



## **Guadalupe CAP Office**

### **HEAF Application checklist**

- Completed application.
- Crisis documentation if applicable
- Client ID
- Social Security cards for everyone in the household
- Income for the last 30 days from everyone in the household
- Most recent utility bills and/or account number for SRP and Southwest Gas
- mortgage agreement, deed, or rental agreement.
- Other documents as needed \_\_\_\_\_

Notes:



## Home Energy Assistance Fund Application Form

General Information			
Application ID	SSN	Application Date (MM/DD/YYYY)	
First Name	MI	Last Name	
Residential Address			
Address	Apt./Unit/Suite	County	
City	State	Zip Code	
Mailing Address (if different from above)			
Address	Apt./Unit/Suite		
City	State	Zip Code	
Contact Information			
Primary Phone	Secondary Phone	Email Address	
Applicant Information			
Date Of Birth (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Health Insurance <input type="checkbox"/> Employer Sponsored Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> AHCCCS <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability (select all that apply) <input type="checkbox"/> Deaf/Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Speech/Language <input type="checkbox"/> Learning Disability <input type="checkbox"/> Blind/Visual Disability <input type="checkbox"/> Chronic Health <input type="checkbox"/> Housebound <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Level of Education <input type="checkbox"/> 00-08 Grade <input type="checkbox"/> 09-12 Non-Graduate <input type="checkbox"/> High school Diploma or GED <input type="checkbox"/> Some College/Trade School <input type="checkbox"/> Associate Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD <input type="checkbox"/> Other	
Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you moved to Arizona in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race (select one) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native AND White <input type="checkbox"/> Asian AND white <input type="checkbox"/> Black / African American AND white <input type="checkbox"/> American Indian / Alaskan Native AND Black / African American <input type="checkbox"/> Other Multi-Racial		Citizenship Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal resident <input type="checkbox"/> Other	



## Home Energy Assistance Fund Application Form

### Household Profile

Household Size: _____	# of Sources of Household Income: _____	# Household Members with Income: _____
Is any member of the household a Seasonal Farm Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is any member of the household a Migrant Farm Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Housing Type</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other		<b>Referred From</b> <input type="checkbox"/> Agency Referral <input type="checkbox"/> Utility Company referral <input type="checkbox"/> Outreach Program <input type="checkbox"/> Internet Search <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other
<b>Family Type</b> <input type="checkbox"/> Single Parent - Female <input type="checkbox"/> Single Parent - Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults - no children <input type="checkbox"/> Grandparent Raising Children <input type="checkbox"/> Other		<b>Other Assistance Received</b> <input type="checkbox"/> LIHEAP: <input type="checkbox"/> URRD: <input type="checkbox"/> WAP: <input type="checkbox"/> Supplemental Nutrition Assistance Program: <input type="checkbox"/> Rent Assistance: <input type="checkbox"/> TAP: <input type="checkbox"/> Other: _____

### Utility Account Details

*Complete a separate "Utility Account Detail" form section for each additional utility account*

Utility Company	Utility Account Number	Account Status
30 Day Usage Amount	Past Due Amount	Grant Amount Requested
# of Payments Made Last 90 Days	Total Paid in Last 90 Days	Utility Type
Customer of Record		

Enrollment in Utility Programs (check all that apply)

- Low Income Discount
- Medical Discount
- Energy Savings
- Customer Bill Date Selection
- Fixed Monthly Payments
- Auto Bank Withdrawal of Payments
- Agency Referrals
- Pre-pay
- Bill Print
- Third Party Notification
- Financial Crisis Assistance



## Home Energy Assistance Fund Application Form

### Household Members

*Complete a separate "Household Member" form section for each additional household member*

