



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

**Instructions for HEAT/WATER Application:**

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

**1. Household Verifications:**

- Copy of a picture identification for primary applicant
- Copies of Social Security cards for **EVERYONE** in the home, including children
- Copies of U.S. Customs and Immigration Services (USCIS) documents showing legal status in the U.S. for any non-citizens

**2. Income and Income Deductions Verifications:**

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

**3. Energy Burden Verifications:**

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

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

- Driver's license or other official documentation indicating age 60 or older
- Copy of the birth certificate for a child five years old or younger in the home
- Proof of a disability, if applicable

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

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

***Send copies only, as originals will not be returned.***

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

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

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

**State of Utah HEAT and WATER ASSISTANCE Program**

<b>If you live in this county:</b> (listed below)	<b>Mail or Email Application &amp; Verifications to:</b>	
Salt Lake Tooele	Utah Community Action HEAT Program 850 W 1700 S Suite #4 Salt Lake City, UT 84104  Email: <a href="mailto:heat@utahca.org">heat@utahca.org</a>	Phone: 1-844-214-3090 Fax: 801-214-3212
Box Elder	Bear River AOG HEAT Program – Box Elder 2535 S Highway 89 Perry, UT 84302  Email: <a href="mailto:boxelderheat@brag.utah.gov">boxelderheat@brag.utah.gov</a>	Phone: 435-723-1116 Fax: 435-723-2013
Cache Rich	Bear River AOG HEAT Program – Logan 170 N Main Logan, UT 84321  Email: <a href="mailto:heatdocs@brag.utah.gov">heatdocs@brag.utah.gov</a>	Phone: 435-713-1444 Fax: 435-752-6962
Beaver Garfield Iron Kane Washington	Five County AOG HEAT Program 1664 S Dixie Drive, Unit L-104 St George, UT 84770  Email: <a href="mailto:online.heat@fivecounty.utah.gov">online.heat@fivecounty.utah.gov</a>	Phone: 435-652-9643 Fax: 435-652-8008
Davis Morgan Weber	Futures Through Training 1140 36th St, Suite 150 Ogden, UT 84403  Email: <a href="mailto:heatprogram@fttinc.org">heatprogram@fttinc.org</a>	Phone: 801-394-9774 Fax: 801-394-9841
Summit Utah Wasatch	Mountainland AOG HEAT Program 478 South Geneva Road Vineyard, UT 84059  Email: <a href="mailto:heat@mountainland.org">heat@mountainland.org</a>	Phone: 801-229-3855 Fax: 801-229-3670
Juab Millard Piute Sanpete Sevier Wayne	Six County AOG HEAT Program PO Box 820 Richfield, UT 84701  Email: <a href="mailto:hcap@sixcounty.com">hcap@sixcounty.com</a>	Phone: 435-893-0745 Fax: 435-893-0750
Carbon Emery Grand San Juan	Southeastern Utah ALG HEAT Program PO Box 1106 Price, UT 84501  Email: <a href="mailto:heat@seualg.utah.gov">heat@seualg.utah.gov</a>	Phone: 435-613-0100 Fax: 435-637-6551
Daggett Duchesne Uintah	Uintah Basin AOG HEAT Program 330 E 100 S Roosevelt, UT 84066  Email: <a href="mailto:ubaogheat@ubaog.org">ubaogheat@ubaog.org</a>	Phone: 435-722-5218 Fax: 435-722-4890

**Equal Opportunity Employer/Program**

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



State of Utah  
Department of Workforce Services  
**HEAT PROGRAM/HELP/EAF APPLICATION  
(HOME ENERGY ASSISTANCE TARGET)  
AND WATER ASSISTANCE PROGRAM**

**One Person Household — HEAT/Water Application**

**1. Applicant information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First/Middle/Last

Social Security #: \_\_\_\_\_ Gender:  M  F Birth Date: \_\_\_\_\_  
Month/Day/Year

Home Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Have you applied for HEAT assistance before?** .....  Yes  No

**3. Ethnic background:**  Native American  White  Hispanic  Black  Asian  
 Pacific Islander  Other: \_\_\_\_\_

**4. Are you:**

U.S. Citizen: .....  Yes  No Age 60 or older: .....  Yes  No

U.S. Veteran: .....  Yes  No SNAP Recipient (Food Stamps): ...  Yes  No

Handicapped/Disabled: .....  Yes  No

**If Yes, Describe disability:** \_\_\_\_\_

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

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

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

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

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

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

7. How much is your monthly rent/mortgage payment? \$ \_\_\_\_\_  
 Is your rent subsidized? .....  Yes  No
8. Does your rent include utilities and/or water? .....  Yes  No  
 Which utilities? \_\_\_\_\_
9. Does anyone else live with you now? .....  Yes  No  
 If yes, make an appointment with your local HEAT office (dial 2-1-1). This application is for one-person households only.

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

Name of Utility Vendor(s)	% of benefit	Account Status	Utility Account Number(s)	Name on Account (provide explanation if not applicant)
		<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> 48 HR		
		<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> 48 HR		

Name of electricity vendor and account number if not included above:  
 \_\_\_\_\_

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

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

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

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

**15. Income** (please enclose documentation of income): Enter the gross amount of income you received **LAST MONTH** from each source. If you had no income or net business profit, you must complete and include form 880 Household Income Deficit Statement found at <https://jobs.utah.gov/housing/scso/seal/documents/880.pdf>.

Income documented is for the month of: \_\_\_\_\_

Wages (Part-time/ Full-time/ Self-emp.) .....	\$ _____	Unemployment .....	\$ _____
Railroad retirement .....	\$ _____	Supplemental Security Income (SSI) .....	\$ _____
Veterans Benefits .....	\$ _____	General Assistance .....	\$ _____
Social Security .....	\$ _____	Income from Rental Property .....	\$ _____
Pension/Annuity/Retirement .....	\$ _____	Reverse mortgage, trust payments, other .....	\$ _____

**16. Deductions:** Did you make any payments to doctors, hospitals, or medical/dental clinics, pay for any health, dental, or vision insurance premiums, or pay for prescription medicines, oxygen, glasses/contacts, or hearing aids **LAST MONTH**? .....  Yes  No

**If yes, please include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed above.**

Total Income: \$ \_\_\_\_\_ Total Deductions: \$ \_\_\_\_\_ Net Income: \$ \_\_\_\_\_

