

MASS. ENERGY & FUEL ASSISTANCE APPLICATION 2020 - 2021

South Middlesex Opportunity Council, Inc. ("THE AGENCY")

7 Bishop Street

Framingham, MA 01702

Tel.: (508) 620-1230

New Recert Benefit Code: _____

Incomp. Date:

App Date:

Complete:

Cert:

Intake Site:

Emrg:

Applicant

Please complete or correct this section for the Applicant.

Do you speak and understand English? Yes No Home Address (If Different)
If No, what is your primary language?

Name/Mailing Address _____

e-Mail: _____
Home Phone: _____
Cell Phone: _____
Contact Phone: _____

Household Members

Please complete or correct this section for all persons in your household.

Total Number In Household: _____ (Do not include Foster children here)

Form with columns for Name, Birth Date, Social Security Age Number, Income Codes (See Below), Gender, Disabling Condition, Education, Health Insurance, Race, Ethnicity, Military Status, Work Status, Student, Education, Disabling Condition, Ethnicity, Military Status, Work Status, Student, Race.

Do you need an accommodation regarding your application because of a disability? Yes No

Income Codes Use these codes to show income sources for each family member above.

Alimony=M Disability=S Interest=K Rental Income=L SSDI=U VA Compensation: Disability Service Related=H
Annuities=I Dividends=K Odd Jobs=P Self Employ.=B SSI/SSP=D VA Pension: Disability Not Service Related=V
Child Support=M EAEDC=F Pension=I Soc. Sec.=C TANF (AFDC)=E Unemployment=G Wages=A Workers Comp=J
Lump Sum Income=Q (e.g. Lottery Winnings, Cash Prizes, Insurance Settlements, Capital Gains, Inheritances, and Sale of Stocks/Bonds)
Financial Support=R IRA/401K=T Other Income=N (includes any other monies coming into your household) No Income=O

Member Information/Housing

Please complete/correct this section by circling or filling in answers.

Family type: (circle one)

- 1. Single Parent Female 2. Single Parent Male 3. 2 Parent Household
4. Single Person 5. 2 Adults, No Child 6. Other
7. Un-related Adults w/Child 8. Multi-Generational

Do you? Own Home Own Condo Rent Apt/Hse Rent Condo Other: _____

- Housing Type: 1. Single Family 2. Two Family
3. Three Family 4. Mobile Home 5. Apt. (Over 3 Apts.)

Has/Does any household member: (use circles)

- ...receive SNAP (Food Stamps)? Yes No
...receive Foster Care Payments? Yes No
...receive WIC? Yes No
...receive a Child Care Voucher? Yes No
...receive an Affordable Care Act Subsidy? Yes No
...received an Earned Income Tax Credit? Yes No

Number of apartments in the building: _____

Rent or Housing cost: \$ _____ Monthly \$ _____ Weekly

Owners (Monthly Amts): Principal + Interest + Taxes + Insurance
Specify status if not current: Past Due Pre-Foreclosure Foreclosed

Do you share your heating system? Yes No
If yes, how many share? _____

Is heat included in your? Rent Condo Not Included

Do you live in subsidized housing? Yes No
If yes, subsidy type: _____

Do you plan on living at the above address from Nov 1st through Apr 30th (the heating season)? Yes No

Years _____ # Months _____ at current Address. If less than 1 Year, prior address: _____

Your Landlord's Name: _____ Phone: _____

Your Landlord's Address: _____ City: _____ State: _____ Zipcode: _____

Do you own any real estate property other than your primary residence? Yes No

The definition of real estate property includes vacation home, second home, and income properties, etc.

Supplier Information/Conservation

Please complete/correct this section by circling or filling in answers.

