

# Home Energy Assistance Program Application

Please read the instructions attached to the back of the application. Answer all questions. Please **print** clearly and sign the form in Section 9.

Contact the agency above if you need help				Agency Use Only			
				DSS		OFA/Alternate Certifier	
				11/8/24			
				Date Received		Date Received	
Agency Use Only							
Application Date	Office	Unit ID	Worker ID	Case Type	Case Number	Registry Number	Vers.
11/7/24					HE1234		
Case Name				<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Heating Eqpt	<input type="checkbox"/> Cooling	
REYNOLDS FRANK				<input type="checkbox"/> Emergency	<input type="checkbox"/> Clean & Tune	<input type="checkbox"/> Other	

## Section 1: Applicant Information

Gender Identity, Ethnicity, and Race are optional. For gender identity, please use the following: Male, Female, Non-binary, X, Transgender, Prefer Not to Say, or Different Identity (please describe). To identify race, please use the following: American Indian or Alaska Native (I), Asian (A), Black or African American (B), Multi-race (M), Native Hawaiian or Other Pacific Islander (P), White (W), Other (O).

1. First Name: FRANK MI: J Last Name: REYNOLDS

Date of Birth: 1/31/1943 Sex:  Male  Female  X Gender Identity (optional): \_\_\_\_\_

Social Security Number: 071-71-3171 Citizen/US National or Qualified Non-Citizen  Yes  No

Ethnicity: Hispanic, Latino or Spanish Origin (Optional)  Yes  No Race: (Optional) \_\_\_\_\_
2. Street Address: 12 MacHattie Lane County: Schenectady

City: Schenectady State: NY Zip: 12312 Length of time at this address: 30 yrs
3. Mailing address if different from above: same
4. Daytime phone number: 518-867-5309 Best Time to Call: 6:00 PM
5. Other names by which I have been known are: Mantis Toboggan
6. Have you ever applied for HEAP?  Yes  No If Yes, what was the date of your last application? 2023
7. If an interview is required, please select your preference:  phone interview  in-person interview
8. What language do you prefer to speak: English What language do you prefer to read: English
9. Will you require a free interpreter?  Yes  No
10. Do you or does anyone living at your address get or have recently applied for Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance (TA)?  Yes  No If Yes, who? \_\_\_\_\_

Case number: \_\_\_\_\_
11. Is anyone in the household disabled or blind?  Yes  No If Yes, who? self
12. Is anyone in your household a veteran?  Yes  No If Yes, who? \_\_\_\_\_

Agency Use Only			
Application Type: <input checked="" type="checkbox"/> Full Documentation <input type="checkbox"/> Simplified			
Vendor <b>PCE Gas LLC</b>	Account Number <b>822314539</b>	Vendor Code <b>40010</b>	Vendor Relationship: <input checked="" type="checkbox"/> Current Bill/Vendor Statement <input type="checkbox"/> Collateral Contact
Identity of Household Members			
Household Member's Name		Documentation	
<b>FRANK</b>		<b>ID, SSN</b>	
<b>CHARLIE</b>		<b>ID, SSN</b>	
Is anyone in the household vulnerable? <input type="checkbox"/> Under age 6 <input checked="" type="checkbox"/> Age 60 or older <input type="checkbox"/> Permanently Disabled			
Who: <b>FRANK</b> Documentation: <b>age, ID</b>			
Residence – Check type of documentation obtained			
<input checked="" type="checkbox"/> Current Rent Receipt w/Name & Address	<input type="checkbox"/> Water, Sewage, or Tax Bill		
<input type="checkbox"/> Mortgage Payment Book/Receipts w/Address	<input type="checkbox"/> Homeowner's/Renter's Insurance Policy		
<input type="checkbox"/> Copy of Lease w/Address	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Other _____	
Income Documentation/Calculation			
Categorically Income Eligible: <input type="checkbox"/> TA <input type="checkbox"/> SNAP <input type="checkbox"/> Code A SSI			
Comments, resolution activities, income calculation/documentation, verification of emergency for expedited regular benefit, vendor contract, etc. Show all calculations. Use next page if necessary.			
Gross Bi-Weekly Income x 2.166666		<i>Charlie no income</i>	
Gross Weekly Income x 4.333333			
300 rec weekly from tenant 300 x 4.333333 = 1,300.00			
Total Monthly Income \$ <b>1,300.00</b>			
<input type="checkbox"/> Separate Heat (check one)		<input type="checkbox"/> Heat Included in Rent	
<input type="checkbox"/> Oil	<input type="checkbox"/> Kerosene	<input checked="" type="checkbox"/> LP Gas	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Wood	<input type="checkbox"/> Wood Pellets	<input type="checkbox"/> Coal/Corn	<input type="checkbox"/> PSC Electric
<input type="checkbox"/> Municipal Electric		<input type="checkbox"/> Payment to Household	
<input type="checkbox"/> Payment to Utility			
Interview Completed: <input checked="" type="checkbox"/> Yes, Date <b>11/11/24</b> <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Application compared to previous information			
<input type="checkbox"/> No prior application <input checked="" type="checkbox"/> No Changes <input type="checkbox"/> WMS Inquiry <input type="checkbox"/> Changes verified How: _____			
Pended: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Pend Start Date:	Pend End Date:
<input checked="" type="checkbox"/> Approved, Benefit \$ <b>496</b>		<input type="checkbox"/> Denied, Reason	
Certifying Agency <b>S, DSS</b>			
Worker's Signature <i>[Signature]</i>		Date: <b>11/11/24</b>	
Supervisor's Signature <i>[Signature]</i>		Date: <b>11/12/24</b>	

