

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 | | | |
| | | | | RECEIVED JAN 22 2024 BY: ANYC DSS | | OFA/Alternate Certifier | |
| Agency Use Only | | | | | | | |
| Application Date 1/22/2024 | Office | Unit ID | Worker ID | Case Type 60 | Case Number H13965 | Registry Number | Vers. |
| Case Name SOTO SUSAN | | | | <input checked="" type="checkbox"/> Regular | <input type="checkbox"/> Heating Eqpt | <input type="checkbox"/> Cooling | |
| | | | | <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).

- First Name: SUSAN MI: _____ Last Name: SOTO
 Date of Birth: 7/15/1987 Sex: Male Female X Gender Identity (optional): _____
 Social Security Number: 133-70-2222 Citizen/US National or Qualified Non-Citizen Yes No
 Ethnicity: Hispanic, Latino or Spanish Origin (Optional) Yes No Race: (Optional) _____
- Street Address: 22 Seaver Way County: ANYC
 City: Anytown State: NY Zip: 11111 Length of time at this address: 2YR
- Mailing address if different from above: SAME
- Daytime phone number: 315-400-0332 Best Time to Call: anytime
- Other names by which I have been known are: SUSAN STAMFORD
- Have you ever applied for HEAP? Yes No If Yes, what was the date of your last application? 2021
- If an interview is required, please select your preference: phone interview in-person interview
- What language do you prefer to speak: English What language do you prefer to read: English
- Will you require a free interpreter? Yes No
- 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: _____
- Is anyone in the household disabled or blind? Yes No If Yes, who? _____
- Is anyone in your household a veteran? Yes No If Yes, who? _____

Section 2: Household Information

List the people who live with you. Attach additional sheets as needed. 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).

First Name: SUSAN MI: P Last Name: SOTO Date of Birth: 7/15/1987
 Sex: Male Female X Gender Identity (optional): _____ Relationship to applicant: self
 Social Security Number: 133-70-2222 Citizen/US National or Qualified Non-Citizen Yes No
 Ethnicity: Hispanic, Latino or Spanish Origin (Optional) Yes No Race: (Optional) _____

First Name: JUAN MI: _____ Last Name: SOTO Date of Birth: 2/12/1957
 Sex: Male Female X Gender Identity (optional): _____ Relationship to applicant: father
 Social Security Number: 795-10-5022 Citizen/US National or Qualified Non-Citizen Yes No
 Ethnicity: Hispanic, Latino or Spanish Origin (Optional) Yes No Race: (Optional) _____

First Name: JAMIE MI: J Last Name: SOTO Date of Birth: 9/28/2008
 Sex: Male Female X Gender Identity (optional): _____ Relationship to applicant: son
 Social Security Number: 213-88-7095 Citizen/US National or Qualified Non-Citizen Yes No
 Ethnicity: Hispanic, Latino or Spanish Origin (Optional) Yes No Race: (Optional) _____

First Name: CHARLIE MI: S Last Name: GUALTIERI Date of Birth: 10/15/2012
 Sex: Male Female X Gender Identity (optional): _____ Relationship to applicant: daughter
 Social Security Number: 992-40-3359 Citizen/US National or Qualified Non-Citizen Yes No
 Ethnicity: Hispanic, Latino or Spanish Origin (Optional) Yes No Race: (Optional) _____

First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____
 Sex: Male Female X Gender Identity (optional): _____ Relationship to applicant: _____
 Social Security Number: _____ Citizen/US National or Qualified Non-Citizen Yes No
 Ethnicity: Hispanic, Latino or Spanish Origin (Optional) Yes No Race: (Optional) _____

First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____
 Sex: Male Female X Gender Identity (optional): _____ Relationship to applicant: _____
 Social Security Number: _____ Citizen/US National or Qualified Non-Citizen Yes No
 Ethnicity: Hispanic, Latino or Spanish Origin (Optional) Yes No Race: (Optional) _____

Total number of household members: 4

Section 3: Housing Information

1. Select the box that most accurately describes your housing situation

Homeowner

- Single family house or manufactured home
 Multi-family house: list number of units _____
 Co-op/Condo owner
 Life Estate/Life Use

Renter

- Private house, apartment, or manufactured home

Subsidized Rent

- Private subsidized housing
 Public housing project or senior housing
 Public subsidized housing

Other

- I live with someone else and share expenses
 I pay for a room
 I pay room and board
 Permanent hotel/motel
 Other living situation: _____

2. My monthly rent or mortgage payment is: \$ \$995.00 None

3. If applicable, the name of the apartment building or housing complex you live in: _____

Section 4: Heat and Utility Information1. Do you pay for heat? Yes- Please complete the information below No

