

# Home Energy Assistance Target (HEAT) Program

Do you need help paying your home energy bills? The HEAT program provides energy assistance to low income households throughout the state of Utah. Assistance is on a one time basis and is subject to a qualifying process. You must reapply each program year (October 1<sup>st</sup> to September 30<sup>th</sup>). See details below for qualifying:

## Eligibility Requirements for HEAT Assistance:

- The total household income is at or below 150% of the Federal Poverty Level - see the chart below for amounts.
- The household is responsible for paying home energy costs
- The household contains at least one US citizen or qualified non-citizen
- The household must contain at least one adult (18 years of age or older OR emancipated)

## Necessary Documentation:

- A copy of your electrical/power, heat (Dominion, Propane, etc.) utility bills
- Proof of **ALL** income received by **all** household members in the month prior to the month of your application
- Proof of any eligible medical expenses, child support and alimony any member of the home paid in the month prior to the month of your application (eligibility month)
- Proof of disability, if applicable
- Additional documentation, if required
- Fill out and complete an application



The Income levels are listed in the Federal Poverty Level chart below. We are required to use Gross amounts, but do allow for a 20% working wages income disregard. Any Medical paid out of pocket in the eligibility month can be used as a deduction. This includes but is not limited to: health insurance, copays, prescriptions, dental, eye care, etc. Child support or alimony paid out of pocket it also an allowable deduction. Receipts must be provided.

## Monthly Household Income Limit Chart

Household Size	150 % Poverty Level	Household Size	150 % Poverty Level
1	\$1,995	8	\$6,965
2	\$2,705	9	\$7,675
3	\$3,415	10	\$8,385
4	\$4,125	11	\$9,095
5	\$4,835	12	\$9,805
6	\$5,545	13	\$10,515
7	\$6,255	14	\$11,225

**Return a completed application and the required documents to your nearest HEAT Office:**

**Roosevelt:** Uintah Basin Association of Governments HEAT Program 330 E 100 S Roosevelt, UT 84066.

Call **435-722-5218** or Email at: [heat@ubaog.org](mailto:heat@ubaog.org)

**Vernal:** Vernal HEAT Office in the Vernal City Hall Building 374 E Main St STE C Vernal, UT 84078-2624.

Call **435-781-2021** or Email at: [vernalheat@ubaog.org](mailto:vernalheat@ubaog.org) Please mail to: PO Box 882 Vernal, UT 84078

**Penalty for Fraud:** The State of Utah Department of Workforce Services takes fraud of public assistance benefits very seriously and prosecutes violators to the full extent of the law. We have access to a variety of fraud detection systems and work with federal, state, and local law enforcement to prosecute instances of abuse of public assistance such as not reporting income, lying about who lives in your home, and selling your benefits for drugs, money, (trafficking). We are here to help you if you are eligible, but be aware if you intend to commit fraud and are caught, you will face severe legal penalties, including potential benefit disqualification, overpayment recovery, other monetary penalties, and potential jail time. If you apply, or are on public assistance, honesty is your best option, don't risk the consequences of committing fraud.

[https://le.utah.gov/xcode/Title76/Chapter8/76-8-S1206.html?v=C76-8-S1206\\_1800010118000101](https://le.utah.gov/xcode/Title76/Chapter8/76-8-S1206.html?v=C76-8-S1206_1800010118000101)

**For more information and to apply go to [jobs.utah.gov/heat](https://jobs.utah.gov/heat)**



Name (First, Last)	Relation	Birth date mm/dd/yyyy	Age	Social Security Number	Sex F / M	Income Y or N	Citizen Y or N
					F	Yes	Yes
					M	No	No
					F	Yes	Yes
					M	No	No
					F	Yes	Yes
					M	No	No
					F	Yes	Yes
					M	No	No
					F	Yes	Yes
					M	No	No

**6. Household Composition: Is any one in the home that has...**

Child under age 6 ..... Yes No Receiving SNAP (Food Stamps) .. Yes No  
 Age 60 and older ..... Yes No U.S. Veteran / Military Service? ..... Yes No  
 U.S. Citizens (all?) ..... Yes No  
 Handicapped/Disabled .. Yes No **If Yes, describe the disability and on whom:**

