



Person ID:

Application #:

Home Energy Plus Application

To apply for Energy Assistance online go to <https://energybenefit.wi.gov>

This form is authorized under Wisconsin State Statute 16.27(2)(a). All information on the application is required in order to determine eligibility for benefits under the Home Energy Plus Programs.

1. First Name:		Middle Initial:		Last Name:	
2. Alias First Name (if applicable):		Alias Last Name (if applicable):			
3. Primary Phone Number:		Home	Work	Cell	Contact
Secondary Phone Number:		Home	Work	Cell	Contact
4. Email Address:					
Preferred Communication Method:			Text	Phone	Email Mail
5. Below check which Housing Type you live in:					
Single Family Home		Mobile Home		Motel/Camper/RV Other: _____	
2 to 4-unit building (including condos) -Number of units/apartments in your building: _____					
Apartment or multi-unit building (including condos) - Number of units/apartments in your building: _____					
6. Residence Address (Must Complete):					
Address:		City:		State: Zip:	
7. Mailing Address (Complete if different from Residence Address):					
Address:		City:		State: Zip:	
Do you Own or Rent?		Own	Rent	(Select "Own" if you own a mobile home or pay lot rent)	
If renting, provide Management Company/Business Name (as applicable):					
Landlord Name:			Landlord Phone Number:		
Landlord Address:		City:		State: Zip:	
8. Provide the number of rooms in your residence: _____ Living Room _____ Dining Room					
_____ Family Room		_____ Number of Bedrooms		_____ Kitchen _____ Den/Office	
9. Select the response that best describes your living arrangement as of the date of this application:					
Live in a group home, half-way house, Community Based Residential Facility (CBRF) or foster home					
Live in a nursing home		Live in a government institution, prison or jail			None of these
Currently in a homeless situation moving to a permanent resident					
10. Do you receive rental assistance (Section 8 or other government assisted housing)? Yes No					
11. Is there a guardian or designated representative? Yes No If yes, complete section below:					
Authorization of Representative		Legal Guardian		Power of Attorney (POA) Protective Payee	
Guardian/Representative Name:				Guardian Phone Number:	
Address:		City:		State: Zip:	
12. Are you (the applicant) a student under the age of 25 and enrolled at least half-time in an institution or higher learning?					
Yes No		If yes, check any of the following conditions that meet your situation:			
Currently working 20 or more hours per week making at least minimum wage			Receiving TANF or W-2 Benefits		
Financially responsible for a child under age 18 who is living with you			Spouse lives with you is not a student		
Receiving Unemployment Compensation (UC) benefits resulting from TAA/NAFTA (must be a full-time student)					
Physically or mentally disabled (verification needed from government program)			None of these apply		
13. How many people live in your home (including you, the applicant listed on page):					

Identify the preferred household language:										
HOUSEHOLD MEMBERS:										
List all who are living in this residence today.										
The agency will contact you for Social Security Numbers (SSNs) if needed.										
	First MI Last	Birthdate (mm/dd/yyyy)	Gender (M/F)	US Citizen (Y/N)	Ethnicity	Race	Disabled (Y/N)	FoodShare (Y/N)	Military (Y/N)	Child in Shared Placement (Y/N)
	Example: John M Doe	1/1/1900	M	Y	See Below	See Below	N	N	N	N
1										
2										
3										
4										
5										
6										

Please attach a separate sheet if necessary for additional household members.

Ethnicity (Enter Code): 1 = Hispanic/Latinx 2 = Non-Hispanic/Non-Latinx 3 = Unknown 4 = Decline to answer
Race (Enter Code): A = Asian B = Black or African American H = Hispanic/Latinx I = American Indian or Alaska Native M = Multi Race O = Other P = Native Hawaiian or Other Pacific Islander W = White U = Unknown D = Decline to Answer

HOUSEHOLD INCOME:		
Does your household have zero income? Check Yes No		
ALL boxes that apply below for income:		
(A) Alimony	(GF) Gift/donations	(GV) Government Relief or Disaster
(CS RECV) Child Support Received	(LC) Land Contract Payment	(SSDI) Social Security Disability
(CS PAID) Child Support Paid	(O) Other	(SSI) Supplemental Security Income
(CTS) SSI Caretaker Supplement	(P) Pension	(T) TANF/W2
(DL) Disability Long-term	(R) Rental Income	(TR) Tribal per Capita
(DS) Disability Short-term	(SE) Self-Employment Income	(V) Veterans Benefits
(D) Dividends/Interest	(SP) Spousal Impoverishment	(W) Wages & Tips
(G) Gambling/Lottery/Bingo	(SS) Social Security	(WK) Workers Compensation
(GR) General Relief		

Household Member's Name:	Income Type:	Income Source:
Example: John Doe	W	ABC Corporation

Attach a separate sheet if necessary for additional income.

