

**COOLING ASSISTANCE APPLICATION**

*Applications accepted from June 15 through August 15*

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**PART I**

Your Name (last, first, middle initial): \_\_\_\_\_ In what city or county do you live? \_\_\_\_\_

Your Physical/Service Address (include Apt Number): \_\_\_\_\_

Your Mailing Address (if different from street address): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Email Address \_\_\_\_\_ Primary Language Spoken in your home: \_\_\_\_\_

What is the best way for your worker to contact you? CIRCLE only one choice: Home Phone Cell Phone Work Phone Email Address

**Preferred Method of Correspondence** (Note: this is not the same as the best way for your worker to contact you)

If you would like to receive either a text message or an email notifying you that some of your mail about your benefits can be accessed electronically through CommonHelp, select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified through a text or an email, you will receive all written correspondence through the U.S. Mail. If you are completing an application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

Text  Email Cell Phone for Text Message: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PART II**

1. What is your cooling need? (Check all that apply)

- Payment of electric bill  Payment of electric deposit  Repair central air conditioner or heat pump
  - Pick-up of ONE portable fan  Purchase and installation of a ceiling, attic, or whole house fan  Repair ceiling, attic, or whole house fan
  - Self-pick-up and installation of ONE window air conditioner  Purchase and installation of ONE window air conditioner by an approved Energy Assistance Program vendor
- Do you have at least one working air conditioner in your home?  YES  NO (You cannot receive a window air conditioner if you already have a working air conditioner of any type in your home. The local agency may call you or visit your home to confirm you do not have a working air conditioner.)

2. Circle the letter that best describes your present living situation. Read each one before you choose. CIRCLE only one of the choices.

- A. I own or am buying my home and pay all cooling bills.
- B. I own or rent my home and do not pay a cooling bill.
- C. I pay rent and also pay for cooling separately.
- E. I pay rent & my cooling is included in the rent payment.
- F. I live in subsidized housing Section 8, HUD, Public Housing, and occasionally pay excess usage charges.
- G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my cooling bills.
- I. I live in one room in someone else's house.
- L. I live in an institution, group home, treatment center or home for adults.
- P. I live rent-free in more than one room, house or apartment and pay for heat/cooling.
- Q. I live in an emergency shelter or I am homeless. I have arranged to move into a house, apartment or more than one room.

3. Are all people in your household United States citizens?  YES  NO If no, who? \_\_\_\_\_ What is their Alien Status? \_\_\_\_\_

4. Is anyone in your household disabled?  YES  NO If yes, who? \_\_\_\_\_

5. How many people live in your household? # \_\_\_\_\_

6. Is anyone temporarily out of the home?  YES  NO If yes, who? \_\_\_\_\_ Expected Date of Return? \_\_\_\_\_

**List yourself first and every person living in the home. List the Social Security Number for everyone who lives in your home. Complete information for each person.**

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	GENDER (M, F)	DATE OF BIRTH	RACE	HISPANIC OR LATINO		WORKING		GROSS MONTHLY INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly, monthly	LIST ALL SOURCES OF INCOME Earned Income (List the Name of Employer/Company); Self-employment; Unemployment; Worker's Comp; SSI; Social Security; Veterans Benefit; Retirement; TANF; Child Support; Alimony; Rental Income; etc.
						Yes (Y)	No (N)	Yes (Y)	No (N)			
	<b>Self</b>											

7. Does any household member receive SNAP benefits (formerly Food Stamps)?  YES  NO If yes, case name(s) \_\_\_\_\_
8. Does any household member receive Medicaid?  YES  NO If yes, case name(s) \_\_\_\_\_
9. Is Medicaid Home & Community-Based Care received?  YES  NO If yes, by whom? \_\_\_\_\_ Patient pay amount \$ \_\_\_\_\_
10. Does anyone pay for Medicare, Part B \_\_\_ or D \_\_\_ insurance?  YES  NO If yes, who? \_\_\_\_\_ How much? \$ \_\_\_\_\_
11. Circle **every type of cooling equipment** that is in your home.      None      Portable fan      Ceiling fan      Attic fan      Whole House fan  
    Window Air Conditioner      Central Air Conditioning Unit      Heat Pump
12. Does the cooling equipment in your home work?  YES  NO If NO, list all equipment that does **NOT** work. \_\_\_\_\_  
 Please describe what is wrong with the equipment: \_\_\_\_\_
13. If you are requesting assistance for the repair or purchase of cooling equipment, which business/company do you want to use? \_\_\_\_\_  
 Note: If the company that you want to use has not signed an agreement to be a vendor for the Energy Assistance Program, your worker will contact you to choose another company.
14. Who owns or is responsible for any cooling equipment in your home? \_\_\_\_\_
15. Name and address of the company used for home cooling. \_\_\_\_\_  
*Verification from the utility company is needed if you cool with electricity. Attach a copy of your current electric bill. Complete the following:*  
 In whose name is the bill? \_\_\_\_\_ Account Number \_\_\_\_\_ Who is responsible for paying the bill? \_\_\_\_\_  
 Is the utility payment made by an automatic monthly withdrawal or debit/credit payment?  YES  NO Do you have a PrePay electric service account?  YES  NO
16. Where else have you applied for this assistance? \_\_\_\_\_
17. Do you have a heating expense?  YES  NO If YES, what is your fuel type? **Circle** the fuel used most frequently to heat your house. **CIRCLE ONLY ONE.**  
 Electricity      Natural Gas      Oil      Clear Kerosene      Dyed (Red) Kerosene      Coal      Wood      Liquid Propane (LP)/Bottled Gas
18. Name and address of the company used for home heating. \_\_\_\_\_
19. What is the **account name** on your heating bill? \_\_\_\_\_ What is the **account number** on your heating bill? \_\_\_\_\_
20. Circle the primary heating equipment used to heat your home. **CIRCLE ONLY ONE.**  
 Furnace      Radiator      Portable Heater      Vented Space Heater (heater with outside exhaust or Monitor system)  
 Baseboard      Heat Pump      Fireplace      Coal or Wood Stove      Cook stove      None      Unknown
21. Does your household owe a past due amount on your electric account?  YES  NO If yes, how much is the past due amount? \_\_\_\_\_
22. Has your household received a shutoff notice for electricity?  YES  NO If yes, when will your electric service be disconnected? \_\_\_\_\_
23. Has your household's electricity been disconnected?  YES  NO If yes, when did your electric service end? \_\_\_\_\_

The Virginia Department of Housing and Community Development (DHCD) administers the Weatherization Assistance Program (WAP) through a network of nonprofit organizations around the state. The WAP reduces household energy use through the installation of cost-effective energy savings measures, which also improve resident health and safety. Common measures including sealing air leaks, adding insulation, and repairing heating and cooling systems. More information about the WAP is available at <https://www.dhcd.virginia.gov/wx>

**APPLICANT'S CERTIFICATION**

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services (DSS) within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local DSS has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, disability, sex, age, political beliefs, religion, sexual orientation, marital or family status. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the DSS may use information on this application or that I may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal law. My signature authorizes the DSS to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance. I understand that, by providing my energy supplier(s)/ account information, I am authorizing the energy supplier(s) to provide details about my account and energy use to the DSS for the purposes of program verification, evaluation, reporting, and analysis. I agree to hold harmless and/or release my energy supplier(s) from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

**Applicant's Signature OR Mark:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness to Mark or Interpreter:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Date** \_\_\_\_\_

**Completed on behalf of applicant by:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Date** \_\_\_\_\_