

# 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: \_\_\_\_\_