

DEPARTMENT OF ELDER AFFAIRS  
EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM APPLICATION

☐ Heating Season (October - March)

☐ Cooling Season (April - September)

DATE STAMP 

APPLICANT'S DEMOGRAPHIC DATA:

Social Security Number:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Name: (Household member age 60 and older)  FirstM.I.Last		Home Address: (Number and Street)	
Phone Number:		City:	State: FLORIDA ZIP code:
Date of Birth (mm/dd/yyyy)		Is client's home address public housing? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Household's Annual Income (from page 2) \$ _____	Number of People in Household_____
RACE: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other		Is there an individual with a disability in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes	Status: <input type="checkbox"/> GOAH <input type="checkbox"/> TRNE (check one)
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other		Is there a child 5 years old or younger in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes	Eligibility Code:
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Is there a child 0-2 years old in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes	Provider ID #:
Does client have limited ability reading, writing, speaking, or understanding English? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is there a child 3-5 years old in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes	Worker ID #:

OTHER ELIGIBILITY DATA:

1. Give the following information for applicant first, then each person living in your home. If more than five persons live in your home, list the additional persons, giving the same information, on a separate sheet of paper and attach it to this form.

Name	SS #	Age	DOB	Relationship To Applicant	Type Income*	Annual Income
SELF_____						
_____						
_____						
_____						
_____						

\*Type income includes: Wages, self-employment, SSA, SSI, regular gifts, unemployment comp., retirement benefits, TANF/WAGES, pension, interest on savings, etc.

2. Do you share your living or mailing address with others who are not a part of your home? ☐ Yes ☐ No If yes, provide their names:  
\_\_\_\_\_;

3. Is anyone in your home not a U.S. citizen or not an alien lawfully admitted for permanent residence? ☐ Yes ☐ No If yes, list the names and alien status under the Immigration and Naturalization Act: \_\_\_\_\_

4. (PSA 1 ONLY) Are you or is anyone in your household a member of the Poarch Indian Tribe? ☐ Yes ☐ No

5. Check the programs you /anyone in your household are currently eligible for/are receiving assistance from: ☐ SNAP ☐ Supplemental Security Income (SSI)  
☐ Community Services Block Grant (CSBG) ☐ Weatherization Assistance Program (WAP) ☐ None of these

6. Do you live in a government subsidized housing project or Section 8 housing,? ☐ Yes ☐ No If yes, complete the following: Name of place where you live:  
\_\_\_\_\_Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_County: \_\_\_\_\_

7. Do you live in a dormitory, nursing home, adult foster home, or any kind of group living facility? ☐ Yes ☐ No If yes, complete the following:  
Name of place where you live: \_\_\_\_\_Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_County: \_\_\_\_\_

8. Have you or any member of your household received energy assistance in the current season? ☐ Yes ☐ No If yes, complete the following:  
Name of Agency: \_\_\_\_\_Type of assistance: ☐ Crisis ☐ Home Energy ☐ Weather-Related Date: \_\_\_\_\_

9. What is the primary source of heating home? ☐ Electricity ☐ Gas ☐ Fuel Oil ☐ Wood ☐ Kerosene  
Company NameCustomer Name on AccountCustomer Account #Company's Telephone #  
\_\_\_\_\_

10. Supplemental Heating Source? ☐ Electricity ☐ Wood ☐ N/A

11. Air Conditioning Unit Type: ☐ Central A/C ☐ Window/Wall A/C ☐ Fans ☐ Other - specify (including evaporative cooler) \_\_\_\_\_  
Power Company NameCustomer Name on AccountCustomer Account #Company's Telephone #  
\_\_\_\_\_

12. I certify that my energy crisis is due to the following situation:

<input type="checkbox"/> I have a past due or disconnect notice. <input type="checkbox"/> I have less than 30 days of deliverable heating fuel on hand. <input type="checkbox"/> I need to repair or replace home energy equipment.	<input type="checkbox"/> My power has been disconnected. <input type="checkbox"/> I have no heating fuel. <input type="checkbox"/> My home energy equipment is inoperable. <input type="checkbox"/> I need a deposit to turn on power.
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**Please carefully read the following statement and sign:**  
The information above is, to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e., those households in which the elderly, disabled, medical needy or children reside. I authorize the agency to make benefit payments directly to my energy supplier. I am aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application. I am also aware that if I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to an appeals hearing. (If you sign with an “X” two witnesses are required.)

