



## Home Energy Assistance Fund Application Form

General Information			
Application ID	SSN	Application Date (MM/DD/YYYY)	
First Name	MI	Last Name	
Residential Address			
Address	Apt./Unit/Suite	County	
City	State	Zip Code	
Mailing Address (if different from above)			
Address	Apt./Unit/Suite		
City	State	Zip Code	
Contact Information			
Primary Phone	Secondary Phone	Email Address	
Applicant Information			
Date Of Birth (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Health Insurance <input type="checkbox"/> Employer Sponsored Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> AHCCCS <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability (select all that apply) <input type="checkbox"/> Deaf/Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Speech/Language <input type="checkbox"/> Learning Disability <input type="checkbox"/> Blind/Visual Disability <input type="checkbox"/> Chronic Health <input type="checkbox"/> Housebound <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Level of Education <input type="checkbox"/> 00-08 Grade <input type="checkbox"/> 09-12 Non-Graduate <input type="checkbox"/> High school Diploma or GED <input type="checkbox"/> Some College/Trade School <input type="checkbox"/> Associate Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD <input type="checkbox"/> Other	
Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you moved to Arizona in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race (select one) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <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 Multi-Racial		Citizenship Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal resident <input type="checkbox"/> Other	



# Home Energy Assistance Fund Application Form

## Household Profile

Household Size: \_\_\_\_\_ # of Sources of Household Income: \_\_\_\_\_ # Household Members with Income: \_\_\_\_\_

Is any member of the household a Seasonal Farm Worker?

Yes  No

Is any member of the household a Migrant Farm Worker?

Yes  No

### Housing Type

- Rent
- Own
- Homeless
- Other

### Referred From

- Agency Referral
- Utility Company referral
- Outreach Program
- Internet Search
- Radio
- Newspaper
- TV
- Word of Mouth
- Other

### Family Type

- Single Parent - Female
- Single Parent - Male
- Two Parent Household
- Single Person
- Two Adults - no children
- Grandparent Raising Children
- Other

### Other Assistance Received

- LIHEAP:
- URRD:
- WAP:
- Supplemental Nutrition Assistance Program:
- Rent Assistance:
- TAP:
- Other: \_\_\_\_\_



## Arizona Community Action Association (ACAA) EAP Application Form

Utility Account Details Supplement		
<i>Complete a separate "Utility Account Detail" form section for each additional utility account</i>		
Utility Company <b>SRP / APS</b> (circle one)	Utility Account Number	Account Status
30 Day Usage Amount	Past Due Amount	Grant Amount Requested
# of Payments Made Last 90 Days	Total Paid in Last 90 Days	Utility Type
Customer of Record		
Enrollment in Utility Programs (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Low Income Discount</li> <li><input type="checkbox"/> Medical Discount</li> <li><input type="checkbox"/> Energy Savings</li> <li><input type="checkbox"/> Customer Bill Date Selection</li> <li><input type="checkbox"/> Fixed Monthly Payments</li> <li><input type="checkbox"/> Auto Bank Withdrawal of Payments</li> <li><input type="checkbox"/> Agency Referrals</li> <li><input type="checkbox"/> Pre-pay</li> <li><input type="checkbox"/> Bill Print</li> <li><input type="checkbox"/> Third Party Notification</li> <li><input type="checkbox"/> Financial Crisis Assistance</li> </ul>		

Utility Account Details Supplement		
<i>Complete a separate "Utility Account Detail" form section for each additional utility account</i>		
Utility Company <b>Southwest Gas</b>	Utility Account Number	Account Status
30 Day Usage Amount	Past Due Amount	Grant Amount Requested
# of Payments Made Last 90 Days	Total Paid in Last 90 Days	Utility Type
Customer of Record		
Enrollment in Utility Programs (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Low Income Discount</li> <li><input type="checkbox"/> Medical Discount</li> <li><input type="checkbox"/> Energy Savings</li> <li><input type="checkbox"/> Customer Bill Date Selection</li> <li><input type="checkbox"/> Fixed Monthly Payments</li> <li><input type="checkbox"/> Auto Bank Withdrawal of Payments</li> <li><input type="checkbox"/> Agency Referrals</li> <li><input type="checkbox"/> Pre-pay</li> <li><input type="checkbox"/> Bill Print</li> <li><input type="checkbox"/> Third Party Notification</li> <li><input type="checkbox"/> Financial Crisis Assistance</li> </ul>		

