

COOLING ASSISTANCE APPLICATION

Applications accepted from June 15 through August 15

PLEASE ANSWER ALL QUESTIONS COMPLETELY

PART I

Your Name (last, first, middle initial): _____ In what city or county do you live? _____

Your Physical/Service Address (include Apt Number): _____

Your Mailing Address (if different from street address): _____

Home Telephone Number: _____ Cell Telephone Number: _____ Work Telephone Number: _____

Email Address _____ Primary Language Spoken in your home: _____

What is the best way for your worker to contact you? CIRCLE only one choice: Home Phone Cell Phone Work Phone Email Address

Preferred Method of Correspondence (Note: this is not the same as the best way for your worker to contact you)

If you would like to receive either a text message or an email notifying you that some of your mail about your benefits can be accessed electronically through CommonHelp, select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified through a text or an email, you will receive all written correspondence through the U.S. Mail. If you are completing an application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

Text Email Cell Phone for Text Message: _____ Cell Service Provider: _____ E-mail Address: _____

PART II

1. What is your cooling need? (Check all that apply)

- Payment of electric bill Payment of electric deposit Repair central air conditioner or heat pump
 - Pick-up of ONE portable fan Purchase and installation of a ceiling, attic, or whole house fan Repair ceiling, attic, or whole house fan
 - Self-pick-up and installation of ONE window air conditioner Purchase and installation of ONE window air conditioner by an approved Energy Assistance Program vendor
- Do you have at least one working air conditioner in your home? YES NO (You cannot receive a window air conditioner if you already have a working air conditioner of any type in your home. The local agency may call you or visit your home to confirm you do not have a working air conditioner.)

2. Circle the letter that best describes your present living situation. Read each one before you choose. CIRCLE only one of the choices.

- A. I own or am buying my home and pay all cooling bills.
- B. I own or rent my home and do not pay a cooling bill.
- C. I pay rent and also pay for cooling separately.
- E. I pay rent & my cooling is included in the rent payment.
- F. I live in subsidized housing Section 8, HUD, Public Housing, and occasionally pay excess usage charges.
- G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my cooling bills.
- I. I live in one room in someone else's house.
- L. I live in an institution, group home, treatment center or home for adults.
- P. I live rent-free in more than one room, house or apartment and pay for heat/cooling.
- Q. I live in an emergency shelter or I am homeless. I have arranged to move into a house, apartment or more than one room.

3. Are all people in your household United States citizens? YES NO If no, who? _____ What is their Alien Status? _____

4. Is anyone in your household disabled? YES NO If yes, who? _____

5. How many people live in your household? # _____

6. Is anyone temporarily out of the home? YES NO If yes, who? _____ Expected Date of Return? _____

List yourself first and every person living in the home. List the Social Security Number for everyone who lives in your home. Complete information for each person.

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	GENDER (M, F)	DATE OF BIRTH	RACE	HISPANIC OR LATINO		WORKING		GROSS MONTHLY INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly, monthly	LIST ALL SOURCES OF INCOME Earned Income (List the Name of Employer/Company); Self-employment; Unemployment; Worker's Comp; SSI; Social Security; Veterans Benefit; Retirement; TANF; Child Support; Alimony; Rental Income; etc.
						Yes (Y)	No (N)	Yes (Y)	No (N)			
	Self											

7. Does any household member receive SNAP benefits (formerly Food Stamps)? YES NO If yes, case name(s) _____
8. Does any household member receive Medicaid? YES NO If yes, case name(s) _____
9. Is Medicaid Home & Community-Based Care received? YES NO If yes, by whom? _____ Patient pay amount \$ _____
10. Does anyone pay for Medicare, Part B ___ or D ___ insurance? YES NO If yes, who? _____ How much? \$ _____
11. Circle **every type of cooling equipment** that is in your home. None Portable fan Ceiling fan Attic fan Whole House fan
 Window Air Conditioner Central Air Conditioning Unit Heat Pump
12. Does the cooling equipment in your home work? YES NO If **NO**, list all equipment that does **NOT** work. _____
 Please describe what is wrong with the equipment: _____
13. If you are requesting assistance for the repair or purchase of cooling equipment, which business/company do you want to use? _____
 Note: If the company that you want to use has not signed an agreement to be a vendor for the Energy Assistance Program, your worker will contact you to choose another company.
14. Who owns or is responsible for any cooling equipment in your home? _____
15. Name and address of the company used for home cooling. _____
Verification from the utility company is needed if you cool with electricity. Attach a copy of your current electric bill. Complete the following:
 In whose name is the bill? _____ Account Number _____ Who is responsible for paying the bill? _____
 Is the utility payment made by an automatic monthly withdrawal or debit/credit payment? YES NO Do you have a PrePay electric service account? YES NO
16. Where else have you applied for this assistance? _____
17. Do you have a heating expense? YES NO If **YES**, what is your fuel type? **Circle** the fuel used most frequently to heat your house. **CIRCLE ONLY ONE.**
 Electricity Natural Gas Oil Clear Kerosene Dyed (Red) Kerosene Coal Wood Liquid Propane (LP)/Bottled Gas
18. Name and address of the company used for home heating. _____
19. What is the **account name** on your heating bill? _____ What is the **account number** on your heating bill? _____
20. Circle the primary heating equipment used to heat your home. **CIRCLE ONLY ONE.**
 Furnace Radiator Portable Heater Vented Space Heater (heater with outside exhaust or Monitor system)
 Baseboard Heat Pump Fireplace Coal or Wood Stove Cook stove None Unknown
21. Does your household owe a past due amount on your electric account? YES NO If yes, how much is the past due amount? _____
22. Has your household received a shutoff notice for electricity? YES NO If yes, when will your electric service be disconnected? _____
23. Has your household's electricity been disconnected? YES NO If yes, when did your electric service end? _____

