

# Home Energy Assistance Program Heating Equipment Clean and Tune Request for Benefit

## Applicant Information

Application Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Do you own your own home?  Yes  No

Have you owned your home longer than 12 months?  Yes  No

Is your primary heating equipment at least 12 months old?  Yes  No

Do you have a programmable thermostat?  Yes  No

Do you have a working carbon monoxide detector less than 5 years old? (if no, one will be installed)  Yes  No

Heating Source:  Natural Gas Heat  Electric Heat  Fuel Oil  Kerosene  
 Propane/Bottled Gas  Wood/Wood Pellets  Coal or Corn  Other

Dates of last clean and tune and/or chimney cleaning: \_\_\_\_\_

Do you have a contract with an HVAC vendor?  Yes  No

Does this contract include clean and tune services?  Yes  No  N/A \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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

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 Start: \_\_\_\_\_ End: \_\_\_\_\_

Denied Reason: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Vendor Name \_\_\_\_\_ Vendor Number \_\_\_\_\_

Comments: \_\_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_