This person has an income source that contributes to the overall household income: <input type="checkbox"/> Yes <input type="checkbox"/> No		SSN	
First Name		MI	Last Name
Date Of Birth (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Health Insurance</b> <input type="checkbox"/> Employer Sponsored Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> AHCCCS <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Disability (select all that apply)</b> <input type="checkbox"/> Deaf/Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Speech/Language <input type="checkbox"/> Learning Disability <input type="checkbox"/> Blind/Visual Disability <input type="checkbox"/> Chronic Health <input type="checkbox"/> Housebound <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race (select one)</b> <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native AND White <input type="checkbox"/> Asian AND white <input type="checkbox"/> Black / African American AND white <input type="checkbox"/> American Indian / Alaskan Native AND Black / African American <input type="checkbox"/> Other Multi-Racial		<b>Citizenship Status</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal resident <input type="checkbox"/> Other	
<b>Highest Level of Education</b> <input type="checkbox"/> 00-08 Grade <input type="checkbox"/> 09-12 Non-Graduate <input type="checkbox"/> High school Diploma or GED <input type="checkbox"/> Some College/Trade School <input type="checkbox"/> Associate Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD <input type="checkbox"/> Other			

### Income

*Complete a separate "Income" form section for each additional income source*

Income Type Description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> 2nd Job <input type="checkbox"/> 3rd Job <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> SSDI <input type="checkbox"/> Other		
Income Information for:		30-day Gross Amount
Source - Name	Source - Phone Number	Source - email
Income Source Confirmation <input type="checkbox"/> Verified <input type="checkbox"/> Unverified <input type="checkbox"/> Incorrect		Comment:



## Home Energy Assistance Fund Application Form

### Needs Assessment and Comments

***Check each box that applies***

<input type="checkbox"/> Skipped Meals	<input type="checkbox"/> Skipped or reduced medications	<input type="checkbox"/> Forgone medical care
<input type="checkbox"/> Forgone purchasing essential goods	<input type="checkbox"/> Delayed or skipped mortgage/rent	<input type="checkbox"/> Delayed or skipped car payments
<input type="checkbox"/> Delayed or skipped insurance payments	<input type="checkbox"/> Delayed or skipped child support	<input type="checkbox"/> Delayed or skipped tuition
<input type="checkbox"/> Left household repairs undone	<input type="checkbox"/> Reduced or eliminated utility use	<input type="checkbox"/> Other - Specify : _____

Are there special or extenuating circumstances that occurred in the past 30 days that should be considered?  Yes  No

Crisis Reason (select one)

- Loss or reduction of income
- Unexpected or unplanned expenses
- A condition that endangers the health and safety of the household

Comments:

### Received Required Documents Verification

Document Title	Received (Yes/No)	Date Received (MM/DD/YYYY)
Photo ID for the Applicant		
Citizenship/Residency Status (if applicable)		
Address Verification for the Applicant		
Proof of Identity for Each Household Member		
Current Utility Statement		
Proof of Income for the Household		
Proof of Crisis (if applicable)		



## Home Energy Assistance Fund Application Form

### Status

**Intake Worker Comments**

Date:	<b>Application Status</b> <input type="checkbox"/> On Hold <input type="checkbox"/> Denied <input type="checkbox"/> Requires Agency Supervisor Approval <input type="checkbox"/> Requires ACAA Administrative Staff Approval <input type="checkbox"/> Appealed to Agency Supervisor <input type="checkbox"/> Appealed to ACAA Administrative Staff Director <input type="checkbox"/> Approved <input type="checkbox"/> Appeal Denied <input type="checkbox"/> Appeal Approved
Comments:	

**Agency Supervisor Comments**

Date:	<b>Application Status</b> <input type="checkbox"/> On Hold <input type="checkbox"/> Denied <input type="checkbox"/> Requires Agency Supervisor Approval <input type="checkbox"/> Requires ACAA Administrative Staff Approval <input type="checkbox"/> Appealed to Agency Supervisor <input type="checkbox"/> Appealed to ACAA Administrative Staff Director <input type="checkbox"/> Approved <input type="checkbox"/> Appeal Denied <input type="checkbox"/> Appeal Approved
Comments:	