Do you pay for your own heat? Yes No
Heat 1. Oil 2. Gas 3. Coal 4. Kerosene
5. Wood 6. Propane 7. Elect 8. Heat Included In Rent

Name of your gas company: _____

Gas account #: _____

Heating company: _____

Name on gas bill, if not yours: _____

Account number: _____

Name of your electric company: _____

Name on heat bill, if not yours: _____

Electric account #: _____

Do you use secondary* (additional) heating source(s)? If yes, specify: If owner, does your heating system need repair? Yes No

- 1. Oil 2. Gas 3. Coal 4. Kerosene

How did you hear about fuel assistance? _____

- 5. Wood 6. Propane 7. Electric 8. Other: _____

If available, would you like to hear about additional services? Yes No

Do you use an air conditioner? Yes No If Yes, type of air conditioner: Window/Portable Central Air

Did you receive a shutoff notice or did your oil company refuse to deliver oil in the past year? Yes No

Were your services shut off or did you run out of oil in the past year? Yes No

Was your heat restored because of Fuel Assistance? Yes No

*** Do not sign here. You must sign the back of this Application ***

IMPORTANT: THIS APPLICATION MUST BE COMPLETE AND REQUIRES THE SIGNATURE OF THE APPLICANT. PLEASE TURN THIS PAGE OVER, READ AND THEN SIGN THIS APPLICATION IN THE HIGHLIGHTED AREA. IF YOU DO NOT SIGN THE BACK OF THIS APPLICATION YOU WILL NOT RECEIVE FUEL ASSISTANCE.

*Secondary heating sources are used to enable the primary heat sources to operate or are the energy sources used to provide 49.9% or less of the space heating needs of the dwelling.

APPLICANT DECLARATIONS AND AUTHORIZATIONS FOR USE OF PERSONAL INFORMATION:

I have read the application or it has been read to me in a language I understand. I make the following declarations and authorizations:

1. I understand the information on this application and supporting documents will be shared with and used to determine and verify my household's eligibility for the following programs and benefits: (i) **Fuel assistance** which helps pay the cost of home heating energy; (ii) **weatherization assistance** which helps make homes more energy efficient and comfortable; (iii) **heating system assistance** which helps keep heating equipment in good and efficient working order through maintenance, repair or replacement; and (iv) applicable low income **sewer and water assistance benefits**. If this application is only for Weatherization or Heating System Assistance and is filed during or after the fuel assistance enrollment period, it will not be treated as an application for Fuel Assistance.
2. I affirm that I am a Massachusetts resident. I authorize the **AGENCY**, the **Department of Housing and Community Development (DHCD)**, and/or their agents to communicate with me through the contact information I provide, including electronically through email and/or by cell phone. I understand it is my responsibility to provide the **AGENCY** any changes to my contact information.
3. I understand that only United States Citizens or Qualified Aliens are eligible to receive federal energy assistance benefits.
4. I give consent for the **AGENCY** and/or **DHCD** to share any information on this application and the supporting documents, including confidential information, with and among the following:
 - Offices of the state and federal governments, their designated subcontractors and agents; and
 - My primary and/or secondary heating and energy utility company(ies), including my annual energy consumption cost, usage data, utility charges, payment history and other account information.
5. I give the **AGENCY** and/or **DHCD** permission to obtain and share any data about my annual energy consumption cost, usage data, utility charges, payment history and other account information from my primary and/or secondary heating and energy company(ies). I authorize the company(ies) to provide this information to the **AGENCY** and/or **DHCD**. I agree to hold the company(ies) harmless and release them from and against loss, demands, damages, or liability caused by such disclosure.
6. I give consent for the **AGENCY** and/or **DHCD** to share any information on this application and the supporting documents, including confidential information, with and among my primary and secondary heating and energy company/utility, if this could result in a discount on my heating/energy bill or other benefit from the supplier/company/utility. I do not have to agree to this in order to receive fuel assistance benefits, weatherization assistance and/or heating system assistance benefits. If I do not agree, I have the right to decline to have my information shared for heating and utility discounts and benefits. To decline, I will provide separate written notification to my energy company/utility companies and to this **AGENCY**.
7. I authorize any individual, company, agency, or other entity which has information about me or my household relevant to our eligibility for benefits, to release or disclose this information to the **AGENCY** and/or **DHCD**, including confidential information. This information may be shared as required by law and in any legal proceeding where doing so would result in my repayment. I authorize the **AGENCY** and/or **DHCD** to use the information I provide to make referrals on behalf of myself and my household and for other program purposes. I authorize the **AGENCY** and/or **DHCD** to transfer information relevant to my eligibility for benefits to other agencies if I move to another service area and request assistance at a new address.
8. I understand that eligibility for benefits does not guarantee my household will receive assistance, and eligibility for one service does not guarantee eligibility for other services. I understand that the timing or receipt of benefits for which I am eligible cannot be guaranteed.
9. I certify under the penalties of perjury that all information on this application, and all information I submitted or will submit in support of this application, is true and complete to the best of my knowledge. I am the only person in my household that has applied for LIHEAP benefits this program year, and my household has only submitted one application this program year.
10. I understand that information provided on this application and supporting documentation may be verified, including through computer matching. I authorize the **AGENCY** and/or **DHCD** to contact individuals, companies, and offices of the federal and state government to verify the information, to determine my household's eligibility, and for other program purposes. I understand that I may be subject to criminal prosecution as a result of any fraudulent statements in this application or associated documents.
11. I agree to cooperate in requests to provide information to the **AGENCY** and/or **DHCD**, and understand that my failure to do so may result in termination, suspension, or repayment of assistance. I understand that before my benefits are terminated, suspended, reduced, or denied or other adverse action is taken against me because of information gained from computer data matching processes with federal and state agencies, I will be notified in writing of the potential action, provided an opportunity to contest it, and given information on how to do so.
12. I understand in the event I receive any type of fuel assistance, weatherization assistance, or heating system assistance benefits and I am later determined to be ineligible for them, I may be fully liable for the value of assistance received and that future benefits for which I become eligible may be reduced by any amount that I do not repay.
13. I understand that the **AGENCY** and/or **DHCD** may refer my information concerning a violation of the laws to the Massachusetts Bureau of Special Investigations, a District Attorney, or to the Attorney General's Office. This may result in further investigation, action, and/or criminal prosecution.

