

Home Energy Assistance Program Heating Equipment Repair and Replacement Screening Form

Applicant Name: _____

Date: _____

	Yes	No	Unknown
Has the system been used as the primary heating system in the dwelling within the 12 months prior to the month of application?			
Have you been the homeowner of the property for the 12 months prior to the month of application?			
Have you resided in the dwelling as your primary residence for the 12 months prior to the month of application?			
Does your residence have heat?			
If gas or electric heat, do you currently have gas or electric service?			
If petroleum product or wood fuel, do you have a fuel supply?			
Was the heating system red-tagged or shut down by a participating vendor?			
Is the emergency switch in the on position?			
Is there power to the heating system?			
If thermostat requires batteries, have you replaced the batteries?			
If the system is a boiler, is there water in it?			
Do you have a service contract with your heating vendor?			
Do you have a warranty?			
Was/Is the heating system frozen?			
What does the service contract cover?			
What does the heating system warranty cover?			
When did the heating system break?			
How have you been getting by?			
Workers should advise the homeowner of preventive measures to keep interior water lines from freezing, such as keeping a faucet in the on position to drip into a sink or leaving an incandescent bulb or space heater on in the basement.			

Emergency Resolution Date: _____

This form is to be used as a screening tool to assess an applicant's no heat emergency.