

## Home Energy Assistance Program Heating Equipment Repair and Replacement (HERR) Worksheet (Use with HEAP Application LDSS-3421)

HERR Application Date: \_\_\_\_\_

Applicant's Name (First)	(M.I.)	(Last)	Case/Registry Number
Residence Address			

### Homeownership

<b>Dwelling Type:</b>	<b>Documentation:</b>		
<input type="checkbox"/> Single/Two Family	<input type="checkbox"/> Deed	<input type="checkbox"/> Real Property Website	
<input type="checkbox"/> Mobile/Modular Home	<input type="checkbox"/> Title	<input type="checkbox"/> Tax Bill/Receipt	
<input type="checkbox"/> 1995 or Newer	<input type="checkbox"/> Bill of Sale or Sales Contract with:	<input type="checkbox"/> Loan Papers/Book/Receipts	
<input type="checkbox"/> Older Than 1995		<input type="checkbox"/> Lot Rent Receipt/Park Owner Statement	
		<input type="checkbox"/> Other _____	
Is the applicant the homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Solely owned			
<input type="checkbox"/> Co-owned with		<input type="checkbox"/> Household members <input type="checkbox"/> Non-household members	
List names of all co-owners: _____			
Is this the homeowner's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the homeowner currently residing at the primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant owned and resided in this dwelling for the 12 months prior the month of application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Note: To be eligible for a heating equipment benefit all of the above questions must be "Yes".</b>			
Is the home currently for sale or in foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Heating System

Is the heating system fully operational?:     Yes     No

Has it been verified that the system:  Needs repair     Needs replacement     Must be replaced due to health reasons

Documentation:  Vendor statement     Weatherization agency assessment     Red tagged     Medical statement

Has the heating system that needs repair/replacement been the primary heat source within the 12 months immediately prior to the month of application?

Yes (indicate how it was documented)     Collateral contact with vendor     Bill     Utility Website

No (deny application)

Does the applicant have a service contract with their heating vendor?     Yes, complete questions below     No

Is there a copy in the case record?     Yes, complete question below     No, make collateral contact with the vendor

What does the service contract include? \_\_\_\_\_

Is the applicant's primary heating equipment under a warranty?     Yes, complete question below     No

What does the warranty cover? \_\_\_\_\_

Is homeowner's insurance available to repair or replace the heating equipment?  Yes     No

If yes, what is the homeowners contribution?: \$ \_\_\_\_\_

### Household Resources

Resource	Yes	No	Account Name	Bank/ Financial Institution	Amount
Cash on hand					\$
Savings, Checking, CD's					\$
Stocks, Bonds					\$
IRA, 401K, Annuity, etc.					\$
Other liquid resources					\$
Total resources					\$
Maximum resource limit of \$10,000					-\$10,000
Subtract other allowable deductions/exclusions (list below)					-\$
<b>Total available resources-Applicant</b>					<b>\$</b>
<b>Total available resources-Co-owner(s)</b>					<b>\$</b>
<p><b>Resources for co-owners providing information must be documented and calculated on a separate worksheet.</b></p> <p><b>Resources for co-owners:</b> <input type="checkbox"/> N/A      <input type="checkbox"/> Documented      <input type="checkbox"/> Not documented/refused to document</p> <p><b>Calculation of available resources:</b> apply the maximum resource limits of \$10,000 first, then deduct other allowable resource exclusions to determine availability of remaining countable resources:</p>					

### Emergency Resolution

Action to resolve the emergency situation must be taken within 18 hours of application date if the household is without heat or within 48 hours if loss of heat is imminent.

**How was the emergency resolved within the 18/48 hour timeframes for the HEAP eligible household?**

Heating equipment repaired       Heating equipment replaced      Work completed on \_\_\_\_\_  
 Access to alternate temporary housing       Safe supplemental heat       Household relocated  
 Other \_\_\_\_\_

**If the applicant is not eligible for HEAP or eligibility cannot be determined within the required timeframes, how was the emergency resolved?**

Referred to community organization       Referred to TA       Safe supplemental heat       Access to temporary alternate housing

**Date of Resolution:** \_\_\_\_\_

### Agency Use Section

Approved for:     Repair (WMS code H5)     Replacement (WMS code H7)     Estimate Fee (WMS Code H0)

Total job cost \$ \_\_\_\_\_ Co-owner/Contribution \$ \_\_\_\_\_ Applicant Contribution \$ \_\_\_\_\_

Other Funding \$ \_\_\_\_\_

HEAP Benefit Amount \$ \_\_\_\_\_

NOTE: The HEAP benefit amount is after all contributions or other funding has been deducted from the total job cost.

**Application was pended from \_\_\_\_\_ to \_\_\_\_\_ for: \_\_\_\_\_**

Vendor Name: \_\_\_\_\_ Vendor Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Work Completed on: \_\_\_\_\_ Invoice Received on: \_\_\_\_\_

**Date client was contacted to confirm installation/operation: \_\_\_\_\_**

Customer satisfied with work     Warrantee submitted by vendor     CO detector installed

Programmable thermostat installed

WAP Referral done    ALL households approved for heating equipment repair/replacement MUST be referred to WAP.

Denied, Reason: \_\_\_\_\_

**Number of completed bids \_\_\_\_\_**

Were vendors paid for bids?     Yes, complete information below     No

Name of vendor \_\_\_\_\_ Payment amount \_\_\_\_\_ (WMS code H0)

Name of vendor \_\_\_\_\_ Payment amount \_\_\_\_\_ (WMS code H0)

**NOTE: Payment of bids to the vendor awarded the job is prohibited.**

### Notes/Comments