

Connecticut Energy Assistance Program (CEAP)
Contingency Heating Assistance Program (CHAP)

DESK GUIDE

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Table of Contents

Introduction	1
<hr/>	
<u>Section 1 – Glossary</u>	
Glossary of Common Terms	1-5
<hr/>	
<u>Section 2 – Basic Information</u>	
Annual Program Cycle	5-6
Forms	6
Applications	6-7
<hr/>	
<u>Section 3 – Instructions for Certification</u>	
Income Documentation Requirements	7-8
Income Calculation	8
Liquid Assets Test	9
Categorical Eligibility	9
Assigning Benefits	9-10
Certification Codes	11
Information on Non-Qualified Aliens	11-12
Social Security Numbers	12-14
Fraud Prevention	14
<hr/>	
<u>Section 4 – Procedural Reminders</u>	
Processing	15-16
Authorizations	16-17
Payments	17-18
Miscellaneous	18

APPENDIX

Energy Assistance Application (W-1104)	
Checklist of Required Documentation for Energy Assistance Programs (W-1105)	
Energy Assistance Assets Declaration/Verification Form (W-1036)	
Affidavit in Certification of Zero Income (W-1106)	
Instructions for Completing Form (W-1106)	
Affidavit Certifying Non-Receipt of Child Support Payments	
Instructions for Completing Child Support Affidavit	
Certification of Disability Form (W-1089)	
Self-Employment Worksheet	
Instructions for Completing Self-employment Worksheet	
CEAP/CHAP Fraud Investigation Protocol	
Notice of Applicant Rights Form – Deliverable Fuel (W-1102D)	
Notice of Applicant Rights Form – Utility Heated Household (W-1102U)	

Introduction

This purpose of this guide is to aid individuals who either take or certify applications for the Connecticut Energy Assistance Program (CEAP) or the Contingency Heating Assistance Program (CHAP) in how best to process these applications. While the Allocation Plan remains the guiding document of both CEAP and CHAP, the desk guide should serve as a reference for best practices and uniform policies under which the program, as outlined in the Allocation Plan, is implemented across Connecticut.

The guide is arranged into four sections. The first is a glossary of common terms. The second section describes basic information relating to the CEAP/CHAP. The third section documents the process used to certify CEAP/CHAP applications. The final section is a compilation of procedural reminders that are helpful to bear in mind while processing applications for CEAP/CHAP. An appendix is also included that contains blank forms for use during the application process as well as the investigation protocol for cases of suspected fraud.

Section 1 – Glossary of Common Terms

ALLOCATION PLAN

The **Allocation Plan** is the annually produced Low-Income Home Energy Assistance Program (LIHEAP) Block Grant Allocation Plan. The allocation plan describes the policies, procedures and benefit levels under which CEAP and CHAP operate on a year to year basis.

APPLICANT

An **Applicant** is as any person who is at least eighteen years of age, *or* an emancipated minor, who represents a household that submits a signed application for benefits through CEAP or CHAP.

ASSURANCE 16 INITIATIVE

The **Assurance 16 Initiative** refers to case management, client counseling, client advocacy, energy conservation education and budgeting education provided to CEAP and/or CHAP recipients to enable households to reduce their home energy needs and thereby the need for future energy assistance.

BASIC BENEFIT

A **Basic Benefit** is the monetary award granted to a successful CEAP or CHAP applicant. The value of the basic benefit varies and is dependent upon the income level of the household.

BOARDER

A **Boarder** is defined as a person whose meals are included in their rent. Boarders are not eligible to receive independent CEAP or CHAP benefits.

CATEGORICALLY ELIGIBLE HOUSEHOLD

A **Categorically Eligible Household** is one where *all* members of that household are currently receiving benefits through one or more of the following programs: Temporary Family Assistance; Refugee Cash Assistance; State Supplement to the Aged, Blind and Disabled.

CONNECTICUT ENERGY ASSISTANCE PROGRAM (CEAP)

The **Connecticut Energy Assistance Program (CEAP)** is a program that provides winter heating assistance to non-vulnerable households that have a *gross annual income* at or below 150% of the federal

poverty guidelines and vulnerable households whose gross annual incomes are at or below 200% of federal poverty.

CEAP BENEFITS

Basic Benefits - Households within the asset and income limits up to 150% of the Federal Poverty Guidelines and certified as eligible to receive energy assistance will receive a basic benefit under Level 1, Level 2, or Level 3. If these households include one or more members who is either disabled, elderly (age 60 or older), or under the age of six, they will be designated as vulnerable. Vulnerable households certified as eligible with income between 150% and 200% of the FPG will be able to receive a basic benefit under Level 4. Households certified as eligible with income up to 60% of the State Median Income that are not eligible for CEAP will be able to receive a benefit under Level 5 (CHAP).

Crisis Assistance Benefits - Crisis Assistance Benefits provide additional funding to CEAP/CHAP eligible deliverable fuel heated households that have exhausted their Basic Benefits and are unable to secure primary heat, causing a life-threatening situation. Crisis is defined as being unable to secure primary heat, causing a life-threatening situation during the program delivery period.

Safety Net Assistance Benefits – Safety Net Assistance Benefits address the heating needs of CEAP households that heat with deliverable-fuel and have exhausted their Basic Benefits and Crisis Assistance Benefits who are in a life-threatening situation. This benefit may, at times, be limited to eligible vulnerable households.

Households requesting Safety Net Assistance Benefits must have a risk assessment completed, which involves a review of the household's income, liquid assets and expenditures. If the case manager determines that the household has insufficient resources to cover the cost of the fuel delivery on its own (defined as having \$1,000.00 or less of disposable income or resources), then efforts will be made to assist the household in obtaining shelter with adequate heat and, as a last resort, an emergency fuel delivery may be authorized. The State reserves the right to suspend the provision of the Safety Net Assistance Benefits should these funds be fully obligated.

CONTINGENCY HEATING ASSISTANCE PROGRAM (CHAP)

The **Contingency Heating Assistance Program (CHAP)** is a program that provides winter heating assistance to households that have gross annual income above the CEAP eligibility levels, but below 60% of the state median income. **Please note that while CHAP-eligible households which heat with a deliverable fuel are eligible for a Crisis Assistance Benefit, they are not eligible for Safety Net Assistance Benefits.**

DELIVERABLE FUEL

A **Deliverable Fuel** is considered to be one of the following fuel-types: oil, propane, kerosene, wood (including pellets), or coal.

DWELLING UNIT

A **Dwelling Unit** is defined as any residential property where the occupants have exclusive kitchen facilities. This definition excludes commercial property, accommodations that have not been issued a certificate of occupancy, or that are not listed as residential units in the tax assessor's records for a municipality.

Examples of units that **do not** qualify for CEAP or CHAP benefits include boarding/rooming homes, group homes, hotels, motels, cars, vans, recreational vehicles, campers, and seasonal residences. **Any disputes**

regarding the legitimacy of a dwelling unit or the number of residential units within a structure are resolved by referencing municipal tax assessor records.

EXCLUDED INCOME

Excluded Income is income that is not to be counted when determining a household's eligibility for energy assistance. This can take many forms, and includes AmeriCorps stipends as well as income from employment or self-employment of individuals under 18 years of age who are at least part-time students and are not a head of a household or an emancipated minor. Also, DCF payments for foster care are excluded as income and foster children are not counted as household members. In contrast, income from subsidized adoptions is considered as income and the adopted child is counted as a household member.

Loans issued by lending institutions are not to be considered as income. Home equity loans and reverse annuity mortgages are also not to be considered as income. All other loans, including loans from friends and relatives, will be considered as income when determining eligibility for CEAP/CHAP.

Federal income tax refunds are not to be counted as income for CEAP/CHAP applicants. Likewise, any reimbursements, such as mileage, travel, or from utility allowances, are not to be counted as income.

Income from aid and attendance pension benefits paid to a veteran who served in the military during war-time or to their surviving spouse is considered to be excluded income pursuant to Public Act 12-208. According to the website Veteranaid.org, "The Aid & Attendance (A&A) Pension provides benefits for veterans and their surviving spouses who require the regular attendance of another person to assist in eating, bathing, dressing and undressing or taking care of the needs of nature. It also includes individuals who are blind or [who are] a patient in a nursing home because of mental or physical incapacity. Assisted care in an assisting living facility also qualifies...Eligibility must be proven by filing the proper Veterans Application for Pension or Compensation (Form 21-534 surviving spouse)(Form 21-526 Veteran)." Please refer to Section 4(A)(14) on page 16 of this Desk Guide for more information.

Payments made directly to, or on behalf of, CEAP/CHAP households shall not be considered income or resources for any purpose under Federal or State law pursuant to Section 2605(f)(1) of the LIHEAP statutes.

FUEL ASSISTANCE

Fuel Assistance is the provision of assistance to eligible households for their primary source of heat. Assistance is in the form of direct-to-vendor payments issued by a Community Action Agency (CAA) on behalf of eligible households.

GROSS ANNUAL INCOME

Gross Annual Income is the total income for the household and is used to determine eligibility under CEAP and CHAP. This includes actual income for all household members *and* liquid assets in excess of the *liquid assets disregard*.

HOUSEHOLD

A **Household** is any individual, or group of individuals, living in a dwelling unit who purchase residential energy in common, or who make payments for such energy in the form of rent. This includes any individual renting a room within a dwelling unit, but does not include individuals who reside at an institution of higher learning, are incarcerated, or are unrelated foster children or foster adults.

INCOME/MEANS OF SUPPORT

Income is defined as gross salaries and wages, tips, pensions, annuity distributions, dividends, interest, gross rental income, estate or trust income, royalties, social security income (excluding Medicare

premium if applicable), veteran's benefits (excluding Aid & Attendance benefits), unemployment compensation, worker's compensation, alimony, child support, lottery winning, self-employment income, governmental assistance not otherwise defined as excluded income, and monetary or non-monetary contributions from friends or relatives. Examples of non-monetary contributions would be a mortgage paid on behalf of a household by a non-resident, the value of donations listed on the Affidavit Certifying Non-Receipt of Child Support Payments Form or the value of free rent.

LIFE THREATENING SITUATION

A **Life-Threatening Situation** occurs when a household is without, or within one week of being without, its primary deliverable heating fuel *and* is unable to pay for the lesser of either 70 gallons or one quarter tank (for oil and kerosene) without affecting that household's ability to pay for food, shelter, utilities, and necessary medical expenses.

LIQUID ASSETS

Liquid Assets are assets that are readily convertible to cash. Under the CEAP and CHAP programs, liquid assets include savings accounts, checking accounts, bonds, stocks/shares, certificates of deposit, annuities and individual retirement accounts (IRAs), provided the accounts are in the name of a household member who is 59 ½ years old or older. Households must provide verification of all liquid assets.

Individual Development Accounts (IDAs) are not to be considered a liquid asset for the purpose of this program. Funds deposited into a 401(k) account are also not counted as a liquid asset for the purpose of this program. Also, federal income tax refunds are not to be counted as liquid assets.

Additionally, accounts that cannot be accessed by an applicant, such as an irrevocable trust, are not counted as liquid assets. For example, an irrevocable account in the name of a minor child that can only be accessed by them upon the age of maturity would not be counted as an asset. Accounts that can only be accessed by a custodial adult for limited, specific reasons such as for the purchase of medication, but cannot otherwise be accessed, are also not considered liquid assets. However, accounts that can be accessed by an adult household member and converted at will are considered as liquid assets, even if the accounts are custodial in nature or are in the name of a minor child.

Documentation of liquid assets must be verifiable, or supported by affidavits, and applicants must comply with all reasonable requests for assistance in verifying documentation. The State, through its agents or grantees, reserves the right to investigate and verify the income and assets of households in order to protect the integrity of the programs.

Any source of income listed on a bank statement that is used to calculate awards through the CEAP/CHAP should be subtracted from the account total on the bank statement if the account represents an asset for the applicant.

LIQUID ASSETS DISREGARD

The **Liquid Assets Disregard** is the amount of liquid assets that an applicant or other member of an applicant's household may possess that is not factored into the calculation of their gross annual income. Currently, the liquid assets disregard limit is \$10,000 for homeowners and \$7,000 for all other households. Households, whose liquid assets exceed these limits may be eligible for energy assistance as long as the household's gross income, when added to the amount of liquid assets over the limit, is within the income guidelines.

NON-QUALIFIED ALIEN

Non-Qualified Aliens are individuals who are in this country illegally and individuals who are here legally but temporarily, on student or tourist visas. Non-Qualified Aliens are **not eligible** for CEAP or

CHAP benefits. Please note that while some non-qualified aliens may have social security numbers, (e.g. individuals with a temporary work permit), they are still ineligible for these programs.

PRIMARY SOURCE OF HEAT

The **Primary Source of Heat** is the principal fuel source used by a household to heat its dwelling unit.