# CERTIFICATE OF TITLE



## STATE OF NEW YORK



Title and Identification No. <b>ABCDEF12345678912</b>	Year <b>1999</b>	Make <b>CHRY</b>	Model Code <b>TRL</b>	Body/Full <b>AAA</b>	Document No. <b>123456A</b>
Color <b>RD</b>	Wt./Sts./Lgth. <b>09284</b>	Fuel <b>GAS</b>	Cyl./Prp. <b>6</b>	New or Used <b>NEU</b>	Type of Title <b>TRAILER</b>
Name and Address of Owner(s) <b>REYNOLDS, FRANK 12 MACHATTIE LANE SCHENECTADY, NY 12312</b>					Date Issued <b>12/01/98</b>

ODOMETER READING: 00010  
ACTUAL MILEAGE 00496

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

006588

**IMPORTANT: THIS VEHICLE IS NOT EQUIPPED WITH A TAMPER-RESISTANT ODOMETER**

Lienholder

**\* NO LIENS RECORDED \***

01

Lienholder

**\* NO LIENS RECORDED \***

Lienholder

**\* NO LIENS RECORDED \***

Lienholder

**\* NO LIENS RECORDED \***

MV 2008 (11.00)

DEPARTMENT OF MOTOR VEHICLES

VOID IF ALTERED

VOID IF ALTERED





5679

DATE 10/23/24

PAY TO THE ORDER OF FRANK REYNOLDS \$ 300.00

THREE HUNDRED AND NO CENTS DOLLARS

MEMO FROM TENANT

⑆325760408⑆ 003192⑆ 0583 42

5679

DATE 10/16/29

\$ 300.00



PAY TO THE ORDER OF FRANK REYNOLDS

THREE HUNDRED AND NO CENTS DOLLARS

*[Signature]*

MEMO FROM TENANT

⑆325760408⑆ 003192⑆ 0583 42



5679

DATE 10/8/29

PAY TO THE ORDER OF FRANK REYNOLDS \$300.00

THREE HUNDRED AND NO CENTS DOLLARS

*[Signature]*

MEMO FROM TENANT

⑆325760408⑆ 003192⑆ 0583 42



5679

DATE 10 / 30 / 24

PAY TO THE ORDER OF FRANK REYNOLDS \$ 300.00

THREE HUNDRED AND NO CENTS DOLLARS

*Frank Reynolds*

MEMO FROM TENANT

⑆325760408⑆ 003192⑆ 0583 42

**WBGTHP    \*\* Heap Budget \*\*    Version 06    Dist SCHE    12/12/2024**

Case Name    REYNOLDS FRANK    Case Number    HE1234    Office    Unit    Worker    HEAP

Case Type    HH Size    Fuel Type    Vuln Ind    CE    Income Tier    Inc Cd    Recd    Shelt Type    01

60    2    7    N    N    II    I

\*\*\*\*\*Monthly Income\*\*\*\*\*

LN	Amount	LN	Amount
01	230000		

PA    Total Monthly Income    230000    Regular    \*\*\*\*\*Benefit Amount\*\*\*\*\*    40000

Ven ID    Acct  
 Ven ID    Acct  
 Ven ID    Acct

Application Date    11/7/2024    To    9/30/2025  
 Date Stored    11/22/2024

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