



State of Utah
Department of Workforce Services
HEAT Program/HELP/EAF Instructions
(Home Energy Assistance Target)
AND WATER ASSISTANCE PROGRAM

Instructions for HEAT/WATER Application:

This application must be completely filled out, signed, and dated. Copies of all the following documents must be included or your application cannot be processed.

1. Household Verifications:

- Copies of U.S. Customs and Immigration Services (USCIS) documents showing legal status in the U.S. for any non-citizens

2. Income and Income Deductions Verifications:

- Copies of proof of all income received in the previous month by all household members (check stubs, Social Security statements, retirement benefits, child support, alimony, etc.)
 - If the household includes adults with no income, or if income is less than living expenses, include completed form 880 *Household Income Deficit Statement* (found at <https://jobs.utah.gov/housing/scso/seal/documents/880.pdf>)
 - Proof of payment for any eligible medical expenses paid in the previous month
 - Proof of any child support or alimony paid the previous month, if applicable
- *Please note, if you are mailing an application, the previous month is the month prior to the month the application is postmarked.*

3. Energy Burden Verifications:

- Copies of the applicant's most recent utility and/or water bills.
- A copy of the applicant's lease if the utilities are included in the rent, or the Landlord Statement (form 1062H) completed and signed by landlord.

4. Target Groups Verifications (additional funding is available for applicants with household members 60 or older, disabled, or under six):

- Proof of a disability, if applicable

5. Additional Documentation may be required. Relevant third parties may be contacted to verify information provided.

**Remember to include a phone number where you can be reached
if we have questions or need other documents.**

Send copies only, as originals will not be returned.

If the application is not filled out correctly or is lacking documentation, it will be denied.

**If your utilities or water have been disconnected or are scheduled for disconnection within
48 hours, contact your local HEAT/WATER office for instructions.**

Call 801-526-9920 or 1-866-205-4357 and select the option for the county you live in.

State of Utah HEAT and WATER ASSISTANCE Program

If you live in this county: (listed below)	Mail or Email Application & Verifications to:	
Salt Lake Tooele	Utah Community Action HEAT Program 850 W 1700 S Suite #4 Salt Lake City, UT 84104 Email: heat@utahca.org	Phone: 1-844-214-3090 Fax: 801-214-3212
Box Elder	Bear River AOG HEAT Program – Box Elder 35 E 100 S Brigham City, UT 84302 Email: boxelderheat@brag.utah.gov	Phone: 435-723-1116 Fax: 435-723-2013
Cache Rich	Bear River AOG HEAT Program – Logan 170 N Main Logan, UT 84321 Email: heat@brag.utah.gov	Phone: 435-713-1444 Fax: 435-752-6962
Beaver Garfield Iron Kane Washington	Five County AOG HEAT Program 1664 S Dixie Drive, Unit L-104 St George, UT 84770 Email: online.heat@fivecounty.utah.gov	Phone: 435-652-9643 Fax: 435-652-8008
Davis Morgan Weber	Futures Through Training 3564 Lincoln Ave., Suite 4B Ogden, UT 84401 Email: heatprogram@fttinc.org	Phone: 801-394-9774 Fax: 801-394-9841
Summit Utah Wasatch	Mountainland AOG HEAT Program 478 South Geneva Road Vineyard, UT 84059 Email: heat@magutah.org	Phone: 801-229-3855 Fax: 801-229-3670
Juab Millard Piute Sanpete Sevier Wayne	Six County AOG HEAT Program PO Box 820 Richfield, UT 84701 Email: hcap@sixcounty.com	Phone: 435-893-0745 Fax: 435-893-0750
Carbon Emery Grand San Juan	Southeastern Utah ALG HEAT Program PO Box 1106 Price, UT 84501 Email: heat@seualg.utah.gov	Phone: 435-613-0100 Fax: 435-637-6551
Daggett Duchesne Uintah	Uintah Basin AOG HEAT Program 330 E 100 S Roosevelt, UT 84066 Email: ubaogheat@ubaog.org	Phone: 435-722-5218 Fax: 435-722-4890