QUALIFIED ALIEN

Qualified Aliens are eligible for CEAP and CHAP benefits. Qualified Aliens include individuals who are lawfully in the U.S. and are permanent resident aliens, asylees, refugees, aliens paroled into the U.S. for at least 1 year, aliens whose deportation is being withheld, aliens granted conditional entry, Cuban/Haitian entrants and certain battered aliens and their children.

A person must be a U.S. citizen, or an eligible non-citizen (qualified alien) to be eligible for federal energy benefits. Households that include non-qualified aliens *and* citizens/qualified aliens may be eligible for prorated benefits.

RENTAL ASSISTANCE

Rental Assistance benefits are available for qualified households that do not make direct vendor payments, including to owners of dwelling units where the primary source of heat is not separately billed to the household by a vendor. Rental Assistance Benefits will be available to those CEAP income eligible households with annual gross incomes up to 150% of federal poverty guidelines and who pay more than 30% of their gross income toward out-of-pocket rent. Rental Assistance recipients will receive a check to help defray heating costs.

RETAIL PRICE

The **Retail Price** is the price charged by a vendor for services or a delivered product, exclusive of any discounts provided to similarly situated non-CEAP/CHAP households.

RISK ASSESSMENT

A **Risk Assessment** is a mandatory evaluation of a household's income, liquid assets, and expenditures to determine eligibility for a Safety Net Assistance Benefit. If the case manager determines that the household has insufficient resources to cover the cost of the fuel delivery on its own (defined as having \$1,000 or less of disposable income or resources), then efforts will be made to assist the household in obtaining shelter with adequate heat and, as a last resort, an emergency fuel delivery may be authorized.

UTILITY

Utility is defined as either natural gas or electricity.

VENDOR

A **Vendor** is either a deliverable fuel provider or utility company.

VULNERABLE HOUSEHOLD

A **Vulnerable Household** is a household where at least one member is disabled, elderly (age 60 or older), or under the age of 6.

Section 2 – Basic Information

A. Annual Program Cycle

1. Each year, three legislative committees of cognizance consider for approval an annual LIHEAP Allocation Plan. Approval of the allocation plan typically takes place in September. However, experience

has shown that there are advantages to starting the CEAP/CHAP application process early. **At the discretion and direction of DSS**, each CAA, as well as intake sites that choose to do so can begin to take applications prior to the approval of the Allocation Plan. This allows agencies to process part of their annual caseload up front, which helps to avoid the deliverable fuel emergency application volume peak that generally occurs when the cold weather commences each year.

2. The early intake process not only benefits CAAs, but benefits applicants as well. For example, elderly persons can apply during months when the weather is warmer and more comfortable. Also, some CAA staff make more visits to homebound clients during the early intake period, which is made possible by the more stable application volume during early intake.

3. Please refer to sections B and C below for a description of forms available for use beginning with the early intake period, as well as an outline of procedural considerations linked to early intake.

B. Forms

1. Most CEAP/CHAP forms are not directly linked to the approval of the annual allocation plan and can be used continuously, including during the early intake period. These forms may be modified from time to time, and care should be taken to replace earlier versions with revised forms as they are issued. These forms include:

- a. Application Form (W-1104)
- b. Checklist of Required Documentation for Energy Assistance Programs-English (W-1105)
- c. Energy Assistance Assets Declaration /Verification Form (W-1036)
- d. Affidavit in Certification of Zero Income (W-1106)
- e. Affidavit Certifying Non-Receipt of Child Support Payments
- f. Certification of Disability Form W-1089
- g. Self-Employment Worksheet

2. The following two forms require yearly modifications. These forms include:

- a. Notice of Applicant Rights and Service Availability, Deliverable Fuel (W-1102D)
- b. Notice of Applicant Rights and Service Availability, Utility Heated Households (W-1102U)

Please note that the W-1102D and W-1102U forms cannot be used from one program year to the next. During the early intake process, applicants must **not** be provided with W-1102D or W-1102U forms at the time of intake. Revised forms are to be sent to applicants once their applications have been processed, along with award/denial letters, **after** the legislative approval of the annual allocation plan. **For FFY 14, please refer to the Directory of Forms in the Appendix for current W-1102D and W-1102U forms.**

C. Applications

1. Applications taken during early intake periods can be certified, but approval letters and over-income denial letters must not be printed or mailed until the annual allocation plan has been approved, and computer tables have been updated with legislatively-approved award amounts. This means that only denial letters for incomplete applications can be mailed. This is because the legislative committees of cognizance may change elements of the plan that will affect benefits for CEAP/CHAP recipients. **If an award letter is printed and mailed to an applicant prematurely, it may include an incorrect basic benefit award amount.**

2. Once the annual allocation plan has been finalized, computer software systems will be modified to reflect any changes to benefit award amounts. Award letters and over-income letters must then be

printed and mailed to applicants, along with updated Notice of Applicant Rights and Service Availability forms.

3. Please note that regardless of when the application process begins during a program year, payments for fuel can only be approved for deliveries made on or after November 15th.

Section 3 – Instructions for Certification

A. Income Documentation Requirements

1. At a minimum, households are required to **document their total gross income for the 4 weeks prior to the date of application or reapplication.** (The only exceptions to this rule are income from self-employment, which requires 6 or 12 months documentation, and interest/dividends which may be issued on a quarterly basis).

2. A household may choose to document 52 weeks instead of 4 weeks. For those households who choose the **52 week option:**

- a. The household must document the 52 weeks immediately prior to the date of application or reapplication, and
- b. The household must document the 52-week period for all household members who received income during that period. (The household cannot choose to document 52 weeks for some members and only 4 weeks for others).

3. Income from employment and/or self-employment is not to be counted if it is earned by a household member who is under age eighteen, and who is at least a part-time student. (This income would be counted if the individual were an emancipated minor). All other types of income, such as Social Security, Child Support, etc., that is received by/for an individual who is seventeen or under must be counted as part of the total household income.

4. **Eligibility Management System (EMS)** - Selected staff at each CAA has access to the Department's electronic client database referred to as the EMS. It is a valuable tool and the Department encourages CAAs to use it to assist with the certification process. This system retains information including, but not limited to, cash assistance, child support and social security income. **Since each CAA has access to EMS, applicants who cannot provide a DSS budget sheet at the time of intake should not be denied for lacking this document. Rather, appropriate CAA staff should look up the necessary information on the EMS.** Access to EMS is restricted due to the nature of the information retained in the system. CAA staff needs a key and a password referred to as a DMC number to access the system. If the system is not accessed at least once each month, the DMC number is deactivated and must be reactivated before the system can be accessed again. If CAA staff is not familiar with the EMS, they can request training on the system by contacting the Office of Community Services.

5. **Zero Income** – Some households may have not received any income for the entire 4 week period prior to the date of application, or may have received income for some of the weeks, but not all. Please note that if a client signs an Affidavit in Certification of Zero Income, this is sufficient documentation and no further proof, either via the Department of Labor or other means, is necessary.

- a. For households claiming to have zero income **for the entire household** in the 4-week period prior to the date of application, an "Affidavit in Certification of Zero Income – Part 1", Form W-1106, must be completed. **The form requires that the applicant provide a statement as to how the household met expenses while receiving no income.**

b. For households claiming zero income for any household member age 18 and over, for some (or all) of the weeks during the 4 week period prior to the date of the application, an “Affidavit in Certification of Zero Income – Part 2”, Form W-1106, must be completed, identifying zero-income dates and/or date and place of last employment.

6. Income from self-employment – Self-employed households are required to submit a copy of their most recently filed Form 1040 and all Schedules. In addition, households members that are self-employed must also complete a Self-Employment Worksheet. The Worksheet documents income received for either the 6 or 12 full calendar months prior to the date of application. **Applied income is reflected on line 6 of the form.**

7. All acceptable forms of income documentation are identified on the Checklist of Required Documentation (W-1105).

8. If the household has properly documented its income, proceed to the Income Calculation section below.

***NOTE:** We DO NOT count DCF payments for FOSTER CARE and foster children are NOT counted as household members. However, we **DO count** income from SUBSIDIZED ADOPTIONS and the adopted child **IS** counted as a household member.

B. Income Calculation

1. Income eligibility for CEAP and CHAP is based on a household’s **gross income**. (For employed households **gross income includes over-time**). **Remember to subtract the Medicare premium from the Social Security benefit when calculating the income of Social Security recipients if applicable.**

2. When manually calculating a household’s gross annual income, please use the following formulas, (set calculator to read 2 decimal points):

a. **Weekly Income**

Total the 4 pay stubs.

Divide this figure by 4 to determine the weekly average.

Multiply this figure by 4.33 to determine the monthly average.

Multiply this figure by 12 to determine the annual income.

b. **Bi-Weekly Income**

Total the 2 pay stubs.

Divide this figure by 2 to determine the bi-weekly average.

Multiply this figure by 2.165 to determine the monthly average.

Multiply this figure by 12 to determine the annual income.

c. **Semi-Monthly Income**

Total the 2 pay stubs to determine the monthly average.

Multiply this figure by 12 to determine the annual income.

d. **Monthly Income**

Multiply the monthly income figure by 12 to determine the annual income.

e. **Semi-Annual Income**

Multiply the semi-annual income figure by 2 to determine the annual income.

3. Combine the annual income totals from each of the above calculations to arrive at the household's total annual income. Refer to the current CEAP/CHAP Income Guidelines. If the household is within the income guidelines, proceed to section C. If the household is over-income, proceed to section D to determine if the household qualifies under categorical eligibility.

C. Liquid Assets Test

1. Households that use a utility as their primary heating source and have documented that all household members are currently receiving benefits through the Temporary Family Assistance, Refugee Cash Assistance and/or State Supplement to the Aged, Blind and Disabled programs are not subject to the liquid assets test. All other households are required to complete an Energy Assistance Assets Declaration Form (W-1036). **Households must provide verification of their liquid assets.**

2. All deliverable fuel heated households are required to complete an Energy Assistance Assets Declaration Form (W-1036), and provide verification of their liquid assets, regardless of possible categorical eligibility, which will help with the eventual completion of a Safety Net Assessment that requires verification of assets.

3. Homeowners whose liquid assets exceed \$10,000, and all other households whose liquid assets exceed \$7,000 will not be eligible for benefits unless the household is income eligible, and the combination of annual income plus the amount of liquid assets which are in excess of the appropriate asset limit are within the income guidelines. (Example – a homeowner household has liquid assets of \$13,000. The first \$10,000 is disregarded, and the balance is added to the household's annual income. If the combination of annual income with the \$3,000 **liquid assets overage** is within the income guidelines, the household is income eligible).

4. Add the amount of the household's liquid assets overage, if applicable, to the household's annual income. Based on this combined total, refer to the current CEAP/CHAP Income Guidelines to determine the household's income level (1, 2, 3, 4, 5 or over-income). **Remember, the federal poverty guidelines are updated on an annual basis. Make sure you are using correct income guidelines.** If the combination of the household's annual income and their liquid assets overage exceeds the income guidelines, the household is over-income. If the combination of the household's annual income and their liquid assets overage is within the income guidelines, proceed to section E. Please note any income that is direct deposited must be deducted from the related bank statement when determining the amount of liquid assets.

D. Categorical Eligibility

1. Households are considered to be categorically income eligible if **everyone** within the household has documented that they are currently receiving benefits through the Temporary Family Assistance, Refugee Cash Assistance and/or State Supplement to the Aged, Blind and Disabled programs.

Households that are categorically eligible cannot be denied based on their income. If the total gross annual income of a categorically eligible household exceeds Level 3, the household will be considered income eligible for Level 3. Categorical eligibility applies to both CEAP basic benefits and CEAP rental assistance. Categorically eligible households must have a risk assessment determination completed to qualify for Safety Net Assistance Benefits.

E. Assigning Benefits

1. In order for accurate benefits to be computed, you must first determine whether a household is responsible for paying for their own heating costs, or if their heat is included in their rent. If a household

is responsible for paying their own heating expenses, benefits will be awarded based on the annually produced federal poverty guidelines or state median income guidelines. Although income thresholds change each year, the following basic benefits chart illustrates the relationship between benefits and income categories.

Basic Benefits Chart

Level 1 (up to 100% of federal poverty guidelines)*

Level 2 (101% - 125% of federal poverty guidelines)*

Level 3 (126% - 150% of federal poverty guidelines)*

Level 4 (151% - 200% of federal poverty guidelines)** CEAP

Level 5 (151% of federal poverty guidelines – 60% of state median income) CHAP

* - Households in these levels can receive either a vulnerable benefit or a non-vulnerable benefit. Vulnerable households are those households in which at least one member is either elderly (age 60 or older), disabled or under the age of 6.

** - In order to qualify under Level 4, the household must be within the income/assets guidelines, and must have a household member who is vulnerable.