WAGE MATCH NOTICE

14. In accordance with state law (M.G.L. c. 62E), the **AGENCY** and **DHCD** participate in the Massachusetts Wage Reporting System ("Wage Match"). The income reported by fuel assistance, weatherization assistance, and/or heating system assistance recipients may be matched with wages reported by employers to the DOR. The **AGENCY** and **DHCD** are asking the Applicant and all adult members of the household (18 years of age or older) to provide or verify their Social Security numbers for this purpose. The Applicant and adult household members do not have to provide or verify Social Security numbers to be determined eligible under this application for the fuel assistance, weatherization assistance, and/or heating system assistance programs.

By signing this application, I verify that the Social Security number associated with my name related to this application is my Social Security number and I authorize the use of my Social Security number for the purposes above. Other adult household members (18 years of age or older) must also provide their information and sign below or complete an Application Addendum form.

Print name of other adult household member(s)	Relation to Applicant	Date of birth	Social Security number	Signature of adult household member authorizing the use of Social Security number for the purposes above

By signing below, I certify that I am an adult household member, 18 years of age or older, and I have read, or have had read to me in a language I understand, and I agree to the above statements.

Print Name: _____ Signature: _____ Date: _____
 (Household Member)

Fiscal Year 2021
 Low-Income Home Energy Assistance Program (LIHEAP)
 Income Eligibility and Benefit Levels