My main source of heat is:

- Natural Gas Fuel Oil Electric Coal or Corn
 Wood/Wood Pellets Kerosene Propane or Bottle Gas Other _____

My fuel tank is: Individual Tank Metered TankIs the heating bill in your name? Yes NoIf no, name on the bill: JUAN SOTO Relationship to you: FATHERAre you directly responsible to pay the bill? Yes NoYour heating account number is: 791132850 Your heating company's name: LANDRY GASYour heating company's address: 400 Strickland Blvd, Anytown, NY 111112. Do you pay a separate electric bill for utilities other than heat? Yes- Please complete the information below NoIs the electric bill in your name? Yes No If no, name on bill: JUAN SOTOYour electric account number is: 472000135 Your electric company's name: Nat GridYour electric company's address: 4000 Corporate Ln, FI 2, Anytown, NY 11111Is electricity necessary to run the furnace? Yes NoIs electricity necessary to operate the thermostat in your apartment: Yes No3. Is heat included in your rent? Yes No4. Is electricity included in your rent? Yes No

LANDRY GAS AND BURNER SERVICES

"Friendliest Service in New York since 1978"

400 Strickland Blvd, Suite 2
Anytown, NY 11111
Phone: (518) 800-2212 Fax: (518) 800-2215

INVOICE

INVOICE # 29123
DATE: 1/2/2024

TO:

Juan Soto
22 Seaver Way
Anytown, NY 11111
(315) 400-0332

| DESCRIPTION | QUANTITY (BY UNIT) | UNIT PRICE | TOTAL |
|-------------------------------|--------------------|------------|--------|
| PROPANE SITE: 849201983 | UNITS: 55.00 | \$2.49/GAL | 138.20 |
| FUEL RECOVERY FEE | UNITS: 1.00 | 6.51 | 6.51 |
| PAPER INVOICE FEE | UNITS: 1.00 | 2.99 | 2.99 |
| HAZMAT FEE - T | UNITS: 1.00 | 11.99 | 11.99 |

| | |
|------------------|------------------|
| DUE DATE: | 1/29/2024 |
| CURRENT DUE: | 159.69 |
| PENALTY: | 0.00 |
| TOTAL DUE: | 159.69 |

Make all checks payable to LANDRY GAS AND BURNER SERVICES

THANK YOU FOR YOUR BUSINESS!

Any County Social Services
 123 First Ave.
 Anytown, NY 11111

**NOTICE OF DECISION ON YOUR
 HEAP BENEFITS.**

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
 EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
 CON SU TRABAJADOR(A).

| | | | | | |
|-------------------------------------|-------------|--------------------------------|----------------------------|-------------------------------|--------------------------------------|
| NOTICE NUMBER: U123RL3123 | | DATE: March 12, 2024 | | CASE NUMBER: H13965 | |
| OFFICE | UNIT | WORKER MT | UNIT OR WORKER NAME | | TELEPHONE NO. 518-555-5555 |

| | | |
|--|--------------|--|
| AGENCY TELEPHONE NUMBERS | | CASE NAME / AND ADDRESS |
| GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP | 518-555-5555 | |
| OR Agency Conference | 518-555-5555 | |
| Fair Hearing information and assistance | 518-555-5555 | |
| Record Access | 518-555-5555 | |
| Child/Teen Health Plan | 518-555-5555 | Susan Soto 22 Seaver Way Anytown, NY 11111 |

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

HEAP BENEFITS

Your request for HEAP benefits is **NOT APPROVED**.

This is because you reside in an ineligible living situation. You have no responsibility for heating costs and you do not make undesignated payments for heat in the form of rent.

This decision is based on New York Social Services Law 97, 18 NYCRR Part 393, and the current New York State HEAP State Plan. The State Plan is available online at the New York State Office of Temporary and Disability Assistance website at: <http://otda.ny.gov/programs/heap/stateplan.asp>.

January 2024

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|------------|------------|------------|------------|------------|------------|------------|
| | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> |
| <i>7</i> | <i>8</i> | <i>9</i> | <i>10</i> | <i>11</i> | <i>12</i> | <i>13</i> |
| <i>14</i> | <i>15</i> | <i>16</i> | <i>17</i> | <i>18</i> | <i>19</i> | <i>20</i> |
| <i>21</i> | <i>22</i> | <i>23</i> | <i>24</i> | <i>25</i> | <i>26</i> | <i>27</i> |
| <i>28</i> | <i>29</i> | <i>30</i> | <i>31</i> | | | |
| | | | | | | |

February 2024

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|---|-----|-----|-----|-----|-----|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 <i>President's Day County Closed.</i> | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | | |
| | | | | | | |

March 2024

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | | |