

# Energy Assistance Mail-In Application Checklist

## Mandatory Documents

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Completed Energy Assistance Application

Supplemental Demographic Questions

Pre-Assessment Form

Energy Burden Questions

A Copy of Current Electric Bill

All pages of Bank Statement(s) – checking, savings, CDs, interest, credit unions, etc.

Proof of Income for the past 4 weeks showing gross income for every household member

- If you are paid weekly – copies of last 4 consecutive checks
- If you are paid bi-weekly or semi-monthly: copies of last 2 consecutive checks
- If you are paid monthly: copy of last check
- If you receive monthly income (Social Security, SSI, Pension, TFA, rental income, child support, etc.) please submit proof of this.
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**Note:** In situations where a member is an Independent Contractor such as Uber drivers, personal trainers, stylists, IT workers, etc., and receives a 1099 Income Tax Form, verifiable income from the previous four weeks will be allowed as proof of income.

## Additional Documents, if Applicable

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Certification of Disability

Shared Bank Account Form

Affidavit Certifying Non-Receipt of Child Support Payments

Deposits on Bank Statement Form

**If heat is included in rent:** Submit current rent receipt, lease, landlord name, address, and phone #

**If you heat with Natural Gas:** Copy of current bill in the name of a household member over 18

**If anyone over 18 has no income:** Zero Income Affidavit

Please return all forms and documentation, including this checklist, to the address below:

Alliance for Community Empowerment, Inc.  
Energy Department  
1070 Park Avenue  
Bridgeport, CT 06604

Alternatively, you can scan and e-mail the completed packet to [energy@alliancect.org](mailto:energy@alliancect.org).

If you have any questions, please feel free to contact the Energy Department at (203)384-6904 ext. 3991.

**ENERGY ASSISTANCE APPLICATION**

W-1104

(Revised 9/19) Applicant I.D. No. \_\_\_\_\_

Application Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ Primary Language \_\_\_\_\_ DSS Client I.D. # \_\_\_\_\_  
(last) (first) (middle initial)

Mailing Address \_\_\_\_\_ Home Telephone (\_\_\_\_) - \_\_\_\_\_  
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Service Address \_\_\_\_\_ Day Time Phone (\_\_\_\_) - \_\_\_\_\_  
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Total Number of Household Members \_\_\_\_\_ Number of Persons Disabled \_\_\_\_\_

Name (last, first, middle initial)	Relation to Applicant	Social Security #	Gender M/F/O	Race	Latinx Y/N	Disabled Y/N	Age	Birthdate mm/dd/yyyy	Student Y/N	Marital Status	Health Insurance Y/N	WIC Y/N	Active Military/Veteran AM / V	SNAP Y/N
<b>SELF</b>	<b>SELF</b>													

**HOUSING/ENERGY DATA**

**Note: Verification of rent or mortgage payment is required, if heat is included in rent. Verification of your current utility bill is needed if you heat with electricity or natural gas.**

Do you own a home?  Yes  No Are you still paying a mortgage?  Yes  No If Yes, what is your monthly mortgage payment? \$ \_\_\_\_\_

Do you rent?  Yes  No Do you live in subsidized rental housing?  Yes  No Monthly Rent Payment (your portion) \$ \_\_\_\_\_

Landlord or Agent Name or Company Name \_\_\_\_\_ (Must be included if you rent)

Landlord Address \_\_\_\_\_ Landlord Telephone (\_\_\_\_) \_\_\_\_\_  
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Are you a roomer in someone else's home?  Yes  No Do you live rent-free in someone else's home?  Yes  No  
 \*\*If you answer yes to either of these 2 questions, **STOP**, because the head of household must complete the application

Type of Dwelling:  Single Family  Two Family  3-5 Units  6+ Units  Mobile Home  In-Law Apt.  Other (specify) \_\_\_\_\_

Method of paying heat:  Heat included in rent  Payment to vendor Is your fuel tank shared with another household?  Yes  No

What is your primary heating source?  Oil  Natural Gas  Propane  Electric  Coal  Wood  Kerosene  Other (specify) \_\_\_\_\_

