="checkbox"/> Yes <input type="checkbox"/> No	SS#:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
FIRST NAME:	M.I.	LAST NAME:	
ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non- Hispanic/Latino	CITIZENSHIP: <input type="checkbox"/> US (Born or Naturalized) <input type="checkbox"/> H1b	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Legal Resident	<input type="checkbox"/> Legal Resident <input type="checkbox"/> Other
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NAME SOURCE:	30-day Gross:	CONFIRMATION: <input type="checkbox"/> Verified <input type="checkbox"/> Un-Verified <input type="checkbox"/> Incorrect	

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NAME SOURCE:	30-day Gross:	CONFIRMATION: <input type="checkbox"/> Verified <input type="checkbox"/> Un-Verified <input type="checkbox"/> Incorrect	

RECEIVED REQUIRED DOCUMENTS VERIFICATION
<input type="checkbox"/> PHOTO ID OF APPLICANT <input type="checkbox"/> CITIZENSHIP/PRESIDENCY STATUS <input type="checkbox"/> ADDRESS VERIFICATION <input type="checkbox"/> CURRENT UTILITY STATEMENT <input type="checkbox"/> PROOF OF IDENTITY FOR EACH HOUSEHOLD MEMBER <input type="checkbox"/> PROOF OF INCOME FOR HOUSEHOLD <input type="checkbox"/> PROOF OF CRISIS