2. If the household's primary source of heat is included in its rent, then the household is applying for Rental Assistance. Also, condominium owners with heat included in their condominium/association fee can use their mortgage cost plus the condominium/association fee as 'rent', and can apply for Rental Assistance. **Rental Assistance households must document the amount of rent they are required to pay, and must provide evidence that heat is included in their rent.** If the household is behind on their rent, you should enter the amount that they are required to pay, regardless of whether they are not currently paying or if a partial payment has actually been made during the four week period prior to the application date.

a. If the amount of the monthly rent that the household is required to pay is greater than 30% of the household's gross monthly income, and the annual household income is less than 150% of the federal poverty guidelines, the household may be eligible for Rental Assistance.

NOTE: Those applicants who have Section 8 and Housing Authority rents are usually not eligible for Rental Assistance benefits, since by housing regulations, rent amounts may only be up to 30% of the participants' gross income and rent payments may be recalculated as soon as an income change is reported.

b. If a household's heating expenses are included in their rent, benefits will be awarded based on the annually produced federal poverty guidelines. The following basic benefits chart illustrates the relationship between benefit levels and income categories. In rental assistance cases, the designation of vulnerable/non-vulnerable households does not apply.

Rental Assistance Chart

Level 1 (up to 100% of federal poverty guidelines)

Level 2 (101% - 125% of federal poverty guidelines)

Level 3 (126% - 150% of federal poverty guidelines)

When calculating the percentage of income paid toward rent, you must set your calculator to 4 decimal places. Example - .3001 would qualify as greater than 30%, .3000 does not.)

To calculate the percentage of gross income paid toward the rent amount, divide the rent that the client must pay by the gross income. Example: monthly rent = \$800 and monthly gross income =

\$2,700. \$800 divided by \$2,700 = .2963 or 29.63%. Since 29.63% is less than 30% of the gross income, the client would **not** be eligible for rental assistance benefits in this case.

Note: When calculating the percentage of income paid toward rent, do not forget to include any liquid asset overage as part of the household's income. If you are using monthly income and monthly rent figures when calculating the percentage of income paid toward rent, remember to divide the liquid assets overage by 12 before adding it to the household's monthly income.

(Special Note: Categorically income eligible households whose heat is included in their rent, must also meet the Rental Assistance eligibility requirements described above in order to qualify for Rental Assistance). **Remember, individuals whose meals are included in their rent are boarders, and as such are not eligible to receive rental assistance.**

F. Certification Codes

1. The following certification codes are used when processing applications through the CAPTAIN automated energy system:

Income Certification Codes

- 1 = All necessary income documentation has been provided.
- 2 = Only partial income documentation has been provided.
- 3 = The household has not provided income documentation. (This does not mean that the household has zero income. It simply means that they did not document their income.)

Age/Disability Certification Codes

- 1 = Someone in the household is under the age of six or is elderly (60 or older).
- 2 = Verification has been provided that someone has a physical and/or mental disability.
- 3 = Verification has been provided that someone in the household is disabled, and there is also a household member who is under the age of six or who is elderly.
- 4 = There is no verification of disability. (This does not mean that no one in the household is disabled, it simply means that there is no supporting documentation in the case file).

Rental Certification Codes

- 1 = Homeowner.
- 2 = Renter, with rent verification provided. (Also to be used for condominium owners whose housing costs are included in the condominium/association fee).
- 3 = Renter, no rent verification provided. (Also to be used for condominium owners whose heating costs are included in the condominium/association fee).

G. Information on Non-qualified Aliens

1. Below are procedures on how to process CEAP/CHAP applications with household members that are non-qualified aliens. As a reminder, DSS is not requiring community action agencies to inquire about the legal status of any applicant or household member. These procedures must be followed if an applicant has informed your agency that he/she or household members are non-qualified aliens.

2. If **all** members of the household are non-qualified aliens, the household is **not** eligible to receive federal energy benefits.

3. If the applicant is a citizen, naturalized citizen or qualified alien and there are household members that are non-qualified aliens, the non-qualified aliens are not to be counted as household members. If the

non-qualified alien members have income and/or assets, that income and/or assets must be documented and included in the calculation for the determination of eligibility for CEAP/CHAP.

4. If the household consists of non-qualified aliens that are adults and citizens or qualified aliens that are minors (under 18 years of age that are not emancipated), the adult will be allowed to apply on behalf of the citizen or qualified alien children. Any income and/or assets from the non-qualified alien adults must be documented and included in the calculation for the determination of eligibility for CEAP/CHAP.

H. Social Security Numbers

1. With the exception of situations outlined in Section 3 below, every Social Security Number (SSN) accepted by the CAAs for winter heating assistance benefits in the CEAP/CHAP must be valid.

Every person filling out a CEAP/CHAP application must provide their own SSN as well as the SSNs for all members of the household included on the application. Persons receiving benefits from the Social Security Administration (SSA) under another person's Social Security benefit claim number must provide their own personal SSN and not the claim number used to collect the SSA benefit.

The following Social Security Numbers are not valid and should not be accepted:

- a. SSN's that contain all zeros in any of the three (3) number fields (XXX-XX-XXXX).
- b. Any SSN with the first three digits of 666 or 900 or greater.

2. Social security numbers of household members applying for energy assistance benefits are matched electronically through the State Verification and Exchange System (SVES), in order to ensure that they are valid.

3. In certain limited situations, CEAP/CHAP applications can be processed without Social Security Number information. Computer systems have been programmed to correctly document situations where households have members who either do not have SSN's, or for cases in which applicants do not know SSN's at the time of intake.

a. SSN Pending

Use this designation for applicants and/or household members who have never applied for an SSN.

If the household heats with a deliverable fuel, inform the household that the application will be processed, and if eligible, the household can receive a fuel authorization. Let the household know that no additional authorizations will be issued until the household provides either the SSN, or verification that an application for an SSN has been submitted to the Social Security Office.

If the household heats with a utility or has heat included in rent, inform the household that the application will be processed, but no benefit will be issued until the household provides either the SSN, or verification that an application for an SSN has been submitted to the Social Security Office.

Please note – In an effort to identify which households have members using the **SSN Pending** designation, the Control Card will identify the award/benefit in **red**.

Deliverable fuel heated households with **red** awards should not be authorized for a second delivery.

If the household provides either the SSN or verification that the SSN has been applied for, the application must be recertified. If the SSN is being provided, delete the **SSN Pending** designation and enter the actual SSN. If the household is providing verification that the SSN has been applied for, delete the **SSN**

Pending designation and change it to **Applied For**. **In either instance, you will need to recertify the application.**

Do not use the SSN Pending designation for non-qualified aliens.

b. SSN Applied For

Use this designation for applicants and/or household members who can verify that an application for an SSN has been submitted to the Social Security Office.

Verification that the household has applied for an SSN must be included in the household's energy assistance case file.

If the **Applied For** designation has been selected, the application can be processed and approved.

Households utilizing the **Applied For** designation are not subject to benefit limitations.

c. SSN Not Required

Use this designation for applicants and/or household members who are not required to provide/have an SSN.

Individuals in this designation include battered spouses, lawful permanent residents, victims of human trafficking and their derivative beneficiaries.

If the **NotRequired** designation has been selected, the application can be processed and approved.

Households utilizing the **NotRequired** designation are not subject to benefit limitations.

Please note - If the household indicates that a member is not required to have an SSN, contact David Frascarelli in the Office of Community Services at david.frascarelli@ct.gov or 860-424-5387 for clarification.

d. Unknown

Use this designation for applicants who either do not recall their own SSN or do not know the SSN for other household members.

Please remember, if the household is receiving assistance from DSS, CAA staff may be able to obtain missing SSN's by referring to EMS.

If the information is not available from EMS, the applicant is to be provided with a Checklist of Required Documentation, Form W-1105, requesting that he/she provide the information within ten (10) days.

Please note - The applicant is not required to furnish the actual SSN card, they can provide the number over the telephone.

If the **Unknown** designation has been selected, the application should still be processed, but it cannot be approved. During certification, it will be necessary for CAA staff to indicate on the denial letter that the application is being denied for lack of SSN's. If the missing SSN's are provided, delete the **Unknown** designation and enter the appropriate SSN's. You will then need to recertify the application.

Do not use the Unknown designation for non-qualified aliens.

e. Non-Qualified Alien

Use this designation for applicants and/or household members who are non-qualified aliens.

If the non-qualified alien designation has been selected, **the individual(s) will not be included in the count of household members.** Although the non-qualified alien(s) will not be included in the count of household members, their **income and/or assets must be entered.** You should enter income and/or assets as you would for any other individual listed on the application.

Do not list non-qualified aliens as applicants if there are other adult household members who are either qualified aliens or citizens.

If the **Non-Qualified Alien** designation has been selected, the application can still be processed.

Utility heated households utilizing the Non-Qualified designation may be subject to additional eligibility criteria:

- If the utility account is in the name of an adult household member who is either a qualified alien or citizen, it can be processed for payment through the energy software.
- If the utility account is in the name of an adult non-qualified alien, and the household has other adult members who are either qualified aliens or citizens, the utility account must be recoded by the utility company to one of those adult members.
 - If the utility company provides written refusal to recode the account, then a manual payment may be authorized.
 - If the utility company recodes the account, then select the appropriate household member as the new billing name, enter that in the computer and recertify the application. A computer generated payment may then be issued.
- If the utility account is in the name of an adult non-qualified alien, and the only other household members are minors, then a manual payment may be authorized.

I. Fraud Prevention

1. Applicants who misrepresent information necessary to take an accurate application may be committing an act of fraud. A common form of fraud is when an applicant's income does not appear adequate to meet monthly expenses. These are referred as SLAM (suspected living above means) cases. However, please note that fraud may take many forms, all of which can be investigated.

2. If CAA or intake site staff suspect that an application may be fraudulent, there is an investigation protocol that must be followed if the agency wants the case to be reviewed by DSS. This protocol is included in the Appendix to this guide. The protocol varies according to whether issues arise at the time of the CEAP/CHAP application intake or if the issue arises after the application has been certified.

3. Suspicions of fraud, discrepancies or misrepresentations should be discussed with the applicant to give them a chance to clarify the issues. If after such discussions suspicions remain, the investigation protocol must be followed. **Please note that suspected fraud cases should not be processed for eligibility determinations prior to investigation by DSS.**

4. Referrals for investigation must be forwarded to DSS directly from CAAs. Intake site staff wishing to have cases of suspected fraud reviewed by DSS should forward such applications to the CAA with which

they are associated, along with a note requesting that the file be forwarded by the CAA to DSS for investigation.

5. If the disposition of a suspected fraud case reviewed by DSS concludes that a CEAP/CHAP client did in fact commit fraud, CAAs must send the client a letter advising them of the outcome of the review, and must inform them that they must repay any benefits received by them in the current program year. They must also be advised that they will be ineligible to receive CEAP/CHAP benefits for the subsequent two program years as well.

Section 4 – Procedural Reminders

A. Processing

1. Always use the gross amount from a pay stub.
2. All pages of each bank statement are required to be submitted, with the exception of copies of cancelled checks. At an applicant's discretion, they may block out all but the first or last four digits of their account numbers as applicable in a manner that still allows for multiple accounts to be differentiated.
3. A bank statement can be used to document pension income as long as the previous year's IRS Form 1099 for that pension is provided, *and* the amount of pension income reflected on the bank statement equals one-twelfth of the annual amount indicated on the 1099 form. Pension income in all other cases should be documented with a pension statement.
4. 401K holdings are not considered as assets for the purposes of the CEAP/CHAP programs.
5. Income tax refunds are not to be counted as income or as an asset, even if the funds are posted on a bank statement within the four weeks prior to the application date.
6. Any form of reimbursement, including for mileage or travel, or for utility allowances, are not to be counted as income when processing a CEAP/CHAP application.
7. In a case where a landlord (who is not a member of an applicant's household) does not require the payment of rent, such as a relative allowing a person to reside in a home they own rent-free, the fair market rental valuation of the unit must be documented as income for the household, and must be verified in writing by the landlord.
8. Applicants and/or household members who use private or government issued debit cards are responsible for providing statements of account activity to support income and asset information.
9. Households whose heat is included in their rent must provide verification of their monthly rent amount, as well as evidence that heat is included in their rent. Households applying for basic benefits are not required to provide verification of rent.
10. Each Self-employment Worksheet must be accompanied by the most recently filed federal IRS forms, including all schedules.
11. All applications should be processed and award/denial notices issued within 45 days from the date of the application, excluding state-designated holidays. Copies of award/denial notices should be filed in the case file.
12. Computer software systems used throughout the state contain space specifically for case notes. Intake workers and/or certifiers should use this feature to record any significant judgments that are made relevant to an application, or to document conversations or unusual actions taken with regard to its processing.

