

Home Energy Assistance Program Cooling Assistance Request for Benefit

Applicant Information

Application Date: _____ Case Number: _____

Applicant Name: _____ SSN: _____

Address: _____ Telephone Number: _____

Does the household contain at least one individual with a documented medical condition that is exacerbated by extreme heat? Yes No

Does the household contain an individual age 60 years or older or under age 6? Yes No

Does the household have a working air conditioner less than five years old? Yes No

Agency Use Section

Did the applicant receive a Regular HEAP benefit in the current program year? Yes No

Has the applicant moved since receiving their Regular HEAP benefit? Yes No

Has the applicant received a HEAP funded air conditioner in the last five years? Yes No

Only answer the following if the Regular benefit was paid on a Temporary Assistance (TA) or Supplemental Nutrition Assistance Program (SNAP) case:

Has the TA or SNAP case closed since the applicant received their Regular HEAP benefit? Yes No

Pended Pend Start Date: _____ Pend End Date: _____

Denied Reason: _____

Approved Date: _____

Vendor Name: _____ Vendor Number: _____

Comments: _____

Worker Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____