What is the name of your primary heat source fuel dealer or utility company? \_\_\_\_\_

Name on Primary Heat account: \_\_\_\_\_ Acct. No. \_\_\_\_\_

Electric Company Name \_\_\_\_\_ Name on Account \_\_\_\_\_ Acct. No. \_\_\_\_\_

Do you have a Disconnection Notice:  Yes  No Disconnection Date: \_\_\_\_\_ Are you currently disconnected:  Yes  No

**FINANCIAL DATA**

**Note: Verification of Income (including benefits) is required for all income reported below APPLICANT'S NAME \_\_\_\_\_**

INCOME SOURCES	INCOME FREQUENCY <i>(weekly, bi-weekly, monthly, et.)</i>	HOUSEHOLD MEMBER(S) RECEIVING INCOME
Employment Wages		
Public Assistance <i>(TFA, SAGA, State Supp., Refugee)</i>		
Child Support/Alimony		
Veteran's Benefits		
Unemployment Compensation		
Social Security/SSI Benefits		
Worker's Compensation/Disability Insurance		
Retirement/Pensions/Annuities		
Rental Income		
Self-Employment		
Contributions from Friends/Relatives		
Zero Income		
Other		

### APPLICATION CERTIFICATION

I have read this form. I understand what is in the form. As the applicant for my household, I swear that all statements made by me on this application are true, correct and complete to the best of my knowledge. I understand that only United States citizens or qualified aliens may be eligible to receive federal energy assistance benefits.

I agree to provide to the Department of Social Services, or to its energy assistance contractor, the community action agency, any information, including wages, asset information and bills in my name as the head of household or of a household member of majority status, which is necessary to determine my household's eligibility. I also agree that information included in this application may be provided to the State Department of Energy and Environmental Protection for the purpose of determining eligibility for weatherization services. I further understand that the community action agency or the State of Connecticut may verify or confirm any information required to determine my eligibility for this program. I agree that the information in this application may be provided to my energy vendors, and to any programs operated by the community action agency or the State of Connecticut for which I may be eligible. I also give consent for this information to be provided to any authorized government agency. I agree for my energy vendors to provide the community action agency or the State of Connecticut information about my energy account and/or usage. I agree to hold my energy vendors harmless and release them from and against loss, demands, damages, or liabilities caused by such disclosure. I also understand that information in this application may be used for evaluations and surveys by the community action agency, State of Connecticut, authorized government agencies or its contractors.

I understand that if I am granted assistance as a result of an intentional error, misrepresentation or fraud, I must repay, in full, the amount of the assistance provided, and I will not be eligible for assistance for the rest of the program year and for the following two (2) years. I also understand that if I have knowingly given any false or incorrect information, I may be subject to prosecution and penalties for false statements and larceny, as specified in sections 53a-122, 53a-123, and 53a-157b of the Connecticut General Statutes. These penalties may include imprisonment. I may also be subject to prosecution and penalties provided under federal law.

I have received a copy of the Notice of Applicant Rights and Service Availability form.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Witness/Interpreter/Legal Representative/ Authorized Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Reviewed by CAA Staff*

I swear or affirm that the certifications given are true, correct and accurate **as stated and/or supplied by the applicant** and understand that the provision of false, fraudulent or misleading information is punishable by state law.

\_\_\_\_\_  
 Certifier's Signature

\_\_\_\_\_  
 Date

W-1104

*(Revised 9/19)*

**Connecticut Energy Assistance Application**

Complete the following for each member of the household:

**Name:** \_\_\_\_\_

**Highest level of education completed:**

<input type="checkbox"/> Grades 0-8	<input type="checkbox"/> 12 <sup>th</sup> Grade + Some Post-Secondary
<input type="checkbox"/> Grades 9-12 (Non-Graduate)	<input type="checkbox"/> 2 or 4 Year College Graduate
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Graduate of other post-secondary
<input type="checkbox"/> GED/High School Equivalency	