## Household Member # 2

### Household Supplemental

*Complete a separate "Household Member" form section for each additional household member*

This person has an income source that contributes to the overall household income: <input type="checkbox"/> Yes <input type="checkbox"/> No		SSN	
First Name		MI	Last Name
Date Of Birth (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Health Insurance</b> <input type="checkbox"/> Employer Sponsored Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> AHCCCS <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Disability (select all that apply)</b> <input type="checkbox"/> Deaf/Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Speech/Language <input type="checkbox"/> Learning Disability <input type="checkbox"/> Blind/Visual Disability <input type="checkbox"/> Chronic Health <input type="checkbox"/> Housebound <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Highest Level of Education</b> <input type="checkbox"/> 00-08 Grade <input type="checkbox"/> 09-12 Non-Graduate <input type="checkbox"/> High school Diploma or GED <input type="checkbox"/> Some College/Trade School <input type="checkbox"/> Associate Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD <input type="checkbox"/> Other	
Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race (select one)</b> <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <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 Multi-Racial		<b>Citizenship Status</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal resident <input type="checkbox"/> Other	

## Household Member # 3

### Household Members

Complete a separate "Household Member" form section for each additional household member

This person has an income source that contributes to the overall household income: <input type="checkbox"/> Yes <input type="checkbox"/> No		SSN	
First Name		MI	Last Name
Date Of Birth (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Health Insurance</b> <input type="checkbox"/> Employer Sponsored Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> AHCCCS <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Disability (select all that apply)</b> <input type="checkbox"/> Deaf/Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Speech/Language <input type="checkbox"/> Learning Disability <input type="checkbox"/> Blind/Visual Disability <input type="checkbox"/> Chronic Health <input type="checkbox"/> Housebound <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Highest Level of Education</b> <input type="checkbox"/> 00-08 Grade <input type="checkbox"/> 09-12 Non-Graduate <input type="checkbox"/> High school Diploma or GED <input type="checkbox"/> Some College/Trade School <input type="checkbox"/> Associate Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD <input type="checkbox"/> Other			
Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race (select one)</b> <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <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 Multi-Racial		<b>Citizenship Status</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal resident <input type="checkbox"/> Other	



## Home Energy Assistance Fund Application Form

### Income # 1

Income		
<i>Complete a separate "Income" form section for each additional income source</i>		
Income Type Description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> 2nd Job <input type="checkbox"/> 3rd 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 Information for:		30-day Gross Amount
Source - Name	Source - Phone Number	Source - email
Income Source Confirmation <input type="checkbox"/> Verified <input type="checkbox"/> Unverified <input type="checkbox"/> Incorrect		Comment:

### Income # 2

Income		
<i>Complete a separate "Income" form section for each additional income source</i>		
Income Type Description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> 2nd Job <input type="checkbox"/> 3rd 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 Information for:		30-day Gross Amount
Source - Name	Source - Phone Number	Source - email
Income Source Confirmation <input type="checkbox"/> Verified <input type="checkbox"/> Unverified <input type="checkbox"/> Incorrect		Comment:

### Income # 3

Income		
<i>Complete a separate "Income" form section for each additional income source</i>		
Income Type Description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> 2nd Job <input type="checkbox"/> 3rd 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 Information for:		30-day Gross Amount
Source - Name	Source - Phone Number	Source - email
Income Source Confirmation <input type="checkbox"/> Verified <input type="checkbox"/> Unverified <input type="checkbox"/> Incorrect		Comment:



## Home Energy Assistance Fund Application Form

### Needs Assessment and Comments

*Check each box that applies*

<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/rent	<input type="checkbox"/> Delayed or skipped car payments
<input type="checkbox"/> Delayed or skipped insurance 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 - Specify : _____