Number of People in a Household	100% of Federal Poverty Level	125% of Federal Poverty Level	150% of Federal Poverty Level	175% of Federal Poverty Level	200% of Federal Poverty Level	60% of Estimated State Median Income
1	\$ 12,760	\$ 15,950	\$ 19,140	\$ 22,330	\$ 25,520	\$ 39,105
2	\$ 17,240	\$ 21,550	\$ 25,860	\$ 30,170	\$ 34,480	\$ 51,137
3	\$ 21,720	\$ 27,150	\$ 32,580	\$ 38,010	\$ 43,440	\$ 63,169
4	\$ 26,200	\$ 32,750	\$ 39,300	\$ 45,850	\$ 52,400	\$ 75,201
5	\$ 30,680	\$ 38,350	\$ 46,020	\$ 53,690	\$ 61,360	\$ 87,233
6	\$ 35,160	\$ 43,950	\$ 52,740	\$ 61,530	\$ 70,320	\$ 99,265
7	\$ 39,640	\$ 49,550	\$ 59,460	\$ 69,370	\$ 79,280	\$ 101,521
8	\$ 44,120	\$ 55,150	\$ 66,180	\$ 77,210	\$ 88,240	\$ 103,777
9	\$ 48,600	\$ 60,750	\$ 72,900	\$ 85,050	\$ 97,200	\$ 106,033
10	\$ 53,080	\$ 66,350	\$ 79,620	\$ 92,890	\$ 106,160	\$ 108,289
11	\$ 57,560	\$ 71,950	\$ 86,340	\$ 100,730	\$ 110,545	\$ 110,545
12	\$ 62,040	\$ 77,550	\$ 93,060	\$ 108,570	\$ 112,802	\$ 112,802
13	\$ 66,520	\$ 83,150	\$ 99,780	\$ 115,058	\$ 115,058	\$ 115,058
14	\$ 71,000	\$ 88,750	\$ 106,500	\$ 117,314	\$ 117,314	\$ 117,314
15	\$ 75,480	\$ 94,350	\$ 113,220	\$ 119,570	\$ 119,570	\$ 119,570
16	\$ 79,960	\$ 99,950	\$ 119,940	\$ 121,826	\$ 121,826	\$ 121,826
17	\$ 84,440	\$ 105,550	\$ 126,660	\$ 126,660	\$ 126,660	\$ 126,660
Homeowners and Non-Subsidized Housing Tenants						
Deliverable Fuel (Oil, Propane, Kerosene & Other)	\$875	\$770	\$678	\$596	\$596	\$462
Utility and Heat-Included-in-Rent	\$725	\$638	\$561	\$494	\$494	\$382
High Energy Cost Supplement	\$200	\$180	\$160	\$140	\$140	\$120
Subsidized Housing Tenants						
Deliverable Fuel (Oil, Propane, Kerosene & Other)	\$615	\$540	\$475	\$415	\$415	\$325
Utility and Heat-Included-in-Rent	\$510	\$445	\$395	\$345	\$345	\$270
High Energy Cost Supplement	\$200	\$180	\$160	\$140	\$140	\$120
High Energy Cost Supplement (HECS) Thresholds						
Heating Oil & Prop:	\$1,477		Natural gas	\$972	Other	\$1,168
Kerosene	\$1,214		Electricity	\$1,599		

Note: Contact DHCD to determine eligibility for a household of 18 and above.

Sources (Income Level): "Annual Update of the HHS Poverty Guidelines, *Federal Register* 85 No. 12 (17 Jan 2020): 3060-3061 and "State Median Income Estimates", USHHS, OCS, DEA, *LIHEAP-IM-2020-02*

12/08/2020

The **Benefit Amount** awarded to eligible households is based on several household factors reflected on this chart. Those include the number of people in a household, their gross income, the energy source, and the housing situation.

The **High Energy Cost Supplement** is an additional benefit provided only to qualifying, eligible LIHEAP households whose previous year's heating source costs exceed the above listed HECS thresholds.



SMOC Fuel Assistance

FUEL ASSISTANCE CHECKLIST/ INSTRUCTIONS

IMPORTANT NOTES: Deadline for application intake: April 30, 2021

PROGRAM SEASON AND COVERAGE OF BENEFIT PAYMENT: 11/1/2020 TO 4/30/2021

PLEASE VERIFY INFORMATION ON YOUR APPLICATION. ANSWER ALL QUESTIONS ON THE APPLICATION FORM BEFORE SUBMITTING ALL STATE REQUIREMENTS TO SMOC:

- **CURRENT COPY OF PHOTO ID OF HEAD OF HOUSEHOLD**
- **SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS OR PROOF OF CITIZENSHIP** (*please see below*)*
 - Birth Certificates (*NO birth records accepted*)
 - US Passport
 - Naturalization Paperwork and Green Card, etc. (*Work Authorization Social Security Cards are not accepted as Proof of Citizenship*)

