

Home Energy Assistance Program Heating Equipment Clean and Tune Request for Benefit

Applicant Information

Application Date: _____ Case Number: _____

Applicant Name: _____ SSN: _____

Address: _____ Telephone Number: _____

Do you own your own home? Yes No

Have you owned your home longer than 12 months? Yes No

Is your primary heating equipment at least 12 months old? Yes No

Do you have a programmable thermostat? Yes No

Do you have a working carbon monoxide detector less than 5 years old? (if no, one will be installed) Yes No

Heating Source: Natural Gas Heat Electric Heat Fuel Oil Kerosene
 Propane/Bottled Gas Wood/Wood Pellets Coal or Corn Other

Dates of last clean and tune and/or chimney cleaning: _____

Do you have a contract with an HVAC vendor? Yes No

Does this contract include clean and tune services? Yes No N/A _____

Vendor Name: _____ Account Number: _____

Agency Use Section

Did the applicant receive a Regular HEAP benefit in the current program year? Yes No

Has the applicant moved since receiving their Regular HEAP benefit? Yes No

Only answer the following if the Regular benefit was paid on a Temporary Assistance (TA) or Supplemental Nutrition Assistance Program (SNAP) case:

Has the TA or SNAP case closed since the applicant received their Regular HEAP benefit? Yes No

Pended Start: _____ End: _____

Denied Reason: _____

Approved Date: _____

Vendor Name _____ Vendor Number _____

Comments: _____

Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____