13. If income is deposited into an applicant's bank account, but then forwarded to a nursing home on behalf of a spouse that is residing at the nursing home on a long-term or permanent basis, it must be deducted from the household's annual income calculations. The household member residing in the nursing home must be there on a long-term basis, meaning as a practical matter that they are not going to reside at home during the energy assistance season for which the applicant is seeking CEAP/CHAP benefits. Also, the amount deducted from the household income of the applicant must equal the amount paid to the nursing home. For example, if the amount of income deposited into the applicant's bank account on behalf of the nursing home resident equals \$1,200.00 per month, but the amount forwarded to the nursing home is \$1,000.00 per month, then the remaining \$200.00 monthly amount would be considered as income for the applicant.

14. There are three types of pensions provided to veterans or to their surviving spouses. They are categorized as either a Basic, Housebound or as an Aid and Attendance pension. Each type of pension has different eligibility requirements. The standard Department of Veterans Affairs (DVA) benefit letter indicates the monthly amount of a pension, but does not typically specify the type of pension it is. **The only type of veteran pension that can be disregarded as income for the purpose of energy assistance eligibility is the Aid and Attendance pension. Persons seeking to have their Aid and Attendance pension income disregarded may need to contact the DVA to obtain documentation which specifies that their pension is in fact an Aid and Attendance pension. The DVA can be contacted toll-free at 1-800-827-1000. Persons that use a Telecommunications Device for the Deaf (TDD) can contact the DVA at 1-800-829-4833. Electronic inquiries to the DVA can be made through the internet at 'https://iris.va.gov'.**

B. Authorizations

1. Clients have the right to choose their vendors for deliveries authorized through the CEAP/CHAP, so long as their preferred vendor participates in the program. The only exception to this rule would be in an emergency, such as if a vendor is unable to make a delivery due to mechanical problems with their truck, etc.

2. No CEAP/CHAP services are to be authorized to, or payments issued on behalf of, unoccupied dwelling units.

3. According to state statute C.G.S. 16a-22a, while vendors are able to set a minimum delivery amount for home heating oil, this minimum limit **may not** exceed 100 gallons. Therefore, in the event that a CEAP/CHAP client's fuel tank cannot accommodate a minimum delivery, vendors may request to receive payment up to the amount of the vendor's minimum delivery requirements, not to exceed 100 gallons. **Note that vendor surcharges such as for same day delivery or weekend delivery are allowable costs only when specifically requested by CAA staff.**

4. CEAP/CHAP eligible clients that heat with a deliverable fuel may use a portion of their basic award, and as applicable their crisis award and/or CEAP safety net award(s) to pay for one start-up of their heating system during a program year, provided the charge for the start-up is the same that the vendor charges to all similarly situated customers that are not receiving CEAP/CHAP assistance. CEAP/CHAP eligible clients whose primary heating system is gas may use a portion of their basic benefit award to pay for the cost of one start-up of their natural gas heating system (not including reconnection fees).

5. Clean, Tune & Test of deliverable fuel heating systems is available for eligible CEAP and CHAP households and the cost is deducted from clients' basic benefit. Landlord permission is required in a rental situation.

6. Risk assessments have been computerized to allow for the more efficient processing of safety net awards for deliverable fuel households. If the computer system calculates that a household is eligible for a safety net award, an authorization for fuel can be made. **However, if the computer calculates that a household is ineligible for a safety net award, and upon review of the risk assessment form it can be seen that the household's disposable income is not significantly above the \$1,000.00 threshold, that client must be contacted to determine if they have eligible monthly expenses that can be entered into the risk assessment form which can result in their eligibility for a safety net award.** Note that any expenses identified and entered into the risk assessment must be verified through proper documentation.

7. If a multi-family dwelling using a deliverable fuel source shares one tank, households can apply separately and rotate the deliveries during the program authorization period. If all households within the structure qualify for CEAP/CHAP benefits separately, rotating benefits is typically a simple process. If a multi-family dwelling is occupied by some households eligible for CEAP/CHAP benefits and others that are not, the CAA can authorize deliveries up to the amount of the basic and/or crisis benefit on behalf of the eligible household through a participating vendor after November 15th of the program year, but would not be able to authorize safety net assistance until they verify that the ineligible household(s) subsequently provided fuel equal to the amount already delivered on behalf of the eligible household.

8. In cases where associations or management companies maintain a deliverable fuel source that is individually metered to each household, the association or management company must complete a vendor document to register as an authorized vendor, and households can apply for basic benefits only. The reason that such households cannot qualify for crisis assistance or safety net awards is that they are not in danger of exhausting their fuel supply.

9. DSS registers vendors annually for the CEAP/CHAP programs. Lists of participating vendors are provided to each community action agency. **Oil, propane and kerosene deliveries can only be authorized with participating vendors.** Authorizations cannot be issued to non-participating vendors. Agencies can issue payments to participating or non-participating vendors for deliveries made to residences prior to the award of energy assistance benefits, provided the deliveries were made after November 15, 2013, but prior to the date that the household applies. Payments made under these circumstances can only be made up to the basic benefit amount, and cannot be applied for delivery dates after March 17, 2014. Payments made under these circumstances are to be issued in accordance with the vendor's retail price per gallon. Wood (including wood pellets) and coal dealers are not required to register in order to participate in the program.

C. Payments

1. Utility-heated households must provide verification of their utility account number. (Many agencies obtain the account number verification directly from the utility company).

2. In order to be eligible for payment, **bills must be in the name of either the applicant or a household member who is of majority status or an emancipated minor.** (If the bill is in the name of an "emancipated minor", verification must be provided that the individual is in fact an emancipated minor.) As long as the account is active, payment may be made even if the utility service is shut off.

3. Basic benefit awards applied to utility accounts must be for services used by the household from November 15th of the program year through May 1st of the succeeding year. If the basic benefit award exceeds the charges for service incurred during this period, the utility company must refund the difference to DSS, even if there was an arrearage at the time the household applied for CEAP/CHAP benefits. For example, if a natural gas heated household with an arrearage when they applied for

CEAP/CHAP assistance was approved for a basic benefit of \$585, and the household's natural gas usage from November 15th to May 1st of the succeeding year was \$545, then the difference of \$40 must be refunded to DSS regardless of the fact that there is still a balance due on the account.

D. Miscellaneous

1. Clients have the right to a desk review if they are denied assistance or are not notified of an eligibility decision within 45 days (excluding State-designated holidays) from the date of their application. A request for a desk review must be made in writing to the chief executive officer of the CAA agency within 60 days of the occurrence or by September 30th of the relevant program year. The CAA has 30 days to perform the review and issue a decision to the applicant in writing. **Desk reviews can consist of an internal review by designated CAA staff of the documentation contained in the applicant file, and do not have to be in the form of a face to face meeting.** If dissatisfied with the result of the desk review, the applicant may request a fair hearing within 60 days of that decision to the DSS Administrative Hearings Office located at 25 Sigourney Street, Hartford, CT 06106.

2. In May and June of each program year, community action agency staff should focus on reconciling any programmatic issues relating to expenditures. This process involves running certain reports and then resolving outstanding issues, usually on a case by case basis. Two of the most helpful ad hoc reports are the Uncertified Applications Report and the Open Authorizations Report. During this time period, any applications not yet certified as identified on the Uncertified Applications Report must be either processed or deleted. The Open Authorizations Report will allow the community action agency to ascertain how many outstanding deliverable fuel authorizations have yet to be paid. In some cases, invoices may have not been received by an agency, and the vendors involved can be contacted to request them.

APPENDIX

ENERGY ASSISTANCE APPLICATION

Application Date _____

Do you have a disability and need an accommodation or special help to complete this application? Yes No

Applicant Name _____ Primary Language _____ DSS Client I.D. # _____
(last) (first) (middle initial)

Mailing Address _____ Home Telephone (____) - _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Service Address _____ Day Time Phone (____) - _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Total Number of Household Members _____ Number of Persons Disabled _____ Does anyone in the household receive SNAP benefits? Yes No

Listing yourself first, complete all spaces below for ALL persons living in the home. Use separate sheet of paper if necessary.

Name (last, first, middle initial)	Relation	Social Security #	Race	Sex M / F	Disabled Y or N	Age	Birthdate m/d/yr	Student Status	Education	Marital Status	Health Insurance Y or N	WIC Y or N	Veteran Y or N	Receive SNAP Y or N
SELF	SELF													

HOUSING/ENERGY DATA

Note: Verification of rent or mortgage payment (if applicable) may be required. Verification of your current bill is needed if you heat with electricity or natural gas.

Do you own a home? Yes No Are you still paying a mortgage? Yes No If Yes, what is your monthly mortgage payment? \$ _____

Do you rent? Yes No Do you live in subsidized rental housing? Yes No Monthly Rent Payment (your portion) \$ _____

Landlord or Agent Name or Company Name _____

Landlord Address _____ Landlord Telephone (____) _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Are you a roomer in someone else's home? Yes No Do you live rent-free in someone else's home? Yes No If you answer yes to either of these 2 questions, STOP, because the head of household must complete the application

Type of Dwelling: Single Family Two Family 3-5 Units 6+ Units Mobile Home In-Law Apt. Other (specify) _____

Method of paying heat: Heat included in rent Payment to vendor Is your fuel tank shared with another household? Yes No

What is your primary heating source? Oil Natural Gas Propane Electric Coal Wood Kerosene Other (specify) _____

What is the name of your primary heat source fuel dealer or utility company? _____

Address _____ Name on Account _____ Acct. No. _____

Electric Company Name _____ Name on Account _____ Acct. No. _____

FINANCIAL DATA

Note: Verification of Income (including benefits) is required

APPLICANT'S NAME _____

INCOME SOURCES	INCOME FREQUENCY <i>(weekly, bi-weekly, monthly, et.)</i>	HOUSEHOLD MEMBER(S) RECEIVING INCOME
Employment Wages		
Public Assistance <i>(TANF, SAGA, State Supp., etc.)</i>		
Child Support/Alimony		
Veteran's Benefits		
Unemployment Compensation		
Social Security/SSI Benefits		
Worker's Compensation/Disability Insurance		
Retirement/Pensions/Annuities		
Rental Income		
Self-Employment		
Contributions from Friends/Relatives		
Zero Income		
Other		

APPLICATION CERTIFICATION

I have read this form, or it has been read to me in a language that I understand. I understand what is in the form. As the applicant for my household, I swear that all statements made by me on this application are true, correct and complete to the best of my knowledge. I understand that only United States citizens or qualified aliens may be eligible to receive federal energy assistance benefits.

I agree to provide to the Department of Social Services, or to its energy assistance contractor, the community action agency, any information, including wages, asset information and bills in my name as the head of household or of a household member of majority status, which is necessary to determine my household's eligibility. I also agree that information included in this application may be provided to the State Department of Energy and Environmental Protection for the purpose of determining eligibility for weatherization services. I further understand that the community action agency or the State of Connecticut may verify or confirm any information required to determine my eligibility for this program. I agree that the information in this application may be provided to my energy vendors for purposes of the administration of the Energy Assistance Program, and to any programs operated by the community action agency or the State of Connecticut for which I may be eligible. I also give consent for this information to be provided to any authorized government agency. I agree for my energy vendors to provide the community action agency or the State of Connecticut information about my energy account and/or usage. I also understand that information in this application may be used for evaluations and surveys by the community action agency, State of Connecticut, authorized government agency or its contractors.

I understand that if I am granted assistance as a result of an intentional error, misrepresentation or fraud, I must repay, in full, the amount of the assistance provided, and I will not be eligible for assistance for the rest of the program year and for the following two (2) years. I also understand that if I have knowingly given any false or incorrect information, I may be subject to prosecution and penalties for false statements and larceny, as specified in sections 53a-122, 53a-123, and 53a-157b of the Connecticut General Statutes. These penalties may include imprisonment. I may also be subject to prosecution and penalties provided under federal law.

I have received a copy of the Notice of Applicant Rights and Service Availability form.

Applicant's Signature

Witness/Interpreter/Legal Representative

Date

Intake Worker's Signature

Intake Site

I swear or affirm that the certifications given are true, correct and accurate **as stated and/or supplied by applicant** and understand that the provision of false, fraudulent or misleading information is punishable by state law.

Certifier's Signature

Date

W-1104
(Revised 10/11)

CHECKLIST OF REQUIRED DOCUMENTATION FOR ENERGY ASSISTANCE PROGRAMS

IN ORDER TO ENSURE THAT YOUR APPLICATION IS PROCESSED AS QUICKLY AS POSSIBLE, IT IS NECESSARY THAT YOU SUBMIT ALL OF THE INFORMATION PROVIDED BELOW. SUBMIT THE FOLLOWING ITEM(S) WITHIN TEN (10) DAYS:

I. INCOME DOCUMENTATION

- Your four (4) most recent consecutive weekly paystubs, two (2) consecutive bi-weekly or semi-monthly paystubs or one (1) monthly paystub OR, if these are not available, you may bring a statement from your employer on company letterhead signed by either the employer or the payroll department, stating your gross wages for the last four (4) weeks. (Paystubs will only be accepted if they list your name and/or Social Security number.)
- Since you are self employed, a *notarized* Self-Employment Worksheet for the last six (6) or twelve (12) full calendar months and your most recently filed 1040 IRS form including all relevant schedules (C, D, E, SE, K, etc.).
- Report of Confidential Social Security Benefits, Form 2458, available at the local Social Security office, OR a copy of your Social Security or Supplemental Security Income (SSI) check, OR a statement from the bank if you have a direct deposit, OR your most recent Social Security Award Notice, Form SSA-4926SM.
- Pension or annuity check stubs, OR a letter from the payor on the letterhead of the payor stating the gross amount.
- Since you are unemployed, the printout of Unemployment Compensation Benefits from the Department of Labor (DOL) or from the DOL website at: www.ctdol.state.ct.us.
- Workman's Compensation or Disability Insurance (short term or long term) statement showing benefits and the period covered.
- Rent receipt(s) for rental income, OR your tenant's lease, OR photostatic copies of check(s), OR statement(s) from tenant(s) verifying rent.
- V.A. Award Letter for Veteran's Benefits (including pensions), OR a copy of the check, OR a statement from the bank if you have direct deposit.
- Dividend and interest statements for the most recently completed period (if more than \$10.00 per month).
- Divorce decree or Family Relations Court letter or lawyer statement verifying the amount and frequency of alimony and/or child support, OR Child Support Enforcement letter or printout, OR bank statement if payments go directly to bank account, OR statement from legally liable relative if voluntary cash support payments or alternate means of support in lieu of child support payments are made directly to you.
- Statement(s) indicating the amount and frequency of payments from friends or relatives who are contributing to your household's support, signed by them.
- Current utility bill if you heat with gas or electricity. Verification from the utility company if you recently moved and have not yet received a bill.

II. VERIFICATION OF DISABILITY

- Since you or some member(s) of your household has a disability that cannot be verified by sight, you must have the provided medical certificate signed and stamped by a physician verifying the disability.

III. DOCUMENTATION OF RENT FOR RENTAL ASSISTANCE APPLICANTS

- It will be necessary for you to bring in proof of what your current rent is as evidenced by your lease, a copy of a check OR a current rent receipt or current housing notification. (Rent charges may be verified with your landlord).

IV. ASSET VERIFICATION

- To verify your current account balance(s), you must provide statement(s) from every institution that you or any other adult household member(s) have an account with. (Liquid assets include savings and checking accounts, bonds, stocks/shares, Certificates of Deposit, or Individual Retirement Accounts if over 59 ½ years old).

V. OTHER

-

ANY AND ALL DOCUMENTATION PROVIDED BECOMES THE PROPERTY OF THIS AGENCY. IF YOU WANT TO KEEP YOUR DOCUMENTATION/VERIFICATION, YOU MUST MAKE YOUR OWN COPY.

SHOULD YOU FAIL TO SUBMIT YOUR DOCUMENTATION/VERIFICATION WITHIN TEN (10) DAYS, IT MAY NOT BE POSSIBLE TO PROCESS YOUR APPLICATION WITHIN THE REQUIRED TIME LIMIT, AND AS A RESULT YOU MAY NEED TO RE-APPLY.

Applicant's Signature

Worker's Signature

Date

Application Number

WHITE COPY – Applicant

CANARY COPY, Agency

**State of Connecticut
Department of Social Services**

ENERGY ASSISTANCE ASSETS DECLARATION/VERIFICATION FORM

APPLICANT NAME

CASE NUMBER

Households that use a utility as their primary heating source and have documented that all household members are currently receiving benefits through the Temporary Family Assistance, Refugee Cash Assistance and/or State Supplement to the Aged, Blind and Disabled programs are not subject to the liquid assets test. All other households are required to complete this form. Please note that in addition to this form, you must provide verification of all declared liquid assets.

Check here if you are declaring no liquid assets for all household members.

Please identify below the current value of all liquid assets for all household members.

RESOURCE	CURRENT VALUE	INSTITUTION
Checking Account(s) _____	\$ _____	_____
Savings Account(s) _____	\$ _____	_____
Credit Union Account(s) _____	\$ _____	_____
Stocks/Shares _____	\$ _____	_____
Bonds _____	\$ _____	_____
Certificate(s) of Deposit (CD) _____	\$ _____	_____
Individual Retirement Account(s)* _____	\$ _____	_____
Other (specify) _____	\$ _____	_____
TOTAL	\$	

*Individual retirement accounts are considered to be liquid assets if they are in the name of a household member who is at least 59 ½ years old.

NO LIEN WILL BE PLACED ON PROPERTY FOR ANYONE DETERMINED ELIGIBLE FOR ENERGY ASSISTANCE BENEFITS.

Please fill in below if anyone in your household owns land, buildings or dwellings other than your home:

Location: _____
Street
City
State

As the applicant for my household, I declare to the State of Connecticut's Department of Social Services and its grantees that all statements made by me on this Assets Declaration Form are true, correct and complete to the best of my knowledge. I understand that if I knowingly give incorrect information, I may be subject to penalties for false statement, as cited in Section 53a-157b of the Connecticut General Statutes. I agree that the State Department of Social Services, or its energy assistance grantee, has the right to verify any information that may be required to determine the amount of my household's liquid assets.

APPLICANT SIGNATURE

DATE

AFFIDAVIT IN CERTIFICATION OF ZERO INCOME

PART 1 (ZERO INCOME FOR ENTIRE HOUSEHOLD)

I, _____, AFFIRM THAT DURING THE LAST FOUR (4) WEEKS FROM MY APPLICATION DATE, MY HOUSEHOLD **HAS NOT RECEIVED INCOME FROM ANY SOURCE**, INCLUDING BUT NOT LIMITED TO, UNEMPLOYMENT BENEFITS, SOCIAL SECURITY, CHILD SUPPORT, RENTAL INCOME, AND/OR CONTRIBUTIONS FROM FRIENDS OR RELATIVES.

HOW HAVE YOU BEEN ABLE TO PAY YOUR HOUSEHOLD BILLS DURING THIS PERIOD? _____

PART 2 (ZERO INCOME OR PARTIAL INCOME FOR HOUSEHOLD MEMBERS AGE 18 AND ABOVE)

I AFFIRM THAT I OR SOME MEMBER(S) OF MY HOUSEHOLD AGE 18 AND ABOVE HAVE NOT RECEIVED INCOME FROM ANY SOURCE, INCLUDING BUT NOT LIMITED TO, UNEMPLOYMENT BENEFITS, SOCIAL SECURITY, CHILD SUPPORT, RENTAL INCOME AND/OR CONTRIBUTIONS FROM FRIENDS OR RELATIVES, FOR THE LAST FOUR (4) WEEKS OR FOR THE SPECIFIC WEEKS MENTIONED BELOW.

1. _____
HOUSEHOLD MEMBER DATE AND PLACE OF LAST EMPLOYMENT **ZERO INCOME DATES**

2. _____
HOUSEHOLD MEMBER DATE AND PLACE OF LAST EMPLOYMENT **ZERO INCOME DATES**

3. _____
HOUSEHOLD MEMBER DATE AND PLACE OF LAST EMPLOYMENT **ZERO INCOME DATES**

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I HEREWITH AUTHORIZE THE STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, OR ANY PERSON OR PERSONS DULY AUTHORIZED BY IT, TO VERIFY ALL FINANCIAL INFORMATION PERTAINING TO ME OR ANY MEMBER OF MY HOUSEHOLD WITH MY/THEIR EMPLOYER(S), BANK(S), CREDIT UNION(S), LOAN COMPANY(IES), OR ANY OTHER SOURCE.

I UNDERSTAND THAT FAILURE TO REPORT ACCURATE INFORMATION WILL RESULT IN MY BEING DISQUALIFIED FROM RECEIVING ENERGY ASSISTANCE FOR THE REST OF THE CURRENT PROGRAM YEAR AND FOR THE FOLLOWING TWO YEARS AND I AGREE TO REPAY THE ENERGY PROGRAM FOR ANY BENEFITS RECEIVED FOR WHICH I AM DETERMINED INELIGIBLE.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

Case number _____

INSTRUCTIONS FOR COMPLETING APPLICANT'S AFFIDAVIT IN CERTIFICATION OF ZERO INCOME
(W-1106)

PART 1 (ZERO INCOME FOR ENTIRE HOUSEHOLD)

The purpose of PART 1 of this form is to provide the applicant household with a written statement on which the applicant, on behalf of the household, swears or affirms to no income in the household for the four (4) consecutive weeks prior to the date of application. Certification of PART 1 must be completed as follows:

NAME: ENTER name of applicant.

HOW HAVE HOUSEHOLD BILLS BEEN PAID DURING THIS PERIOD? The applicant must declare the household's means of support for the four (4) week period prior to the date of application. For example, the applicant could explain what income was used to pay for rent or mortgage, telephone, utility, gas for transportation, food or other typical household bills. The intake worker should inquire as to the last time these bills were paid. (If the applicant is unable to write, the intake worker is to assist in the writing of the declaration.) The declaration must be signed by the applicant and dated at the bottom of the form.

NOTE: Review this declaration to determine if any of the means of support listed there are in fact sources of income for which further documentation would be required. If additional income documentation is required, complete the Checklist of Required Documentation. DO NOT DISCARD THE APPLICANT'S AFFIDAVIT IN CERTIFICATION OF ZERO INCOME.

PART 2 (ZERO INCOME OR PARTIAL INCOME FOR HOUSEHOLD MEMBERS AGE 18 AND ABOVE)

The purpose of PART 2 of this form is to provide the applicant household with a written statement on which the applicant, on behalf of any household member age 18 and above, swears or affirms to zero income for a specific week(s) within the four (4) consecutive weeks prior to the date of the application. This certification must be completed as follows:

HOUSEHOLD MEMBER: ENTER the name of the applicant or household member age 18 and above claiming zero income for the specific week(s).

DATE AND PLACE OF LAST EMPLOYMENT: ENTER the name of the company or organization where the household member was last employed. Enter the last date that the household member received income from the named income source.

ZERO INCOME DATES: ENTER the beginning and end dates of the specific week(s) for which the household member is claiming zero income.

AFFIDAVIT CERTIFYING NON-RECEIPT OF CHILD SUPPORT PAYMENTS

I, _____, AFFIRM THAT I OR ANY MEMBER OF MY HOUSEHOLD **HAVE NOT RECEIVED CHILD SUPPORT INCOME FROM ANY SOURCE, INCLUDING DSS OR SOCIAL SECURITY**, FOR ANY OF THE CHILDREN LISTED BELOW FOR THE PAST FOUR (4) WEEKS.

CHILD SUPPORT IS NOT BEING PAID FOR THE FOLLOWING CHILD(REN):	NAME OF THE ABSENT PARENT RESPONSIBLE FOR PAYING CHILD SUPPORT

LIST THE BILLS, SERVICES, CHILDCARE, OR OTHER PAYMENTS THAT THE ABSENT PARENT PROVIDES ON BEHALF OF YOU AND THE CHILD(REN) IN LIEU OF REGULAR CHILD SUPPORT INCOME, AS WELL AS A FAIR MARKET VALUATION OF NON-MONETARY CONTRIBUTION(S).

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I HEREWITH AUTHORIZE THE STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, OR ANY PERSON OR PERSONS DULY AUTHORIZED BY IT, TO VERIFY ALL FINANCIAL INFORMATION PERTAINING TO ME OR ANY MEMBER OF MY HOUSEHOLD WITH MY/THEIR EMPLOYER(S), BANK(S), CREDIT UNION(S), LOAN COMPANY(IES), OR ANY OTHER SOURCE.

I UNDERSTAND THAT FAILURE TO REPORT ACCURATE INFORMATION WILL RESULT IN MY BEING DISQUALIFIED FROM RECEIVING ENERGY ASSISTANCE FOR THE REST OF THE CURRENT PROGRAM YEAR AND FOR THE FOLLOWING TWO YEARS AND I AGREE TO REPAY THE ENERGY PROGRAM FOR ANY BENEFITS RECEIVED FOR WHICH I AM DETERMINED INELIGIBLE.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

Case number _____

INSTRUCTIONS FOR COMPLETING APPLICANT'S AFFIDAVIT CERTIFYING NON-RECEIPT OF CHILD SUPPORT PAYMENTS

The purpose of this form is to provide a written statement in which the applicant, on behalf of the household, swears or affirms that no child support was received from an absent parent for any of the children listed for the four consecutive weeks prior to the date of application. **The form should be given to all households which include children who have one or more absent parents.** The form must be completed as follows:

ENTER name of applicant.

CHILD SUPPORT IS **NOT BEING PAID** FOR THE FOLLOWING CHILD(REN): ENTER the name of each child in the household for whom no child support is being paid by an absent parent.

ENTER complete name of the child's absent parent.

AUTHORIZATION AND RELEASE OF INFORMATION

This section authorizes the State Department of Social Services or its representative to obtain financial information as it concerns the applying household, and to verify any information provided by the applicant. It further certifies that the applicant has given true and correct information and is aware of the penalties for failure to report accurate information. The authorization must be completed as follows:

APPLICANT'S SIGNATURE: Applicant must sign the authorization.

DATE: ENTER date authorization is signed.

CASE NUMBER: ENTER Energy Application case number.

GIVE A COPY OF THIS FORM TO THE CLIENT. THE ORIGINAL DOCUMENT MUST KEPT IN THE ENERGY FILE.

CONNECTICUT ENERGY ASSISTANCE PROGRAM
CERTIFICATION OF DISABILITY

Households applying for benefits through the Connecticut Energy Assistance Program (CEAP) are considered to be 'vulnerable', and therefore eligible for increased benefits, if at least one member of the household is disabled. As defined by the American with Disabilities Act (ADA), the term disabled refers to a physical or mental impairment that substantially limits one or more major life activities, or an individual who is perceived, or regarded as having such an impairment.

If a disability is apparent to the intake worker at a Community Action Agency (CAA) or an intake site, Section A of this form should be completed. If a disability is claimed but is not apparent to the intake worker, the applicant must have a physician sign Section B of this form.

CAA Name: _____

CAA Mailing Address: _____

Energy Assistance Case Number: _____

Name of disabled individual: _____

Section A (Certification by CAA or Intake Site)

I certify that I have seen the individual identified above and attest that he/she is disabled. I further understand that the provision of false, fraudulent or misleading information is punishable by law.

(Signature of Intake Worker)

(Date)

Section B (Physician's certification)

I have examined the person identified above and it is my medical opinion that he/she has a physical or mental disability in accordance with the ADA definition provided above.

(Signature of Physician)

(Date)

Physician's Stamp:

Please return the completed form to the CAA noted above. Please note that the information contained in this document is confidential and protected from general disclosure. If the recipient or reader of this document is not the intended recipient or a person responsible to receive it, please do not disseminate, distribute or copy it.

SELF-EMPLOYMENT WORKSHEET

A. BUSINESS OWNER'S NAME	B. SOCIAL SECURITY NO.
C. BUSINESS NAME	D. TELEPHONE NO.
E. BUSINESS ADDRESS (No. and Street)	(City/or Town)
(Zip Code)	
F. MAIN BUSINESS ACTIVITY	
G. ACCOUNTING METHOD (check appropriate box) <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (specify) _____	H. TIME COVERED BY REPORT (last 6 or 12 full calendar months) From ___/___/___ To ___/___/___
I. INCOME	
1. a. Gross receipts or sales.....	.....
b. Returns and allowances.....	.....
c. Balance (subtract 1b from 1a).....	.....
2. Cost of goods sold (taken from Part J, line 10 below).....	.....
3. Cost of operations (taken from Part K, line 15 below).....	.....
4. Gross profit (subtract the sum of lines 2 and 3 from line 1c).....	.....
5. Other Income (specify).....	.....
6. TOTAL INCOME (add lines 4 and 5).....	.....
J – COST OF GOODS SOLD	
7. Inventory/job-related supplies at beginning of period.....	.....
8. a. Purchases.....	.....
b. Cost of items withdrawn for personal use.....	.....
c. Balance (subtract line 8b from 8a).....	.....
9. Inventory/job-related supplies at end of period.....	.....
10. Cost of goods sold (subtract line 9 from the sum of lines 7 and 8c).....	.....
K – COST OF OPERATIONS	
11. Cost of labor (do not include salary paid to yourself or other household members).....	.....
12. Business insurance.....	.....
13. Rent / mortgage (if business address is different than residential address).....	.....
14. Utilities / telephone (if business address is different than residential address).....	.....
15. Cost of operations (add lines 11 through 14).....	.....

I HEREBY CERTIFY that all the information presented above on this "WORKSHEET" is accurate and complete to the best of my knowledge and belief and that I understand that the provision of false, fraudulent or misleading information is punishable by law.

SIGNATURE OF BUSINESS OWNER

SIGNATURE OF NOTARY

DATE NOTARIZED _____

NOTARY EXPIRATION DATE _____

SEAL

PREPARER'S INSTRUCTIONS FOR SELF-EMPLOYMENT WORKSHEET

The purpose of the Self-employment Worksheet is to provide a method of computing income for individuals whose income is derived from their ownership of a business, but who are not salaried by that business. If a business owner draws a regular salary, their income should be considered to be derived from employment, and their energy assistance application should be processed accordingly. For example, an owner of a restaurant who draws a paycheck the same way as other employees would have that income considered to be derived from employment rather than from self-employment and would not complete this form.

Please note that beyond answering basic questions relating to the self-employment form, workers processing energy assistance applications cannot assist with computing or completing information contained in the form, since the form includes a certification by the business owner attesting to the accuracy and completeness of the information. Further, the form must be based solely on those costs directly related to the designated business.

Please read these instructions thoroughly before completing a Self-employment Worksheet.

GENERAL DATA SECTION:

A. BUSINESS OWNER'S NAME

Self-explanatory.

B. SOCIAL SECURITY NUMBER

Self-explanatory.

C. BUSINESS NAME

Enter the full legal name of your business.

D. TELEPHONE NUMBER

Enter your business phone number.

E. BUSINESS ADDRESS

Enter the complete address of your business. This cannot be a Post Office Box number. Use your home address only if you actually conduct business from your home.

F. MAIN BUSINESS ACTIVITY

Enter the business activity that accounts for your income. Provide the general field as well as the product or service, for example, Wholesale-Groceries, Retail-Hardware or Profession-Electrician.

G. ACCOUNTING METHOD

Place a mark to indicate the accounting method used by your business to record accounting information. If the checkbox labeled "OTHER" is marked, indicate the accounting method used.

Note: The difference between cash versus accrual based-accounting relates to the timing and recording of expenses and revenues. It is anticipated that most business owners completing this form will use a cash-based accounting system, in which case business expenses and revenues are recorded at the time they are paid or received. Most small businesses prefer this method.

Accrual-based accounting is a method by which expenses and revenues are recorded when they are incurred or earned, whether or not cash has traded hands (such as a sale based on credit). Accrual-based accounting can be used by small companies if they so choose, but it is required to be used when a company has five million dollars or more in annual sales, or one million dollars or more in annual inventory-based sales. Most large businesses use this method.

H. TIME PERIOD COVERED BY REPORT

This form must be completed for either the six (6) or twelve (12) full calendar months immediately prior to the energy assistance application date. For example, if your application is taken on December 17th, and you choose to complete this form for a six-month period, the dates indicated in this section would need to be from June 1st through November 30th.

INCOME COMPUTATION SECTION:

Note: Some of the line items included below may not apply to your situation, in which case you may skip that line.

SECTION I - INCOME

1a. Gross receipts or sales

Enter the amount of the gross receipts from your business for the time period selected in Section H.

1b. Returns and allowances

Enter the amount of returns and allowances, which may include, but are not limited to, sales returns, rebates, and allowances (e.g., sales discounts) from the gross sales.

1c. Balance

Subtract Line 1b from 1a and enter the results on this line. This figure represents net sales.

2. Cost of goods sold

Once Section J (Cost of Goods Sold) is completed, take the final figure from line 10 and enter the amount on this line.

3. Cost of operations

Once Section K (Cost of Operations) is completed, take the final figure from line 15 and enter the amount on this line.

4. Gross profit

Subtract the sum of lines 2 and 3 from line 1c.

5. Other income

Include business-related income, such as amounts recovered from bad debts, interest and other types of miscellaneous income derived from the business.

6. Total income

Add the amounts for lines 4 and 5, and enter the total here. This figure represents your modified gross income for the time period you selected in Section H.

SECTION J – COST OF GOODS SOLD**7. Inventory/job-related supplies at beginning of period**

The amount entered on this line must reflect the value of inventory and/or supplies on hand on the first day of the time period covered in Section H. Supplies on hand are those to be used to complete jobs or services related to a business. For example, an electrician can document the value of materials purchased to complete jobs, such as fixtures, wire, conduits, etc. You cannot deduct the value of equipment, such as vehicles or tools, used to perform your job on a day to day basis.

8a. Purchases

The amount on this line must equal the value of inventory and/or job related supplies purchased during the time period reflected in Section H.

8b. Cost of items withdrawn for personal use

Self-explanatory.

8c. Balance

Subtract line 8b from 8a and enter the amount here.

9. Inventory/job-related supplies at end of period

The amount entered on this line must reflect the value of inventory and/or supplies on hand on the last day of the time period covered in Section H.

10. Cost of goods sold

Subtract the amount indicated on line 9 from the sum of lines 7 plus 8c. This figure represents the cost of goods sold for the time period you selected in Section H.

SECTION K – COST OF OPERATIONS

11. Cost of labor

You can enter the cost of labor paid to anyone other than yourself or another household member on this line.

12. Business insurance

Enter the cost of business related insurance premiums (e.g., general liability insurance) for the time period selected in Section H on this line.

13. Rent/mortgage

If your business address is different from your residential address, you can enter the cost of your business rent or mortgage for the time period selected in Section H on this line.

14. Utilities/telephone

If your business address is separate from your home address, you can enter the cost of your business-related utilities, including your phone expenses, for the time period selected in Section H on this line.

15. Cost of operations

Total the amounts included on lines 11 through 14, and enter that figure on this line. This figure represents the cost of operations for the time period selected in Section H.

CERTIFICATION:

DO NOT SIGN THE SELF-EMPLOYMENT WORKSHEET UNTIL YOU ARE BEFORE A NOTARY PUBLIC. THIS FORM IS VALID ONLY IF IT IS NOTARIZED.

Changes cannot be made to this form after it has been notarized. If changes are necessary, a new self-employment form will need to be completed.

FINAL NOTE:

Completed self-employment forms must be accompanied by the business owner's most recently filed IRS Form 1040, including all schedules. If you have not filed income tax returns within the past three calendar years, you will be required to complete a notarized statement attesting to this fact.

CEAP/CHAP INVESTIGATION PROTOCOL

Revised – January, 2013

A. CEAP/CHAP APPLICANTS OR RECIPIENTS

State Department of Social Services (DSS) Investigations Division investigators will be made available to community action agencies (CAAs) to review potentially fraudulent applications (e.g., expenses exceed stated income, income information provided is inconsistent with information provided on previous applications, or when an applicant reports no liquid assets, but based on other information disclosed to the intake worker, this appears suspicious)

NOTE: CAA should not make an eligibility determination or certification until DSS' investigation has been concluded.

If CAA staff identifies a potentially fraudulent application, for example, when a client has a mortgage or rental payment, but has no stated means for paying bills, they should take the following steps:

- a. The CAA should request relevant records from the applicant. For example, in the case of an applicant with no declared income, they should provide documents that show relevant bills (electric, phone, etc.) are not in the applicant's name or other documentation that shows the applicant is not responsible for the bills. If the applicant refuses to provide the documentation, the application should be denied for inability to determine eligibility.
- b. If, after the documentation is provided, the CAA is still concerned that the application is potentially fraudulent, then the CAA should verbally advise the applicant that based on the information provided, the CAA is going to refer the application to a "DSS Investigations Division investigator" (it is important to use those specific words so the applicant understands that the application has been red-flagged).
- c. The CAA should then verbally advise the applicant that the DSS Investigations Division investigator will likely conduct a home visit and seek additional information and/or documentation to support the statements made in the application.
- d. The CAA should then ask the applicant whether they would like to proceed with the application or would like to withdraw the application.
- e. If the applicant withdraws the application, note on database (under denial reason "other") reason for withdrawal was "withdrawn after advised of fraud early detection referral." If the CAA believes that the applicant may be receiving other benefits from DSS, and further believes that a fraud referral should be made to DSS, it should do so by calling the Fraud Hotline number 800-842-2155 (or 860-424-5081), or by using the Internet Fraud Referral form on the DSS Website.
- f. If the applicant does not withdraw, but indicates that additional documentation will be provided to the CAA, the CAA may accept and review the documentation. If, after a review of the additional documentation, the CAA is still not satisfied, the CAA should repeat steps c through e above.
- g. If at this point suspicion of fraud remains, but the applicant does not withdraw the application, **or** in cases where an application has already been approved for a CEAP/CHAP benefit, but the client has not provided adequate information to satisfy the CAA that fraud did not occur, the CAA should **send a W-109CF4 CEAP Investigation Referral form, a copy of the application and all supporting documentation to the Investigations Supervisor of the DSS Investigations Division via fax number (860) 424-5333.** Additionally, a copy of the W-109CF4 form (without the

application or other documents attached), should be forwarded to the DSS Community, Energy & Refugee Services Division via fax number (860) 424-4952.