Client Signature: \_\_\_\_\_

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

1. Household Income Computation - List sources and amounts of all household income.  
(Computation is required for all households.)

Gross Earned  
Income Source

Income per month:

\$

\$

\$

Gross Unearned  
Income Source:

Income per month:

\$

\$

\$

\$

TOTAL

\$

2. Show calculations below:

Total Gross Monthly Earned Income:

\$

Total Gross Monthly Unearned Income:

+

\$

Add Medicare Premium and/or Part D

+

\$

Total Gross Monthly Income:

=

\$

Total Gross Annualized Income:

\$

Consumer qualifies for EHEAP if:

☐ Household member age 60 and older,

☐ Consumer has a home energy emergency, AND

☐ Annualized income is 150% or less of poverty income guidelines.

Add in Medicare Premium if not included in SSA above (\$104.90). Also add in amount for Medicare Part D, if applicable

(monthly x 12 = annual)

Annual income limit\* (150% poverty) by household size:

1.....\$17,505

2.....\$23,595

3.....\$29,685

4.....\$35,775

5.....\$41,865

6.....\$47,955

7.....\$54,045

8.....\$60,135

(Add \$4,060 for each additional member of family units with more than 8 members.)

Number of persons in household:

Annual Income Limit:

\$

\*Poverty Guidelines effective 4/1/2014 per DEO

3. Income is at or below the income limit? ☐ Yes ☐ No If the total annual household income is less than 50% of the current Federal Poverty Guidelines for household size, and no one in the household is receiving SNAP assistance, include a signed statement from the applicant of how basic living expenses (i.e., food, shelter and transportation) are provided.

4. Date verified household has not received LIHEAP Crisis Benefits: Contact Person: Date:

5. Is the applicant a homeowner? ☐Yes ☐ No ☐

a. If yes, and the applicant has received more than three LIHEAP or EHEAP payments within an 18-month period, has a referral been made to the Weatherization Assistance Program? ☐Yes ☐ No If no or N/A, explain why:

6. Check verification of Energy Crisis. If not an eligible crisis, deny. Verify the benefit will resolve the crisis. If the maximum will not resolve the crisis and arrangements to resolve cannot be made, deny. This section must be completed.

a. Is the applicant in a crisis situation? ☐Yes ☐No

b. Is the household in a life-threatening situation? ☐Yes ☐No (if yes, 18 hr. applies in next question)

c. Does the 18 hour or the 48 hour rule apply? ☐ 18 hr ☐48 hr

d. Will the EHEAP benefit resolve the crisis situation? ☐Yes ☐No

7. If the household is still eligible, verify the minimum amount needed and record below.

a. Vendor: Minimum Amount: Contact Person: Date of Contact:

b. The minimum amount is more than the past due amount, AND is required by energy vendor to resolve crisis. ☐Yes ☐No

c. Is the name on the fuel bill that of a household member? ☐Yes ☐No If no, explain:

d. \$ EHEAP Benefit Amount

- \$ Deduct the Section 8 or public housing utility subsidy

\$ Total EHEAP Benefit Amount (see 6d above)

(Deduct the amount of the subsidy for the period covered by the delinquent utility bill, from the total benefit amount, or indicate N/A)

e. Provide the following information about the benefit(s) provided:

Company Name

Customer Name

Customer On Account

Customer Account #

Company's Telephone #

Service/Product\*

Amount Paid  
from EHEAP minus  
Subsidy

\*Examples: Electricity, deposit, propane, fuel oil, wood, blanket, fan, repair to heating system, repair to cooling system, late fees/penalties.

f. If over \$600, explain how excess cost will be met:

8. Resolution of Energy Emergency:

a. Case Approved (check one) ☐Yes ☐No

b. Date of resolution: Time of Resolution:

c. Was the 18/48 hour rule met? ☐Yes ☐No

d. Written notification sent to applicant? ☐Yes ☐No

e. How was authorization/notification made to the vendor:

9. Denial of Assistance: If energy assistance was denied, explain:

PLACE A COPY OF THE NOTICE OF APPROVAL OR DENIAL IN THE APPLICANT'S FILE.

I have determined the eligibility of the applicant. I am not the applicant, nor am I a friend, relative or employee of the applicant.

Caseworker's Name (Print) Signature:  
Date: Agency:

Application must be reviewed for mistakes and appropriate file documentation prior to payment:

Supervisor/ Name (Print) Signature:  
Date: Agency:

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