Are there 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 or unplanned expenses

A condition that endangers the health and safety of the household

Comments:

**\*\*\*\*\*STOP HERE\*\*\*\*\***

SKIP TO SIGNATURE PAGE IN BACK

### Received Required Documents Verification

Document Title	Received (Yes/No)	Date Received (MM/DD/YYYY)
Photo ID for the Applicant		
Citizenship/Residency Status (if applicable)		
Address Verification for the Applicant		
Proof of Identity for Each Household Member		
Current Utility Statement		
Proof of Income for the Household		
Proof of Crisis (if applicable)		



## Home Energy Assistance Fund Application Form

### Status

**Intake Worker Comments**

Date:	<b>Application Status</b> <input type="checkbox"/> On Hold <input type="checkbox"/> Denied <input type="checkbox"/> Requires Agency Supervisor Approval <input type="checkbox"/> Requires ACAA Administrative Staff Approval <input type="checkbox"/> Appealed to Agency Supervisor <input type="checkbox"/> Appealed to ACAA Administrative Staff Director <input type="checkbox"/> Approved <input type="checkbox"/> Appeal Denied <input type="checkbox"/> Appeal Approved
Comments:	

**Agency Supervisor Comments**

Date:	<b>Application Status</b> <input type="checkbox"/> On Hold <input type="checkbox"/> Denied <input type="checkbox"/> Requires Agency Supervisor Approval <input type="checkbox"/> Requires ACAA Administrative Staff Approval <input type="checkbox"/> Appealed to Agency Supervisor <input type="checkbox"/> Appealed to ACAA Administrative Staff Director <input type="checkbox"/> Approved <input type="checkbox"/> Appeal Denied <input type="checkbox"/> Appeal Approved
Comments:	

**ACAA Administrative Staff Comments**

Date:	<b>Application Status</b> <input type="checkbox"/> On Hold <input type="checkbox"/> Denied <input type="checkbox"/> Requires Agency Supervisor Approval <input type="checkbox"/> Requires ACAA Administrative Staff Approval <input type="checkbox"/> Appealed to Agency Supervisor <input type="checkbox"/> Appealed to ACAA Administrative Staff Director <input type="checkbox"/> Approved <input type="checkbox"/> Appeal Denied <input type="checkbox"/> Appeal Approved
Comments:	

### Payment

*Complete a separate "Payment" form section for each additional grant payment made*

Utility Company	Fund Source	Amount Applied to Debt (if applicable)
Amount Paid	Payment Type	Amount Applied Forward (if applicable)

**AUTHORITY FOR RELEASE OF INFORMATION:** I authorize the EAP Partnering Agency and/or delegate agency to contact any source necessary to establish the accuracy of the information given by me and to release or receive information contained on this form and/or in my case file.

---





## Home Energy Assistance Fund Application Form

Staff/Intake Worker Signature

Applicant Signature

---

---



# UTILITY INFORMATION RELEASE AUTHORIZATION FORM

Arizona Public Service

UniSource Energy Services

Salt River Project

Trico Electric Cooperative

Tucson Electric Power

Southwest Gas

By signing this form, I authorize the above named utility provider(s) (indicated by box checked) to release my historical and future utility bills, account information (such as but not limited to name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to any and all of the agencies/persons listed on this form ("Authorized Parties"). This release is granted in connection with my household's request for and/or receipt of assistance from the community agency listed below.

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above named utility provider(s) from: (i) any claims, damages, liability or expenses resulting from the use or disclosure of information based on this Authorization; (ii) the unauthorized use or disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

## AUTHORIZED PARTIES:

### Community Agency:

Name of agency determining assistance AZCEND

Arizona Community Action Association

Arizona Department of Administration,  
Office of Grants and Federal Resource

Arizona Department of Economic Security

Signature of Account Holder/Customer of Record: \_\_\_\_\_

Print Account Holder/Customer of Record: \_\_\_\_\_

Signature of Joint Account Holder/Customer of Record: \_\_\_\_\_

Print Joint Account Holder/Customer of Record: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date \_\_\_\_\_