**ACAA Administrative Staff Comments**

Date:	<b>Application Status</b> <input type="checkbox"/> On Hold <input type="checkbox"/> Denied <input type="checkbox"/> Requires Agency Supervisor Approval <input type="checkbox"/> Requires ACAA Administrative Staff Approval <input type="checkbox"/> Appealed to Agency Supervisor <input type="checkbox"/> Appealed to ACAA Administrative Staff Director <input type="checkbox"/> Approved <input type="checkbox"/> Appeal Denied <input type="checkbox"/> Appeal Approved
Comments:	

### Payment

*Complete a separate "Payment" form section for each additional grant payment made*

Utility Company	Fund Source	Amount Applied to Debt (if applicable)
Amount Paid	Payment Type	Amount Applied Forward (if applicable)

**AUTHORITY FOR RELEASE OF INFORMATION:** I authorize the EAP Partnering Agency and/or delegate agency to contact any source necessary to establish the accuracy of the information given by me and to release or receive information contained on this form and/or in my case file.



## Home Energy Assistance Fund Application Form

Staff/Intake Worker Signature

Applicant Signature

Wildfire

Home Energy Assistance Fund

Effective as of January 17, 2024

Federal Poverty Guidelines (FPG) – Income thresholds for the last 30 days by percent of FPG

Household Size										
Percent of Poverty	1	2	3	4	5	6	7	8	9	10
100%	\$1,255	\$1,703.33	\$2,151.67	\$2,600.00	\$3,048.33	\$3,496.67	\$3,945.00	\$4,393.33	\$4,841.67	\$5,290.00
150%	\$1,882.50	\$2,555.00	\$3,227.50	\$3,900.00	\$4,572.50	\$5,245.00	\$5,917.50	\$6,590.00	\$7,262.50	\$7,935.00
200%	\$2,510.00	\$3,406.67	\$4,303.33	\$5,200.00	\$6,096.67	\$6,993.33	\$7,890.00	\$8,786.67	\$9,683.33	\$10,580.00
300%	\$3,765.00	\$5,110.00	\$6,455.00	\$7,800.00	\$9,145.00	\$10,490.00	\$11,835.00	\$13,180.00	\$14,525.00	\$17,192.50

Federal Poverty Guidelines (FPG) – ANNUAL income thresholds

Household Size

Percent of Poverty	1	2	3	4	5	6	7	8	9	10
100%	\$15,060.00	\$20,440.00	\$25,820.00	\$31,200.00	\$36,580.00	\$41,960.00	\$47,340.00	\$52,720.00	\$58,100.00	\$63,480.00
150%	\$22,590.00	\$30,660.00	\$38,730.00	\$46,800.00	\$54,870.00	\$62,940.00	\$71,010.00	\$79,080.00	\$87,150.00	\$95,220.00
200%	\$30,120.00	\$40,880.00	\$51,640.00	\$62,400.00	\$73,160.00	\$83,920.00	\$94,680.00	\$105,440.00	\$116,200.00	\$126,960.00
300%	\$45,180.00	\$61,320.00	\$77,460.00	\$93,600.00	\$109,740.00	\$125,880.00	\$142,020.00	\$158,160.00	\$174,300.00	\$190,440.00





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First Name		MI	Last Name
Date Of Birth (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Health Insurance</b> <input type="checkbox"/> Employer Sponsored Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> AHCCCS <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Disability (select all that apply)</b> <input type="checkbox"/> Deaf/Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Speech/Language <input type="checkbox"/> Learning Disability <input type="checkbox"/> Blind/Visual Disability <input type="checkbox"/> Chronic Health <input type="checkbox"/> Housebound <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
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<b>Highest Level of Education</b> <input type="checkbox"/> 00-08 Grade <input type="checkbox"/> 09-12 Non-Graduate <input type="checkbox"/> High school Diploma or GED <input type="checkbox"/> Some College/Trade School <input type="checkbox"/> Associate Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD <input type="checkbox"/> Other			

### Income

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Income Information for:		30-day Gross Amount
Source - Name	Source - Phone Number	Source - email
Income Source Confirmation <input type="checkbox"/> Verified <input type="checkbox"/> Unverified <input type="checkbox"/> Incorrect		Comment: