Commonwealth of Virginia - Department of Social Services AGENCY USE ONLY:

Locality/FIPS_____ Case #_____ Date Application Received_____ Worker #_____

COOLING ASSISTANCE APPLICATION

Applications accepted from June 15 through August 15

PLEASE ANSWER ALL QUESTIONS COMPLETELY

In what city or county do you live? _____

PART I

Name_____ SEX:__M__F Are you Hispanic or Latino? ____YES ____NO
Last First Middle Initial

Race (Circle One) **1**. White **2.** Black or African American **3.** American Indian or Alaskan Native **4.** Asian **5.** Native Hawaiian or other Pacific Islander **0.** Other

Physical/Service Address_____City/State_____Zip_____ Day Phone: _____

Mailing Address _____City/State_____Zip_____ Home Phone: _____

Directions to home _____Email Address_____

PART II

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

____**A.** Pick up portable fan ____**B.** Purchase/install window air conditioner 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.)

____**C.** Repair central air conditioner or heat pump ____**D.** Payment of electric deposit ____**E.** Purchase/install ceiling, attic or whole house fan

____**F.** Repair ceiling, attic or whole house fan ____**G.** Payment of electric bill ____**H.** Self-pick-up/install window air conditioner

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

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 <u>everyone</u> who lives in your home. Complete information for each person.

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, Veterans benefits, Child Support, etc.
				Y	N			
	Self							

7. Circle ALL types of household income: **A.** TANF **B.** Social Security **C.** SSI **D.** Unemployment **E.** Employment or Self-employed **G.** General Relief
H. Veterans Benefits **N.** Worker's Compensation **Q.** Child Support or Alimony **U.** Rental Income **W.** Retirement Other: specify_____

8. Do you receive payments from the Division of Child Support Enforcement? ___YES ___NO How much? _____ Who pays the child support? _____

9. Did you or any household member receive Fuel, Crisis, or Cooling Assistance in the past 12 months? ____YES ____NO If yes, case name_____

10. Does any household member receive SNAP benefits (formerly Food Stamps)? ____YES ____NO If yes, case name(s)_____

11. Does any household member receive Medicaid? _____YES ____NO If yes, case name(s)_____

12. Is Medicaid Home & Community-Based Care received? ____YES ____NO If yes, by whom?_____ Patient pay amount $_____

13. Does anyone pay for Medicare, Part B___ or D ___ insurance? ____YES ____NO If yes, who? _____ How much? $_____

14. 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

15. Does the cooling equipment in your home work? ____YES ____NO If **NO**, list all equipment that does **NOT** work. _____

16. Who owns or is responsible for any cooling equipment in your home? _____

17. 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

18. Where else have you applied for this assistance? _____

19. 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.**
1. Electricity **2.** Natural Gas **3.** Fuel Oil (#2) **4.** Clear Kerosene **5.** Coal **6.** Wood **7.** LP/Bottled Gas **0.** Red Kerosene

20. Name and address of the company used for home heating. _____

21. What is the **account name** on your heating bill? _____ What is the **account number** on your heating bill? _____

22. Circle the primary heating equipment used to heat your home. **CIRCLE ONLY ONE.**
A. Furnace **B.** Radiator **C.** Portable Heater **D.** Vented Space Heater **E.** Baseboard Heat **F.** Heat Pump
G. Fireplace **H.** Wood Stove or Coal Stove **J.** Cook stove **K.** None **L.** Unknown

23. Does your household owe a past due amount on your electric account? ____YES ____ NO If yes, how much is the past due amount?_____

24. Has your household received a shutoff notice for electricity? ____YES ____ NO If yes, when will your electric service be disconnected?_____

25. Has your household's electricity been disconnected? ____YES ____ NO If yes, when did your electric service end?_____

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_____