



Name of Utility Vendor(s)	% of benefit	Account Status (circle one)	Utility Account Number(s)	Name on Account (provide explanation if not applicant)
		ON / OFF / 48 hr.		
		ON / OFF / 48 hr.		

Name of electricity vendor and account number if not included above: \_\_\_\_\_

**11. Income** (please enclose documentation of income): Enter the gross amount of income you received **last month** from each source.

Income documented is for the month of: \_\_\_\_\_

Wages (Part-time/Full-time/Self-emp.)	\$ _____	Unemployment .....	\$ _____
Railroad retirement .....	\$ _____	Supplemental Security Income (SSI)	\$ _____
Veterans Benefits .....	\$ _____	General Assistance .....	\$ _____
Social Security .....	\$ _____	Income from Rental Property .....	\$ _____
Pension/Annuity/Retirement .....	\$ _____	Reverse mortgage, trust payments, other .....	\$ _____

**12. Deductions:** Did you make any payments to doctors, hospitals, or medical/dental clinics, pay for any health, dental, or vision insurance premiums, or pay for prescription medicines, oxygen, glasses/contacts, or hearing aids **last month**? .....  Yes  No

**If yes, please include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed above.**

Total Income: \$ \_\_\_\_\_ Total Deductions: \$ \_\_\_\_\_ Net Income: \$ \_\_\_\_\_

DECLARATION: I understand that neither the vendor nor the percentage of my H.E.A.T. payment may be changed. By signing this application, I certify under penalty of perjury that the information I provided on this application is true, and that giving false information may require repayment of any funds received. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I give permission for my utility companies to provide my billing and usage information to the State of Utah. I hereby authorize H.E.A.T. program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied. I further understand that if Federal H.E.A.T. funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment. I understand that if my application is denied or if the local office has failed to act upon my application within 45 days, I have the right to request a Fair Hearing. I verify that, if eligible, I would like to receive the Rocky Mountain Power (RMP) HELP discount program and Questar Gas Energy Assistance Fund (EAF) credit.

\_\_\_\_\_  
Signature Date

If you believe you have been treated unfairly by the HEAT program, call 866-205-4357 for assistance.

**OFFICE USE** Office Code: \_\_\_\_\_ Worker: \_\_\_\_\_ Editor: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
 House Standard  Apartment Standard  Actual Amount \$ \_\_\_\_\_