- h. The Investigations Division will conduct an investigation and issue a disposition report detailing investigation findings, including an eligibility recommendation. The Investigations Supervisor will forward this report via an e-mail attachment to the CAA Energy Director, the Program Manager of the DSS Investigations Division, and to the Program Administration Manager of the DSS Community, Energy & Refugee Services Division. A member of the Community, Energy & Refugee Services Division will forward the disposition report via email to the appropriate CAA Energy Director.
- i. When a disposition report recommendation is to disqualify an applicant or client from receiving CEAP or CHAP benefits for the current program year and the two subsequent program years, the CAA will issue a disqualification notice to the applicant or client and will forward a copy of the disqualification notice to the DSS Investigations Division. If benefits in the current program year have already been paid, the disqualification notice will indicate the amount already provided, and will inform the client that they are responsible to repay that amount. In addition, CAA staff will also enter a narrative in the appropriate CEAP/CHAP computer system documenting the disqualification period.
- j. In addition, the CAA Energy Director should check with the appropriate Weatherization Program Director to verify if the client household has received weatherization services during the period of the disposition. If services have been provided, the client should be informed to repay the costs of the measures provided.

NOTE: CAA staff has the discretion of determining which CEAP or CHAP cases to forward to the DSS Investigation Division for review. However, once a W-109CF4 form is submitted, the disposition of the case by DSS will be binding upon the CAA.

B. VENDOR REPORTING

DSS will advise all vendors participating in the CEAP/CHAP of the methods available to refer potential cases of fraud by including the following procedures in the annual vendor document. Vendors will be advised of the following steps:

- a. A vendor choosing to refer a potential case of fraud should call the DSS Fraud Hotline at 800-842-2155 (or 860-424-5081), identifying recipients name, address, and the reason for the call.
- b. The Investigations Division will conduct an investigation and issue a disposition report detailing investigation findings. The Investigations Supervisor will forward this report via an email attachment to the CAA Energy Director, the Program Manager of the DSS Investigations Division and to the Program Administration Manager of the DSS Community, Energy & Refugee Services Division. A member of the Community, Energy & Refugee Services Division will forward the disposition report via email to the appropriate CAA Energy Director.
- c. If it has been determined that the vendor has committed an act of fraud, the Investigations Division will determine what resulting action is appropriate to take, including legal recourse and/or barring the vendor from program participation for five years.

DELIVERABLE FUEL HEATED HOUSEHOLDS

*** * READ AND KEEP THIS NOTICE * ***

YOU ARE APPLYING FOR ENERGY ASSISTANCE WITH _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL _____ BETWEEN THE HOURS OF _____

THIS NOTICE HAS THE INFORMATION YOU WILL NEED TO UNDERSTAND YOUR RIGHTS AND THE SERVICES THAT YOU MAY BE ABLE TO RECEIVE FROM THE ENERGY ASSISTANCE PROGRAM.

IMPORTANT DATES IN THE ENERGY ASSISTANCE PROGRAM FOR DELIVERABLE FUELS

November 15, 2013 - First day for fuel deliveries which can be paid by CEAP/CHAP.

March 17, 2014 - Deadline for fuel authorizations.

May 1, 2014 - The last day that a household can apply to establish its eligibility for benefits.

May 30, 2014 - The last day to submit deliverable fuel bills.

NOTE: These dates are subject to change at the discretion of the State Department of Social Services.

YOUR HOUSEHOLD IS APPLYING FOR THE ENERGY ASSISTANCE PROGRAM FUNDED BY THE DEPARTMENT OF SOCIAL SERVICES (DSS) AND RUN BY THIS COMMUNITY ACTION AGENCY (CAA). ASSISTANCE MAY ONLY BE PROVIDED IF FUNDS ARE AVAILABLE. **THIS IS NOT AN ENTITLEMENT PROGRAM.**

YOU HAVE THE OPTION OF CHOOSING TO PROVIDE EITHER FOUR (4) WEEKS OF INCOME DOCUMENTATION OR INCOME DOCUMENTATION FOR THE FULL YEAR (52 WEEKS) PRIOR TO THE DATE OF THE APPLICATION. **IF YOU ARE SELF-EMPLOYED**, YOU MUST PROVIDE SIX (6) OR TWELVE (12) FULL CALENDAR MONTHS' INCOME DOCUMENTATION AND THE MOST RECENTLY FILED IRS FORM 1040 (WITH ALL APPROPRIATE SCHEDULES, INCLUDING C, D, E, SE, K, ETC.) ADDITIONAL DOCUMENTATION OF INCOME MAY BE REQUIRED.

YOU MUST ALSO PROVIDE VERIFICATION OF LIQUID ASSETS FOR ALL HOUSEHOLD MEMBERS.

YOU HAVE THE RIGHT TO HAVE A DETERMINATION NOTICE POSTMARKED WITHIN **FORTY-FIVE (45) DAYS** (EXCLUDING STATE-DESIGNATED HOLIDAYS). **IF YOU DO NOT RECEIVE A DETERMINATION NOTICE WITHIN FORTY-FIVE (45) DAYS, CALL THE AGENCY THAT YOU ARE APPLYING WITH.**

YOU HAVE THE RIGHT TO A DESK REVIEW IF YOU HAVE BEEN DENIED ASSISTANCE, IF YOU ARE NOT NOTIFIED OF A DECISION WITHIN FORTY-FIVE (45) DAYS, OR IF YOU ARE REFUSED SOME OR ALL OF YOUR BENEFITS. ANY DESK REVIEW REQUEST MUST BE MADE IN WRITING TO THE CHIEF EXECUTIVE OFFICER OF THE AGENCY TO WHICH YOU ARE MAKING THIS APPLICATION. REQUESTS FOR DESK REVIEWS MUST BE SUBMITTED WITHIN SIXTY (60) DAYS OF THE OCCURRENCE, THE DISCOVERY OF THE OCCURRENCE, OR BY SEPTEMBER 30, 2014, WHICHEVER COMES FIRST.

IF YOU ARE DISSATISFIED WITH THE RESULTS OF THE DESK REVIEW, YOU HAVE THE RIGHT TO A FAIR HEARING. A FAIR HEARING REQUEST MUST BE MAILED TO THE DEPARTMENT OF SOCIAL SERVICES, ADMINISTRATIVE HEARINGS OFFICE, 25 SIGOURNEY STREET, HARTFORD, CT 06106-5033 WITHIN SIXTY (60) DAYS OF THE DESK REVIEW DECISION.

UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, AND THE U.S. DEPARTMENT OF ENERGY TITLE VI REGULATION, YOU HAVE A RIGHT NOT TO BE DISCRIMINATED AGAINST BECAUSE OF YOUR RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP OR AGE. COMPLAINTS OF DISCRIMINATION MUST BE MADE IN WRITING TO THE CIVIL RIGHTS OFFICER, DEPARTMENT OF SOCIAL SERVICES, 25 SIGOURNEY STREET, HARTFORD, CT 06106-5033.

ELIGIBILITY

ELIGIBILITY FOR BENEFITS IS BASED ON THE HOUSEHOLD'S TOTAL ANNUAL GROSS INCOME, HOUSEHOLD SIZE, AND LIQUID ASSETS. LIQUID ASSETS THAT EXCEED \$10,000 FOR HOMEOWNERS OR \$7,000 FOR OTHER HOUSEHOLDS WILL BE INCLUDED AS INCOME. (LIQUID ASSETS ARE DEFINED AS THOSE ASSETS THAT ARE READILY CONVERTIBLE TO CASH SUCH AS SAVINGS ACCOUNTS, BONDS, STOCKS AND CERTIFICATES OF DEPOSIT).

-PLEASE TURN OVER-

BENEFITS FOR WHICH YOUR HOUSEHOLD MAY BE ELIGIBLE

BASIC BENEFITS

IF YOU ARE DETERMINED ELIGIBLE, YOUR HOUSEHOLD WILL BE APPROVED FOR A BASIC BENEFIT. YOUR NOTIFICATION OF ELIGIBILITY WILL IDENTIFY THE AMOUNT OF THE BASIC BENEFIT. IF YOUR HOUSEHOLD HAS A MEMBER WHO IS ELDERLY (AGE 60 OR OVER), DISABLED OR UNDER SIX (6) YEARS OF AGE, IT WILL BE CONSIDERED TO BE **VULNERABLE** AND WILL BE ELIGIBLE FOR A HIGHER BASIC BENEFIT.

IF YOU ARE DETERMINED ELIGIBLE AND ARE IN NEED OF A FUEL DELIVERY, PLEASE CONTACT YOUR LOCAL COMMUNITY ACTION AGENCY (CAA) TO REQUEST AN AUTHORIZATION FOR DELIVERY.

AUTOMATIC DELIVERY OR OBTAINING FUEL ON YOUR OWN BEHALF IS ACCEPTABLE AS LONG AS IT IS WITHIN THE ABOVE STATED PROGRAM DATES, IS DELIVERED BY AN APPROVED VENDOR, AND FUNDS REMAIN IN YOUR **BASIC BENEFIT AWARD**. HOWEVER, **PAYMENT CAN ONLY BE GUARANTEED IF THE DELIVERY IS AUTHORIZED BY THE LOCAL CAA**. **AUTOMATIC DELIVERY CUSTOMERS MUST NOTIFY THEIR OIL VENDOR OF THEIR ELIGIBILITY TO ENSURE PAYMENT FOR DELIVERIES MADE ON THEIR BEHALF.**

CRISIS ASSISTANCE

SHOULD YOU EXHAUST YOUR BASIC BENEFIT, YOU MAY BE ELIGIBLE TO RECEIVE A CRISIS ASSISTANCE BENEFIT. THE AMOUNT OF THE CRISIS ASSISTANCE BENEFIT FOR HOUSEHOLDS RECEIVING THEIR AWARD THROUGH THE CONNECTICUT ENERGY ASSISTANCE PROGRAM (CEAP) IS \$410. THE CRISIS ASSISTANCE BENEFIT FOR HOUSEHOLDS RECEIVING THEIR AWARD THROUGH THE CONTINGENCY HEATING ASSISTANCE PROGRAM (CHAP) IS \$110. THE CRISIS ASSISTANCE BENEFIT SHALL BE USED TOWARD YOUR PRIMARY DELIVERABLE FUEL. PLEASE CONTACT YOUR LOCAL CAA TO REQUEST AN AUTHORIZATION FOR DELIVERY. **AUTOMATIC DELIVERY OF FUEL REQUIRES PRIOR AUTHORIZATION BY THE LOCAL CAA.**

SAFETY NET

SHOULD YOU EXHAUST YOUR CEAP BASIC AND CRISIS ASSISTANCE BENEFITS, YOU MAY BE ELIGIBLE TO RECEIVE SAFETY NET BENEFITS OF UP TO \$410 PER DELIVERY. **NON-VULNERABLE** HOUSEHOLDS MAY BE ELIGIBLE TO RECEIVE UP TO TWO (2) SAFETY NET DELIVERIES. **VULNERABLE** HOUSEHOLDS MAY BE ELIGIBLE TO RECEIVE UP TO THREE (3) SAFETY NET DELIVERIES. TO ESTABLISH POSSIBLE SAFETY NET ELIGIBILITY, A RISK ASSESSMENT MUST BE COMPLETED BY THE CAA, WHICH CONSISTS OF A REVIEW OF YOUR MONTHLY INCOME, ASSETS, AND EXPENDITURES. PLEASE CONTACT YOUR LOCAL CAA FOR MORE INFORMATION ON HOW YOU CAN OBTAIN A FUEL DELIVERY. **AUTOMATIC DELIVERY OF FUEL REQUIRES PRIOR AUTHORIZATION BY THE LOCAL CAA. HOUSEHOLDS THAT RECEIVE ENERGY ASSISTANCE BENEFITS THROUGH CHAP ARE NOT ELIGIBLE TO RECEIVE SAFETY NET BENEFITS.**

PAYMENTS

IN ORDER TO BE ELIGIBLE FOR PAYMENT, BILLS MUST BE IN THE NAME OF EITHER THE APPLICANT, A HOUSEHOLD MEMBER WHO IS OF MAJORITY STATUS, OR WHO IS AN EMANCIPATED MINOR, AND MUST BE FOR DELIVERIES MADE WITHIN THE IDENTIFIED PROGRAM DATES. BILLS MUST LIST THE DELIVERY DATE, RETAIL PRICE PER GALLON AND THE NUMBER OF GALLONS DELIVERED. ALL DELIVERIES AUTHORIZED BY THE CAA WILL BE PAID UP TO YOUR BENEFIT AMOUNT.

YOU HAVE THE RIGHT TO CHOOSE A VENDOR TO DELIVER FUEL PURSUANT TO THIS PROGRAM AS LONG AS THE VENDOR AGREES TO ABIDE BY THE PROGRAM RULES AS EVIDENCED BY THEIR COMPLETION OF A SUPPLIER/VENDOR CONDITIONS OF PARTICIPATION FORM WITH DSS. YOU MAY ALSO CHANGE VENDORS DURING THE ENERGY ASSISTANCE SEASON AT YOUR DISCRETION, AS LONG AS THE CHOSEN VENDOR IS ON THE APPROVED VENDOR LIST. VENDORS CANNOT CHARGE YOU THE DIFFERENCE BETWEEN THEIR RETAIL PRICE AND THE PRICE DETERMINED IN ACCORDANCE WITH THEIR SUPPLIER/VENDOR CONDITIONS OF PARTICIPATION FORM.