Number of Adults: \_\_\_\_\_ Number of Children (under 18): \_\_\_\_\_ Total # in Household: \_\_\_\_\_

**7. Your dwelling is a (check one):**

House Duplex Small trailer (must have permanent address)  
 Mobile Home Condo Townhouse  
 Apartment (3 or more units) Basement apartment

**8. Do you rent or own your home? .....** **Rent Own**

a. What is your primary heating source? Gas Electricity Propane Oil  
Wood Coal/Steam Other None

b. What is your secondary heating source? Gas Electricity Propane Oil  
Wood Coal/Steam Other None

c. What is your primary cooling source? Central Air Fan/Evaporative/Other  
Window Unit None

**9. How much is your monthly rent/mortgage payment? \$ \_\_\_\_\_**

Is your rent subsidized? ..... Yes No  
 If Yes, what is your rent portion? \_\_\_\_\_

**10. Does your rent include utilities?..... Yes No**

Which utilities? \_\_\_\_\_

**11. Crisis:**

a. Do you have a 48 Hour Shut Off Notice, Less than 10% Fuel, or are shut off due to a sudden or unexpected event beyond your control? ..... Yes No

b. If yes, does anyone in the household have a medical condition requiring the use of an energy source to operate a medical device or store medication?..... Yes No

i. If yes, list the name of the household member: \_\_\_\_\_

**12. HEAT payment is to be issued to the following utility vendor(s)** in the percentages listed below (100%, 50/50%, or 25/75%). The utility vendor and percentage cannot be changed after the application is submitted. Be sure to check the account status for each utility. If you check 48 HR you must include a copy of the 48-hour shut-off notice. For propane, check ON if you have fuel, OFF if you are out of fuel, and 48 HR if you will run out of fuel within 48 hours. Copies of all utility bills and disconnect notices must be sent to the HEAT Agency for verification.

Name of Utility Vendor(s)	% of benefit Must equal 100%	Account Status	Utility Account Number(s)	Name on Account (provide explanation if not applicant)
	25% 50% 75% 100%	On Off 48 HR		
	25% 50% 75% 100%	On Off 48 HR		

a. Are any of the utilities shared with another dwelling on the premises, if yes please explain:

\_\_\_\_\_

**13. 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	Y N				
Employment	Y N				
Employment	Y N				

Earned Income	Y / N	Name of recipient	Date Paid	Gross Amount	How Often?
Employment	Y N				
Employment	Y N				
Employment	Y N				
Employment	Y N				
Self-Employment	Y N				
Self-Employment	Y N				

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	Y N				
Social Security, SSI, SSD	Y N				
Social Security, SSI, SSD	Y N				
Unemployment	Y N				
Unemployment	Y N				
Alimony	Y N				
Annuity	Y N				
Child Support	Y N				
Pension	Y N				
Trust Payments	Y N				
Rental Property	Y N				
Retirement	Y N				
General Assistance/ other benefit payments	Y N				
Veterans Benefits	Y N				
Workers Comp	Y N				
OTHER	Y N				

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

**14. Alimony/Child Support Deductions:** Did you or anyone in your household pay alimony or child support LAST MONTH? ..... Yes No

a. 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 13.

**15. 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 question 13. (Attach additional sheet if needed.)

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

DECLARATION: 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 understand that neither the vendor nor the percentage of my HEAT payment may be changed. 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 agencies to determine eligibility. I hereby authorize HEAT 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 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 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 Enbridge Gas Energy Assistance Credit (EAC).

/s/ \_\_\_\_\_ Date \_\_\_\_\_  
**Signature** **Date**

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

*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.

**\*\*\*Did you know if you are HEAT qualified you are Weatherization qualified? If you would like to learn more or get your dwelling weatherized please call our Weatherization team today at 435-722-4518. \*\*\***

**How do you save energy in your home? :** \_\_\_\_\_

List any Energy Saving educational materials provided to the client: \_\_\_\_\_