**Employment Status:**

<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Migrant Farm Worker
<input type="checkbox"/> Unemployed (less than 6 months)	<input type="checkbox"/> Unemployed (6+ months)	<input type="checkbox"/> Unemployed (not in workforce)
<input type="checkbox"/> Retired		

**Does this person have Health Insurance:**     Yes     No

**If you answered Yes, please select which type of Health Insurance this person has:**

<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	HUSKY-Kids (State Health Insurance for Children)
<input type="checkbox"/>	HUSKY-Adults (State Health Insurance for Adults)
<input type="checkbox"/>	Military Health Care (TriCare)
<input type="checkbox"/>	Direct-Purchase
<input type="checkbox"/>	Employment Based
<input type="checkbox"/>	Other: _____

**Please check if this person receives any of the following Non-Cash Benefits:**

<input type="checkbox"/>	SNAP
<input type="checkbox"/>	WIC
<input type="checkbox"/>	LIHEAP/CEAP
<input type="checkbox"/>	Housing Choice Voucher
<input type="checkbox"/>	Public Housing
<input type="checkbox"/>	Permanent Supportive Housing
<input type="checkbox"/>	HUD-VASH
<input type="checkbox"/>	Childcare Voucher
<input type="checkbox"/>	Affordable Care Act Subsidy
<input type="checkbox"/>	Other: _____

**Is this person between the ages of 18 and 24:**     Yes     No

**If you answered Yes, please select which best describes this person:**

<input type="checkbox"/>	In School
<input type="checkbox"/>	Working (part or full-time)
<input type="checkbox"/>	Neither working nor in school

# Pre-Assessment Questions

Dimension	Questions	Answers to Questions	
<b>Employment:</b>	Do you have a job?	Yes	No
	If you have a job, is it a full-time job?	Yes	No
<b>Training:</b>	Have you ever completed a training program or received a certification to help you get a job?	Yes	No
<b>Housing:</b>	Are you homeless or living in a shelter?	Yes	No
	Is your housing safe and affordable?	Yes	No
<b>Education:</b>	Have you earned a High School Diploma or G.E.D?	Yes	No
<b>Transportation:</b>	Do you have access to a car, ride or public transportation on a regular basis?	Yes	No
<b>Adult Health Insurance:</b>	Do all persons 18 years or older in your household have health insurance?	Yes	No
<b>Child Health Insurance:</b>	Do you have children under 18 in your household?	Yes	No
	If yes, do all children in your household have health insurance?	Yes	No
<b>Childcare</b>	Do you need childcare?	Yes	No
	If yes, can you afford childcare?	Yes	No
<b>Eldercare</b>	Do you need care for an elderly person?	Yes	No
	If yes, can you afford elder care?	Yes	No
<b>Income</b>	Do you have at least one source of income?	Yes	No

# Connecticut Energy Assistance Program

## Utility-Heated Household Energy Burden Questions

Applicants who heat their household with natural gas or electricity, and makes direct-to-vendor payments to the utility company must complete this form. The completed form must be mailed to the appropriate community action agency with the rest of the application and supporting documents. The person who certifies the application will then enter the data from this form.

**Applicant Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_

**Primary Heat Source:**  Electric  Natural Gas

**Date:** \_\_\_\_\_

### Applicant Questions

	Yes	No
1. Are you a homeowner?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you lived in your current residence for at least a year? <i>If answer is "NO," go to Q4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you used the same utility company for 1 year or longer? <i>Ask question if the answer to Q2 is "YES."</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your heating system currently operable?	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you afford to have your heating system repaired or replaced? <i>Ask question only if: 1) the answer to Q1 is "YES" and 2) Q4 is "NO"</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your service currently disconnected? <i>If answer is "NO," go to Q8.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Can you afford to pay the utility company to restore services? <i>Ask question if the answer to Q6 is "YES."</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received a shut-off notice within the last 30 days? <i>Ask question if the answer to Q6 is "NO."</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can you afford to pay the utility company what you owe so that you can avoid disconnection? <i>Ask question if the answer to Q8 is "YES."</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is your household currently protected from service disconnection through medical protection?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you interested in weatherization services?	<input type="checkbox"/>	<input type="checkbox"/>