ENERGY FUELS:		
<i>Reminder: Both Primary Heating and Electricity Columns must be completed if you do not have electric heat.</i>		
	Primary Heating - Only select one	Electricity
Fuel Type:	Natural Gas Electric Propane Fuel Oil Wood Other: _____ Check if your furnace/heating unit is not working:	Check here if you do not have electric service in your home from a utility, municipality, or cooperative. Solar Generator Off Grid Other
How is the bill paid? Check one for Primary Heating and one for Electricity.	I have an account and directly pay the vendor Heat is included in my rent Separate payment to my landlord, mobile home park owner, or other person I do not pay: heat included in the monthly rent when residing in government assisted housing or have an in-kind arrangement	I have an account and directly pay the vendor Electric is included in my rent Separate payment to my landlord, mobile home park owner, or other person I do not pay: electric included in the monthly rent when residing in government assisted housing or have an in-kind arrangement
Business/recreational use on the meter:	Yes No	Yes No
Account Information:	Company Name:	Company Name:
	Account Number:	Account Number:
<i>Reminder: Electric company for your home must be listed even if you don't have a direct account with the vendor.</i>	Energy Account Holder:	Energy Account Holder:
	Household member Deceased spouse A Protective Payee Other: _____	Household member Deceased spouse A Protective Payee Other: _____
	Name on Account:	Name on Account:

If your primary heat source is natural gas or electric, have you received a past due or disconnection notice within the last 90 days?					
Yes	No	Not applicable	Are you currently disconnected?	Yes	No
If your primary heat source is propane or fuel oil, does your tank currently have equal to or less than 20% of fuel remaining?					
Yes	No	Not applicable	Are you currently out of fuel?	Yes	No
Hot water: Identify fuel type that heats the water in your home:					
Electric	Fuel Oil	Natural Gas	Propane (LP)	Wood and Other	None
Additional heating source: Identify additional heating sources used in your home such as fireplace, wood burner, space heaters, or other alternative heating source.					
Electric	Wood and Other	_____	None		
Air Conditioning Type (select only one):					
None	Central A/C	Wall/Window Unit A/C			

Certification Page

Read each item on this page before signing the application.

If you do not understand any item, ask the worker for assistance.

Person ID:

Application #:

1. I understand I am responsible for providing all required information within 30 days of the date of the application or the application is void and will be denied. I may reapply but a new application may be required.
2. I understand I am responsible for reporting the names of all persons living at my address and the Social Security number and income of all persons in my household. Collection of Social Security numbers is not prohibited by federal law and is a required data element for tracking applicant benefits granted by this Program. Failure to provide this information will result in delayed processing of my application and the inability to determine benefit amounts.
3. I understand I am responsible for using the payments I receive to pay for the heating/electric costs for the residence listed in my application or for paying the heating/electric costs for any future permanent residence I may move to in Wisconsin.
4. I understand I have the right to apply for Energy Assistance benefits and to receive either a payment or letter of explanation within 45 days from the date the application process is completed. I understand that the payment or letter of explanation may be delayed depending on when the Program year begins and/or when payments are being processed.
5. I understand I have the right to request a fair hearing within 15 days after receiving a notification letter if I believe my Energy Assistance application has not been processed timely, has been incorrectly denied, or my payment is incorrect. I may also request a fair hearing if I have not received payment or explanation. I may ask for a fair hearing by contacting the local office that processed my application because I applied directly to their office or submitted an online application.
6. I understand I have the right to file a complaint if I believe I have been discriminated against in any unlawful way. I may file a complaint by contacting the authorized person within my county or tribe or submit an email to heat@wisconsin.gov.
7. I understand that by providing application information I am authorizing the Wisconsin Department of Administration and its authorized agents to verify the data provided against federal, state, county, energy provider, water utility, employer and landlord databases or records.
8. I understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to the Wisconsin Department of Administration for the purposes of eligibility determination of this and future applications, benefit determination, and program evaluation and analysis including before and after receiving any weatherization services.
9. I understand that the rights, requirements, and authorizations I am certifying to, may also apply to multiple heating seasons, crisis, and furnace applications, when supplemental benefits are issued, and to outreach activities.
10. I understand the information collected on this and any future forms may be disclosed to energy programs operating under the Wisconsin Public Benefit Program Authority, Wisconsin Public Service Commission Approval, or other programs administered by the State of Wisconsin and may be used for the purposes of referral, research, evaluation, and analysis.
11. I understand if eligible for energy assistance benefits, I may be referred to other residential weatherization and/or energy programs. I authorize the weatherization agency to provide weatherization services to my residence. If I am not the owner of the residence, I authorize the weatherization agency to contact my landlord and I will cooperate with the agency providing weatherization services.
12. I understand when applying for energy assistance I may be denied benefits and/or be required to apply online or via phone if I demonstrate threatening behavior to an agency and/or worker.

I certify that all information provided in connection with the Wisconsin Home Energy Assistance Program application are true and complete statements of facts. I further certify that I have read and understand the statements above. I understand that I may be required to provide proof of any information upon request of an authorized agent of the Wisconsin Home Energy Assistance Program, that giving false information will invalidate this and any future application(s) and require the return of any benefits received and possibly subject me to criminal prosecution. By typing my name in the 'Applicant Signature' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.

Applicant Signature

Date (mm/dd/yyyy)

Applications must be mailed to the local energy office

Local office address:



To contact your local office, go to:
<https://energyandhousing.wi.gov/Pages/Home.aspx> Select the county/tribe where you live from the map or drop-down menu found on this page.