**Please call regarding other forms of documents for proof of Citizenship 508-620-2342*

- **CURRENT INCOME DOCUMENTATION:**
 - Wages
 - Social Security Benefits-SSA/SSDI/SSI/SSP (*please submit a letter from social security instead of bank statement, if possible*)
 - TANF(TAFDC) or EAEDC
 - Self-employment (*Current 1040 Tax Return with ALL schedules. If self-prepared, complete 4506-T and Fax to IRS*)
 - Pensions, Interest/Dividend, Odd Jobs, Rental Income, Child Support, Unemployment, Workers Compensation, IRA, Lump Sum, Capital Gains, Veterans Benefits (PLEASE SEE BACK OF THE PAGE)
- **CURRENT HOUSING DOCUMENTS:**
 - For home owners:** mortgage statement, real state tax bill, home owners insurance, condo fee
 - For renters:** current lease, if subsidized send the tenant profile from your housing authority
 - Tenant at will:** complete and sign the Release Authorization form, SMOC will mail a form to your landlord.
 - If heat is included in rent:** current signed lease contract showing heat is included in rent
- **CURRENT COPY OF HEATING BILL AND 2-SIDED ELECTRIC BILL**
- **STANDARD FORMS TO COMPLETE/SIGN/SUBMIT:**
 - Sign application form** Report all household members. All 18 years old and over **MUST** sign the back of the form.

THERE ARE ONLY 4 TELEPHONE LINES FOR 7000+ CLIENTS; IT'S DIFFICULT TO GET A LIVE PERSON

If your application is incomplete or denied, follow instructions on the letter and write a note about any issues/claims and submit proof of your claims. Then fax/mail required documents directly to SMOC FAP. **NO NEED TO CALL SMOC**

TO DETERMINE STATUS OF APPLICATION OR PAYMENTS: CALL (508)620-1230 OR 508-620-2342

FUEL ASSISTANCE ACCEPTABLE INCOME DOCUMENTATION

WAGE INCOME: 4-5 consecutive pay stubs, 30 days prior to application date. Letter from employer on company letterhead that includes gross amount paid and how often paid ONLY if you do not receive paystubs.

SSA, SSI, SSDI, and SSP: Current award letter, copy of benefit check, 1099's and certain instances bank statements are acceptable.

VETERANS BENEFITS: Current award letter, benefit print out, copy of check stub or form 1099.

PENSION: Current official statement of benefits, letter from the source, copy of check stub, or form 1099.

SNAP/WELFARE/EAEDC: Income verification from DTA/TANF.

SELF-EMPLOYMENT: All signed tax forms prepared by an accountant. If self-prepared, you will be required to submit Form 4506-T and we will fax it to IRS to request transcript of records.

INTEREST/DIVIDENDS: Forms 1099 INT/DIV/R or bank statements for all checking and saving accounts.

RENTAL INCOME: All tax forms prepared by an accountant. If self-prepared, you will be required to submit Form 4506-T and we will request transcript of records from IRS. Copy of signed lease and rent receipts are also acceptable. If you live in the rental property, complete the "Owner Occupied Property Income Worksheet", ONLY if you did not file taxes.

CHILD SUPPORT/ALIMONY: Indicate whether or not you receive alimony/ child support from either a non-custodial parent/ ex-spouse by completing the Child Support / Alimony form and submitting corresponding documentation. *(I.e. Court orders/ divorce decree, DOR History, Checks/money orders, or if unobtainable a notarized statement by giver of support)*

UNEMPLOYMENT: Please submit a termination letter from your previous employer, 4 current consecutive check stubs from DUA or DUA print out. A wage match will be conducted. **(NO bank statements accepted)**

WORKER'S COMPENSATION: 4 weeks of stubs or statement from employer/insurance/union office showing GROSS amount and frequency of payments.

LUMP SUM INCOME: Example; income from sale of stocks/bonds, capital gains, royalties, inheritances, one-time insurance payments, lottery winnings, stipends/fellowships, scholarships (*used for household maintenance*), estate or trust income for current year.

NO INCOME Complete and sign the Statements of No Income form

FINANCIAL SUPPORT: If receiving financial support from others, submit "Financial Assistance Form" (back of the Low Income/No Income Form- *pink*) which should be completed/notarized by giver of financial support.