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

12. Have your drinking water or wastewater services been disconnected? ... Yes No
13. Do you have a disconnection/shut-off notice for your water or wastewater services? Yes No
14. Do you have fees and arrearages that are due before your water services can be restored? Yes No

Fee Type (reconnection, arrears, lien, etc.)	Amount	Date water was shut off or is intended to be shut off

15. A Water Assistance payment is to be issued to the following water vendors if your water services have been disconnected or you have received a water disconnection notice. Check ON if your water bill is in good standing. Check OFF if your water has been disconnected or 48 HR if you have a disconnection notice. **Copies of all water bills and disconnect notices must be sent to the Water Assistance/HEAT Agency for verification.**

Name of Water Vendor	Water billing type (drinking, wastewater, ground water, storm water)	Account Status	Water Account Number	Name on Account
		<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> 48 HR		
		<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> 48 HR		
		<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> 48 HR		
		<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> 48 HR		

16. **Income:** Indicate which sources of income and/or assistance you and anyone living in your household receive. Attach all pay stubs and documentation of all other income for **LAST MONTH**. Any adults in the household with no income or net business profit must complete and include form 880 Household Income Deficit Statement found at <https://jobs.utah.gov/housing/scso/seal/documents/880.pdf>

Income documented is for the month of: _____

Earned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				
Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				
Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				
Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				
Self-Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				
Self-Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				

Unearned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Social Security, SSI, SSD	<input type="checkbox"/> Y <input type="checkbox"/> N				
Social Security, SSI, SSD	<input type="checkbox"/> Y <input type="checkbox"/> N				
Social Security, SSI, SSD	<input type="checkbox"/> Y <input type="checkbox"/> N				
Unemployment	<input type="checkbox"/> Y <input type="checkbox"/> N				
Unemployment	<input type="checkbox"/> Y <input type="checkbox"/> N				
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N				
Annuity	<input type="checkbox"/> Y <input type="checkbox"/> N				
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N				
Pension	<input type="checkbox"/> Y <input type="checkbox"/> N				
Trust Payments	<input type="checkbox"/> Y <input type="checkbox"/> N				
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N				
Retirement	<input type="checkbox"/> Y <input type="checkbox"/> N				
General Assistance/ other benefit payments	<input type="checkbox"/> Y <input type="checkbox"/> N				
Veterans Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N				
Workers Comp	<input type="checkbox"/> Y <input type="checkbox"/> N				
OTHER	<input type="checkbox"/> Y <input type="checkbox"/> N				

Attach additional sheet if needed to provide information from all income sources for all household members.

17. Medical Deductions: List any health, dental, or vision insurance premiums, payments for prescription medicines, oxygen, glasses/contacts, hearing aids, and payments to doctors, hospitals, or medical/dental clinics paid **LAST MONTH**. All receipts must be paid in the same month as the month of income listed in number 16. (Attach additional sheet if needed.)

Name of Person	Type of Medical Expense	Proof of Payment	Date Paid	Amount Paid

18. Alimony/Child Support Deductions: Did you or anyone in your household pay alimony or child support **LAST MONTH**? Yes No
If yes, you must include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed in question 16.

DECLARATION: I understand that neither the vendor nor the percentage of my HEAT/Water 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 result in my application being denied, debarment from the program, and/or me paying the difference between any eligible and ineligible amounts. 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 and to local HEAT/Water agencies to determine eligibility. I hereby authorize HEAT/Water 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 further authorize HEAT/Water program officials to share the information from my application and case file, including my private and personal information, with those entities as authorized by law. 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 further understand that if federal HEAT/Water 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 Dominion Energy Energy Assistance Fund (EAF) credit.

/s/ _____ Date _____

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