



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

Instructions for HEAT 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:

- Copy of a picture identification for primary applicant
- Copies of Social Security cards for **EVERYONE** in the home, including children
- 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 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):

- Driver's license or other official documentation indicating age 60 or older
- Copy of the birth certificate for a child five years old or younger in the home
- 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 have been disconnected or are scheduled for disconnection within 48 hours, contact your local HEAT office for instructions. Call 801-468-0008 or 1-866-205-4357 and select the option for the county you live in.

State of Utah HEAT 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 2535 S Highway 89 Perry, 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: heatdocs@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 1140 36th St, Suite 150 Ogden, UT 84403 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@mountainland.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 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.

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 HEAT 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 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 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 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 Dominion Energy 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.

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