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services (DSS) within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local DSS has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, disability, sex, age, political beliefs, religion, sexual orientation, marital or family status. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the DSS may use information on this application or that I may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal law. My signature authorizes the DSS to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance. I understand that, by providing my energy supplier(s)/ account information, I am authorizing the energy supplier(s) to provide details about my account and energy use to the DSS for the purposes of program verification, evaluation, reporting, and analysis. I agree to hold harmless and/or release my energy supplier(s) from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

Applicant's Signature OR Mark: _____ **Date** _____

Witness to Mark or Interpreter: _____ **Phone Number** _____ **Date** _____

Completed on behalf of applicant by: _____ **Phone Number** _____ **Date** _____

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES ENERGY ASSISTANCE PROGRAM FACT SHEET

What is the Energy Assistance Program?

The Energy Assistance Program consists of three components:

Fuel Assistance: This component helps eligible households with the costs of heating their homes.

Crisis Assistance: This component helps households in heating emergency situations with primary heat security deposits, utility heating bills, repair/replacement of heating equipment, or primary heating fuel.

Cooling Assistance: This component helps with cooling equipment repairs or purchases and with payment of the electric bill to operate cooling equipment.

Who is eligible for the Energy Assistance Program?

In order to be eligible for any of the components, certain citizenship criteria must be met and a household's **income must be less than the maximum** allowed for the number of people in the home.

Other requirements are as follows:

Fuel Assistance: You must be responsible for paying the heating bill.

Crisis Assistance: You must have a heating emergency.

Cooling Assistance: You must have or be in need of cooling equipment and there must be an elderly person, a person living with a disability, or a child under 6 living in the home.

When is Energy Assistance Available?

Applications are accepted online (at <https://commonhelp.virginia.gov/access/>), by calling the Enterprise Customer Service Center at (855) 635 – 4370, and at the local department of social services as follows:

Fuel Assistance: the second Tuesday in October through the second Friday in November.

Crisis Assistance: November 1 through March 15 for equipment related assistance and security deposits.

First workday in January through March 15 for purchase of primary home heating fuel and payment of primary heat utility bills.

Cooling Assistance: June 15 through August 15.

ALL BENEFITS ARE BASED ON AVAILABILITY OF FUNDS.

How long will it take to process my application?

Fuel Assistance: as soon as possible but no later than late December.

Crisis Assistance: as soon as all requested information is provided.

Cooling Assistance: as soon as all requested information is provided.

What if I'm dissatisfied?

You may request an agency conference to discuss any action with which you disagree. You may also request an administrative hearing by the State Department of Social Services when funds are available and your application is denied, or you are refused the right to apply during the application period, or your application is not acted on or is closed prior to benefit determination. A hearing must be requested within 30 days of the negative action.

The hearing request may be submitted to the local agency or to: Hearing and Legal Services Manager; Appeals and Fair Hearings Unit; Virginia Department of Social Services; 801 East Main Street, Richmond, VA, 23219-3301.

If you suspect Fraud or Abuse of any kind, report it to your Local Department of Social Services or call 1-800-552-3431.

The Virginia Department of Housing and Community Development (DHCD) administers the Weatherization Assistance Program (WAP). The WAP reduces household energy use through the installation of cost-effective energy savings measures, which also improve resident health and safety. Common measures including sealing air leaks, adding insulation, and repairing heating and cooling systems. DHCD works with a network of nonprofit organizations around the state, who directly implement the program. More information is available at <https://www.dhcd.virginia.gov/wx>

INSTRUCTIONS FOR
ENERGY ASSISTANCE PROGRAM FACT SHEET

FORM NUMBER **-032-01-0914-23-eng (06/19)**

PURPOSE OF FORM –To provide answers to commonly asked questions on the program.

USE OF FORM – To be given to each walk-in applicant or anyone inquiring on the program.

NUMBER OF COPIES – Original.