

Home Energy Assistance Program Emergency Benefit Budget Worksheet

Application Date	Case Number	Emergency Benefit <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other _____
Applicant Name		Last 4 SSN
Address		Telephone Number
Has the applicant's household composition changed? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant moved since filing the regular benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No If either of the above are Yes , the applicant must file a new application and submit full documentation.		
Was the applicant part of the original HEAP household? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , the applicant must file a new application and submit full documentation.		
Is this the applicant's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Do temporary absence rules apply? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Emergency		
Type of Heat: <input type="checkbox"/> fuel oil <input type="checkbox"/> kerosene <input type="checkbox"/> propane <input type="checkbox"/> coal <input type="checkbox"/> corn <input type="checkbox"/> wood <input type="checkbox"/> pellets <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____		
Type of Emergency: <input type="checkbox"/> Heating: <input type="checkbox"/> out of fuel <input type="checkbox"/> less than a 1/4 tank of fuel <input type="checkbox"/> less than 10 day supply <input type="checkbox"/> terminated <input type="checkbox"/> scheduled for termination on _____		
<input type="checkbox"/> Heat Related Electric <input type="checkbox"/> terminated <input type="checkbox"/> scheduled for termination on _____		
<input type="checkbox"/> Temporary Relocation Reason: _____		
<input type="checkbox"/> Propane Tank Deposit Reason: _____		
Verification		
Non-Utility		
<input type="checkbox"/> Collateral contact with the vendor. Vendor Name: _____ Acct.#: _____ Contact name: _____ Date: _____ Date of last delivery: _____ Credit remaining: \$ _____		
<input type="checkbox"/> Written statement from vendor <input type="checkbox"/> Applicant is customer of record		
Utility <input type="checkbox"/> Main heating source <input type="checkbox"/> Combined gas & domestic electric		
<input type="checkbox"/> Utility website Date: _____ Acct.#. _____		
<input type="checkbox"/> Collateral contact with vendor. Contact name: _____ Date: _____		
<input type="checkbox"/> Utility Bill or Termination Notice <input type="checkbox"/> Applicant is customer of record		
Domestic Electric Utility Only		
<input type="checkbox"/> Utility Website Date: _____ Acct.#. _____		
<input type="checkbox"/> Collateral contact with vendor. Contact Name: _____ Date: _____		
<input type="checkbox"/> Utility Bill or Termination Notice <input type="checkbox"/> Applicant is customer of record		

Income					
This section does not apply to households containing an active TA, SNAP or Code A SSI recipient.					
Has the household's total gross monthly income increased by more than \$200?					
<input type="checkbox"/> Yes. Applicant must file a new application and submit full documentation.					
<input type="checkbox"/> No.					
Household Resources					
All household members must be resource tested.					
Resource	Yes	No	Account Name	Bank or Financial Institution	Amount
Cash on Hand					\$
Savings, Checking, CD's					\$
Stocks, Bonds					\$
IRA, 401K, Annuity, etc.					\$
Other Liquid Resources					\$
Total Resources					\$
Deduct maximum resource limit of \$2,500/\$3,750 (for households containing a member age 60 years or older or under age 6)					-\$
Deduct other allowable resources					-\$
Total Available Resources					\$
Agency Use Only					
Emergency resolution date: _____					
Emergency Resolution:					
<input type="checkbox"/> Service Continued		<input type="checkbox"/> Service Restored: _____		<input type="checkbox"/> Household provided with safe supplemental heat	
<input type="checkbox"/> Client has access to temporary alternate housing		<input type="checkbox"/> Other _____			
Guarantee submitted to vendor: <input type="checkbox"/> through utility website <input type="checkbox"/> fax <input type="checkbox"/> e-mail <input type="checkbox"/> telephone					
<input type="checkbox"/> Delivery arranged for _____					
<input type="checkbox"/> Other _____					
Were all members in the household resource tested? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Emergency Benefit Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied, Reason: _____ Date: _____					
Benefit Type _____ Amount _____ Vendor _____ Account Number _____					
Benefit Type _____ Amount _____ Vendor _____ Account Number _____					
<input type="checkbox"/> Propane tank deposit. Vendor: _____					
<input type="checkbox"/> County provided temporary relocation. Vendor: _____					
Notes and Comments:					
Worker Signature:		Date:		Supervisor Signature:	