STUDENTS: If over 18 and a Full-Time student, please submit a letter from the school's registrar office stating you are a Full-Time student.

- **AFTER REVIEWING YOUR SUBMITTED DOCUMENTS, WE WILL THEN DETERMINE IF ANYTHING ELSE IS NEEDED AND NOTIFY YOU IN WRITING.**



SMOC Fuel Assistance

LISTA DE ASISTENCIA DE COMBUSTIBLE / INSTRUCCIONES

NOTAS IMPORTANTES: Fecha tope para la solicitud: 30 de Abril de 2021

TEMPORADA DEL PROGRAMA Y COBERTURA DEL PAGO DE BENEFICIOS: 11/1/2020 - 4/30/2021

POR FAVOR VERIFIQUE LA INFORMACIÓN DE SU SOLICITUD. RESPONDA TODAS LAS PREGUNTAS EN EL FORMULARIO DE SOLICITUD ANTES DE PRESENTAR TODOS LOS REQUISITOS ESTATALES A SMOC:

- **COPIA ACTUAL DE LA IDENTIFICACION FOTOGRAFICA DE LA CABEZA DEL HOGAR**
- **TARJETAS DE SEGURO SOCIAL PARA TODOS LOS MIEMBROS DEL HOGAR O PRUEBA DE CIUDADANÍA** (*Certificado de Nacimiento, Pasaporte de los Estados Unidos, Documentos de Naturalización, Tarjeta Verde, etc. Por favor llame para averiguar otras formas de documentos para comprobar su ciudadanía 508-620-2342*)
- **DOCUMENTACIÓN DE INGRESOS CORRIENTES:** Salarios, Beneficios del Seguro Social-SSA / SSDI / SSI / SSP, TANF (TAFDC) o EAEDC, Autoempleo, Pensiones, Interés / Dividendo, Trabajos Ocasionales, Beneficios de Capital, Desempleo, Beneficios de Veteranos, IRA, Lump Sum. Renta de Alquiler (POR FAVOR, VER DETRÁS DE LA PÁGINA)
- **DOCUMENTOS ACTUALES DE VIVIENDA:**
Para dueños de vivienda: declaración de hipoteca, factura de impuestos del estado real, seguro de propietarios de vivienda, cuota de condominio
Para inquilinos: contrato de arrendamiento actual, si es subvencionado envíe el perfil de inquilino de su autoridad de
Inquilino a voluntad: complete y firme el formulario de Autorización de Liberación, SMOC enviará un formulario por correo a su propietario.
Si la calefacción está incluido en su renta: contrato de arrendamiento firmado actual que muestra que la calefacción está incluido en su renta
- **COPIA ACTUAL DE LA CUENTA DE CALEFACCIÓN Y LA CUENTA ELÉCTRICA (DOS LADOS)**
- **FORMULARIOS PARA COMPLETAR / FIRMAR/ ENVIAR:**
Firma formulario de la solicitud: Informe a todos los miembros del hogar. Todos los de 18 años de edad y más TIENEN que firmar la parte posterior del formulario.
Formulario de autorización de liberación

SOLO HAY 4 LÍNEAS DE TELÉFONO PARA 7000+ CLIENTES; ES DIFÍCIL CONSEGUIR UNA PERSONA

Si su solicitud está incompleta o se le niega, siga las instrucciones en la carta y escriba una nota sobre cualquier problema / reclamo y presente una prueba de sus reclamos. Luego fax / mande por correo documentos necesarios directamente a SMOC FAP. **NO HAY NINGUNA NECESIDAD DE LLAMAR SMOC**

PARA DETERMINAR EL ESTADO DE SU SOLICITUD O PAGOS: LLAME (508)620-1230 O 508-620-2342



FY 2021 DOCUMENTACION DE INGRESOS ACEPTABLE

INGRESOS DE SALARIO: 4-5 talonarios de pago bruto, 30 días antes de la fecha de solicitud. Carta del empleador en el membrete de la empresa que incluye el pago bruto pagado y la frecuencia con que se paga.