ANY HEATING COSTS INCURRED BEFORE OR AFTER THE IDENTIFIED PERIODS, OR AFTER FUNDS ARE EXHAUSTED, ARE YOUR HOUSEHOLD'S RESPONSIBILITY.

OTHER

PLEASE NOTE THAT NON-QUALIFIED ALIENS ARE NOT ELIGIBLE FOR FEDERAL (LIHEAP) ENERGY BENEFITS. HOUSEHOLDS THAT INCLUDE NON-QUALIFIED ALIENS AND CITIZENS/QUALIFIED ALIENS MAY BE ELIGIBLE FOR PRORATED BENEFITS.

IF YOU ARE DETERMINED ELIGIBLE, YOU MAY REQUEST A CLEAN, TUNE AND TEST (CT&T) OF YOUR HEATING SYSTEM, THE COST OF WHICH WILL BE SUBTRACTED FROM YOUR HOUSEHOLD'S BASIC AWARD. CRISIS AND SAFETY NET AWARDS CANNOT BE USED TO PAY FOR A CT&T. PLEASE CONTACT YOUR LOCAL CAA FOR MORE INFORMATION.

PERSONS WHO MISREPRESENT THEIR CIRCUMSTANCES WHEN APPLYING FOR ENERGY ASSISTANCE ARE SUBJECT TO PROSECUTION AND/OR REPAYMENT OF ANY BENEFITS PROVIDED, FOLLOWING DUE PROCESS AS DEFINED IN AGENCY REGULATIONS, AND ARE PROHIBITED FROM PARTICIPATION FOR THE REMAINDER OF THE CURRENT PROGRAM YEAR AND FOR TWO PROGRAM YEARS FOLLOWING THE YEAR IN WHICH THE MISREPRESENTATION OCCURRED.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO ANOTHER CAA FOR THE PURPOSE OF PROVIDING ENERGY AND/OR WEATHERIZATION SERVICES. INFORMATION MAY ALSO BE PROVIDED TO OTHER PROGRAMS OPERATED BY THE CAA OR DSS. LASTLY, INFORMATION MAY BE PROVIDED TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE U.S. DEPARTMENT OF ENERGY, OR ANY OF THEIR DULY AUTHORIZED REPRESENTATIVES FOR THE PURPOSE OF REVIEW, AUDIT OR EVALUATION.

SHOULD YOU HAVE ADDITIONAL QUESTIONS REGARDING ENERGY ASSISTANCE, PLEASE CONTACT YOUR LOCAL CAA.

UTILITY HEATED HOUSEHOLDS AND HOUSEHOLDS WITH HEAT INCLUDED IN THE RENT

*** * READ AND KEEP THIS NOTICE * ***

YOU ARE APPLYING FOR ENERGY ASSISTANCE WITH _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL _____ BETWEEN THE HOURS OF _____

THIS NOTICE HAS THE INFORMATION YOU WILL NEED TO UNDERSTAND YOUR RIGHTS AND THE SERVICES THAT YOU MAY BE ABLE TO RECEIVE FROM THE ENERGY ASSISTANCE PROGRAM.

YOUR HOUSEHOLD IS APPLYING FOR ENERGY ASSISTANCE FUNDED BY THE DEPARTMENT OF SOCIAL SERVICES (DSS) AND RUN BY THIS COMMUNITY ACTION AGENCY (CAA). ASSISTANCE MAY ONLY BE PROVIDED IF FUNDS ARE AVAILABLE. **THIS IS NOT AN ENTITLEMENT PROGRAM.**

YOU HAVE THE OPTION OF CHOOSING TO PROVIDE EITHER FOUR (4) WEEKS OF INCOME DOCUMENTATION OR INCOME DOCUMENTATION FOR THE FULL YEAR (52 WEEKS) PRIOR TO THE DATE OF THE APPLICATION. **IF YOU ARE SELF-EMPLOYED**, YOU MUST PROVIDE SIX (6) OR TWELVE (12) FULL CALENDAR MONTHS' INCOME DOCUMENTATION AND THE MOST RECENTLY FILED IRS FORM 1040 (WITH ALL APPROPRIATE SCHEDULES, INCLUDING C, D, E, SE, K, ETC).

YOU MUST ALSO PROVIDE VERIFICATION OF LIQUID ASSETS FOR ALL HOUSEHOLD MEMBERS UNLESS ALL MEMBERS ARE CURRENTLY RECEIVING TEMPORARY FAMILY ASSISTANCE, REFUGEE CASH ASSISTANCE, OR STATE SUPPLEMENT TO THE AGED, BLIND AND DISABLED BENEFITS.

YOU HAVE THE RIGHT TO HAVE A DETERMINATION NOTICE OF YOUR ELIGIBILITY POSTMARKED WITHIN **FORTY-FIVE (45) DAYS** (EXCLUDING STATE-DESIGNATED HOLIDAYS). **IF YOU DO NOT RECEIVE A DETERMINATION NOTICE WITHIN FORTY-FIVE (45) DAYS, CALL THE AGENCY THAT YOU ARE APPLYING WITH.**

YOU HAVE THE RIGHT TO A DESK REVIEW IF YOU HAVE BEEN DENIED ASSISTANCE, IF YOU ARE NOT NOTIFIED OF A DECISION WITHIN FORTY-FIVE (45) DAYS, OR IF YOU ARE REFUSED SOME OR ALL OF YOUR BENEFITS. ANY DESK REVIEW REQUEST MUST BE MADE IN WRITING TO THE CHIEF EXECUTIVE OFFICER OF THE AGENCY TO WHICH YOU ARE MAKING THIS APPLICATION. REQUESTS FOR DESK REVIEWS MUST BE SUBMITTED WITHIN SIXTY (60) DAYS OF THE OCCURRENCE, THE DISCOVERY OF THE OCCURRENCE, OR BY SEPTEMBER 30, 2014, WHICHEVER COMES FIRST.

IF YOU ARE DISSATISFIED WITH THE RESULTS OF THE DESK REVIEW, YOU HAVE THE RIGHT TO A FAIR HEARING. A FAIR HEARING REQUEST MUST BE MAILED TO THE DEPARTMENT OF SOCIAL SERVICES, ADMINISTRATIVE HEARINGS OFFICE, 25 SIGOURNEY STREET, HARTFORD, CT 06106-5033 WITHIN SIXTY (60) DAYS OF THE DATE OF THE DESK REVIEW DECISION.

UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, AND THE U.S. DEPARTMENT OF ENERGY TITLE VI REGULATION, YOU HAVE A RIGHT NOT TO BE DISCRIMINATED AGAINST BECAUSE OF YOUR RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP OR AGE. COMPLAINTS OF DISCRIMINATION MUST BE MADE IN WRITING TO THE CIVIL RIGHTS OFFICER, DEPARTMENT OF SOCIAL SERVICES, 25 SIGOURNEY STREET, HARTFORD, CT 06106-5033.

-PLEASE TURN OVER-

ELIGIBILITY FOR UTILITY HEATED HOUSEHOLDS

ELIGIBILITY FOR BENEFITS IS BASED ON THE HOUSEHOLD'S TOTAL GROSS ANNUAL INCOME, HOUSEHOLD SIZE, AND LIQUID ASSETS. LIQUID ASSETS THAT EXCEED \$10,000 FOR HOMEOWNERS OR \$7,000 FOR OTHER HOUSEHOLDS WILL BE INCLUDED AS INCOME. (LIQUID ASSETS ARE DEFINED AS THOSE ASSETS THAT ARE READILY CONVERTIBLE TO CASH SUCH AS SAVINGS ACCOUNTS, BONDS, STOCKS AND CERTIFICATES OF DEPOSIT).

A CURRENT UTILITY BILL OR A COPY OF A BILL MUST BE PROVIDED. THE BILL MUST BE IN THE NAME OF EITHER THE APPLICANT OR A HOUSEHOLD MEMBER WHO IS OF MAJORITY STATUS OR WHO IS AN EMANCIPATED MINOR. THE BILL MUST BE FOR RESIDENTIAL SERVICES.

UTILITY BENEFITS

IF YOU ARE DETERMINED ELIGIBLE, YOUR HOUSEHOLD WILL BE APPROVED FOR A BASIC BENEFIT. YOUR NOTIFICATION OF ELIGIBILITY WILL IDENTIFY THE AMOUNT OF THE BASIC BENEFIT. IF YOUR HOUSEHOLD HAS A MEMBER WHO IS ELDERLY (AGE 60 OR OVER), DISABLED OR UNDER SIX (6) YEARS OF AGE, IT WILL BE CONSIDERED TO BE **VULNERABLE** AND WILL BE ELIGIBLE FOR A HIGHER BASIC BENEFIT. PAYMENT WILL BE SENT DIRECTLY TO YOUR UTILITY COMPANY. SHOULD THE BASIC BENEFIT EXCEED YOUR UTILITY CHARGES FOR SERVICE INCURRED BETWEEN NOVEMBER 15, 2013 - MAY 1, 2014, THE EXCESS BENEFIT SHALL BE REFUNDED TO THE STATE DEPARTMENT OF SOCIAL SERVICES.

ELIGIBILITY FOR HOUSEHOLDS WITH HEAT INCLUDED IN THE RENT (RENTAL ASSISTANCE)

ELIGIBILITY FOR BENEFITS IS BASED ON THE HOUSEHOLD'S TOTAL GROSS ANNUAL INCOME, HOUSEHOLD SIZE, AND LIQUID ASSETS. THE HOUSEHOLD MUST PAY OVER 30% OF ITS INCOME TOWARD THE COST OF RENT. LIQUID ASSETS THAT EXCEED \$7,000 WILL BE INCLUDED AS INCOME. (LIQUID ASSETS ARE DEFINED AS THOSE ASSETS THAT ARE READILY CONVERTIBLE TO CASH SUCH AS SAVINGS ACCOUNTS, BONDS, STOCKS AND CERTIFICATES OF DEPOSIT).

HOUSEHOLDS QUALIFYING FOR THIS BENEFIT INCLUDE THOSE IN WHICH HEAT EXPENSES ARE INCLUDED IN THEIR RENT. THIS BENEFIT ALSO APPLIES TO OWNER-OCCUPIED DWELLING UNITS THAT DO NOT HAVE THEIR PRIMARY SOURCE OF HEAT INDIVIDUALLY METERED OR SEPARATELY BILLED TO THEIR HOUSEHOLD.

IF YOU ARE DETERMINED ELIGIBLE, YOUR HOUSEHOLD WILL BE APPROVED FOR A RENTAL ASSISTANCE BENEFIT. YOUR NOTIFICATION OF ELIGIBILITY WILL IDENTIFY THE AMOUNT OF YOUR RENTAL ASSISTANCE BENEFIT. THE RENTAL ASSISTANCE BENEFIT WILL BE SENT TO YOUR HOUSEHOLD.

OTHER

PLEASE NOTE THAT NON-QUALIFIED ALIENS ARE NOT ELIGIBLE FOR FEDERAL (LIHEAP) ENERGY BENEFITS. HOUSEHOLDS THAT INCLUDE NON-QUALIFIED ALIENS AND CITIZENS/QUALIFIED ALIENS MAY BE ELIGIBLE FOR PRORATED BENEFITS.

PERSONS WHO MISREPRESENT THEIR CIRCUMSTANCES WHEN APPLYING FOR ENERGY ASSISTANCE ARE SUBJECT TO PROSECUTION AND/OR REPAYMENT OF ANY BENEFITS PROVIDED, FOLLOWING DUE PROCESS AS DEFINED IN AGENCY REGULATIONS, AND ARE PROHIBITED FROM PARTICIPATION FOR THE REMAINDER OF THE CURRENT PROGRAM YEAR AND FOR TWO PROGRAM YEARS FOLLOWING THE YEAR IN WHICH THE MISREPRESENTATION OCCURRED.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO ANOTHER CAA FOR THE PURPOSE OF PROVIDING ENERGY AND/OR WEATHERIZATION SERVICES.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO YOUR UTILITY COMPANY, AND ANY OTHER PROGRAMS OPERATED BY THE CAA OR DSS. YOUR UTILITY COMPANY MAY ALSO PROVIDE INFORMATION REGARDING YOUR ENERGY USAGE.

INFORMATION REGARDING YOUR APPLICATION MAY BE PROVIDED TO DSS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, U.S. DEPARTMENT OF ENERGY, OR ANY OF THEIR DULY AUTHORIZED REPRESENTATIVES FOR THE PURPOSE OF REVIEW, AUDIT, OR EVALUATION.

SHOULD YOU HAVE ADDITIONAL QUESTIONS REGARDING ENERGY ASSISTANCE, PLEASE CONTACT YOUR LOCAL CAA.