INGRESOS FIJOS: cartas de adjudicación actuales de SSA, SSI, SSDI, SSI y beneficios de veteranos. Declaraciones bancarias y 1099's.

ANNUITIES/ RENTAS VITALICIAS, PENSIONES, IRA: declaración oficial actual de beneficios, carta de la fuente, copia del talón de cheque o formulario 1099.

SNAP/WELFARE/EAEDC: verificación de ingreso de parte de DTA/TANF.

AUTO EMPLEO (*Self-Employment*): todos los formularios de impuestos firmados por un contador. Si se prepara por sí mismo, se le requerirá que complete el Formulario 4506-T y lo envíe por fax al IRS para solicitar la transcripción de los registros.

INTERES/DIVIDENDOS: Formularios 1099 INT/ DIV/ R o extractos bancarios para todas las cuentas de cheques y de ahorro.

RENTA DE ALQUILER: Todos los formularios de impuestos preparados por un contador. Si se prepara por sí mismo, se le requerirá que complete el Formulario 4506-T y lo envíe por fax al IRS para solicitar la transcripción de los registros. Copia del contrato firmado y recibos de alquiler también son aceptables.

MANUTENCIÓN DE LOS HIJOS/ PENSIÓN ALIMENTICIA: Órdenes judiciales, informes DOR o declaración notariada del ex esposo(a).

DESEMPLEO: 4 talones de cheques consecutivos actuales de DUA o página imprimida por DOR.

COMPENSACION DEL TRABAJADOR: 4 semanas de recibos o declaración de la oficina del empleador/ seguro/ sindicato mostrando la cantidad BRUTO y la frecuencia de los pagos.

LUMP SUM INCOME: *Ejemplo;* Ingresos por venta de acciones/ bonos, ganancias de capital, regalos, herencias, pagos de seguro de una sola vez, ganancias de lotería, estipendios, becas (usadas para el mantenimiento del hogar), ingresos de bienes o fideicomisos para el año en curso.

POR NINGUN INGRESO O SI EL INGRESO ES MENOS DE \$200.00 QUE EL COSTO DE LA VIVIENDA: completar y firmar la Declaración de No Ingresos e Ingresos Bajos.

APOYO FINANCIERO: Si recibe ayuda financiera de otras personas, envíe "Formulario de Asistencia Financiera" (en la parte posterior de Formulario de Ingresos Bajos/ No Ingresos) que debe ser completado/ notariado por el donante de apoyo financiero.

ESTUDIANTE: Si tienes más de 18 años y es estudiante de tiempo completo, envíe una carta de la oficina de registro de escuelas donde se indique que es un estudiante de tiempo completo.



EVERYBODY MATTERS

SMOC Fuel Assistance

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

LOW-INCOME / NO INCOME FORM

(For use in cases of "no income" or when monthly income is equal to or less than \$100.00 after housing costs are deducted.) All sections of this form MUST be completed by Applicant.

Application #: _____ Date: _____

Applicant Name: _____

Your monthly calculated income of \$ _____ is within \$100 of your housing cost of \$ _____.

1) Please explain how you meet your basic living expenses specifically:

- Utilities _____
- Rent/mortgage _____
- Clothing/personal care, medical expenses _____
- Car and/or transportation expenses _____
- Other _____

2) Do you have any overdue bills or collection notices? YES NO

If Yes, **you must provide copies of those bills/notices.**

- Rent Mortgage Electric Gas Car Loan Medical
- Credit cards Cable TV Telephone Other _____

3) Have you: a) made any withdrawals from your bank YES NO

If yes, submit copies of bank statements which show amounts and dates.

b) received support from others to help meet your living expenses? YES NO

NO

If yes, completed Financial Assistance Statement form. A Financial Assistance Statement is required if the support for others has lasted over 30 days.

4) How do you obtain food? SNAP (Food Stamps) WIC Other _____

5) Do you receive other non-cash assistance? YES NO

If yes, please specify: _____

I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true. I understand that I may be liable for the full value of any assistance received as a result of a fraudulent statement or a misstatement of information and subject to criminal prosecution.

Applicant Name: _____ Date: _____

(print name)

Applicant Signature: _____ Date: _____



EVERYBODY MATTERS

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Child Support/Alimony Documentation Form

Applicant Name: _____ Application #: _____

If your household receives child support or alimony (spousal support), please complete this form and return it **with the required supporting documentation** to (Agency).

I, _____, (Applicant) understand that I will be held liable if I have misstated or understated in any way the child support/alimony my household receives.

Please provide the following information grouped by the person providing the household child support/alimony.

Noncustodial Parent/Ex-Spouse #1

Name of noncustodial parent or ex-spouse providing the support: _____

Name of child(ren): _____, _____, _____, _____

The household has NOT received any child support/alimony since _____.

OR

The household has **NEVER** received child support/alimony

OR

The household DOES receive child support/alimony. The amount received: \$ _____ (circle one)
weekly/bi-weekly/monthly

Is the Applicant the adult household member that receives this support? Yes No.

If no, name of other household adult receiving support: _____

Noncustodial Parent/Ex-Spouse #2

Name of noncustodial parent or ex-spouse providing the support: _____

Name of child(ren): _____, _____, _____, _____

The household has NOT received any child support/alimony since _____.

OR

The household has **NEVER** received child support/alimony

OR

The household DOES receive child support/alimony. The amount received: \$ _____ (circle one)
weekly/bi-weekly/monthly

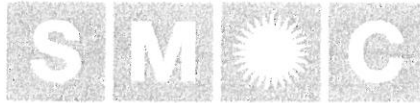
Is the Applicant the adult household member that receives this support? Yes No.

If no, name of other household adult receiving support: _____

For each source of child support/alimony, one of the following documents is required:

- a.) Copies of canceled child support/alimony **checks or money orders** from source;
- b.) Copy of the **court order** or **divorce decree** that indicates the amount paid and how often it's paid;
- c.) Copy of an attorney of record or legal agency **letter** representing the Applicant that indicates the amount paid and how often it's paid;
- d.) **Notarized letter** from support source;
- e.) **Mortgage/rent paid** in lieu of, or in addition to child support/alimony is countable income. A copy of the court order, decree or other legal document specifying the amount and frequency of such payments if required; or,
- f.) **Department of Revenue** (1-800-332-2733) payment history.

Signature _____ Date _____



EVERYBODY MATTERS

SMOC Fuel Assistance

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

NO INCOME (ZERO INCOME) STATEMENT

Each adult (ages 18+) household member reporting no income (zero income) is required to complete this statement form.

Application #: _____

I, _____, certify that I have (**choose one** of the following)

Print Name

Never received any income.

OR

Received no income or money from ____/____/____ to ____/____/____.

Date last received income/money

Current date or date started to receive income/money again

Indicate the type of income that stopped:

Indicate the reason why the income stopped:

I authorize (**AGENCY**) to examine my tax return in order to verify my income. I understand that, in the case of a fraudulent statement or misstatement of "no income", I may be liable for the full value of any assistance received and subject to criminal prosecution.

Signature of Person

Date



EVERYBODY MATTERS
SMOC FUEL Assistance

Low Income Home Energy Assistance Program (LIHEAP)

NO MORTGAGE / NO HOMEOWNER'S INSURANCE STATEMENT

(For homeowner Applicants with no mortgage and/or no homeowner's insurance costs)

Application #: _____ Date: ____/____/____

Applicant Name: _____

I certify that I own my home and no longer have a mortgage (principal and interests) payment. My housing costs are as follows:

- MORTGAGE (PRINCIPAL AND INTERESTS)** \$ _____
 - HOMEOWNER'S INSURANCE POLICY** \$ _____
 - REAL ESTATE (MUNICIPAL TAXES)** \$ _____
 - CONDO FEES (IF APPLICABLE)** \$ _____
 - MOBILE HOME PARK FEES (IF APPLICABLE)** \$ _____
 - OTHER** \$ _____
- TOTAL HOUSING COSTS:** \$ _____

I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true. I understand that, in the case of understatement or misstatement of "no mortgage/no homeowner's insurance", I may be liable for the full value of any assistance received and subject to criminal prosecution.

Applicant Name: _____ Date: _____
print name

Applicant Signature: _____ Date: _____