



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: (As shown on Social Security card)
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2. Alias First Name (if applicable):	Alias Last Name (if applicable):
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3. Primary Phone Number: ()	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Contact
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Secondary Phone Number: ()	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Contact
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4. Email address:	Preferred Communication Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Text Message
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5. Check the housing type you live in:	
Single family house	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. Mailing Address (if different than residence address):			
Address	City	State	Zip

7. Residence Address (must complete):		County or Tribe in which you live:	
Address	City	State	Zip

Do you Own or Rent your home? Own Rent (Select "Own" if you own a mobile home and pay lot rent)

If renting, provide Management Company/Business Name (as applicable):	Point of Contact or Landlord Name:
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Landlord Email Address:	Landlord Phone Number: ()
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Landlord Address:	City:	State:	Zip:
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8. Provide the number of rooms in your residence:					
_____ Living Room	_____ Dining Room	_____ Kitchen	_____ Family Room	_____ Number of Bedrooms	_____ Den/Office

9. Select the response that best describes your living arrangement as of the date of this application:	
<input type="checkbox"/> Live in a group home, half-way house, Community Based Residential Facility (CBRF) or foster home	<input type="checkbox"/> Live in a nursing home
<input type="checkbox"/> Live in a government institution or prison or jail	<input type="checkbox"/> Are currently in a homeless situation moving to a permanent residence
<input type="checkbox"/> None of the above	

10. Do you receive rental assistance (Section 8 or other government assisted housing)? Yes No

11. Is there a guardian or designated representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete representative information:			
<input type="checkbox"/> Authorization of Representative	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Power of Attorney (POA)	<input type="checkbox"/> Protective Payee

Guardian/Representative Name:	Guardian Phone Number: ()
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Address:	City:	State:	Zip:
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OR: List someone you are authorizing to discuss your application with who is not listed as a guardian or designated representative: _____
Relationship: _____

12. Are you (the applicant) a student under the age of 25 and enrolled at least half-time in an institution of higher learning?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check any of the following conditions that meet your situation:
<input type="checkbox"/> Currently working twenty or more hours per week making at least minimum wage	<input type="checkbox"/> Financially responsible for a child under age 18 who is living with you
<input type="checkbox"/> Physically or mentally disabled (verification needed from government program)	<input type="checkbox"/> Receiving Unemployment Compensation (UC) benefits resulting from TAA / NAFTA (must be a full-time student)
<input type="checkbox"/> Receiving TANF or W-2 Benefits	<input type="checkbox"/> Spouse lives with you who is not a student <input type="checkbox"/> None of the above apply

13. Is anyone living with you under the age of 18 and related to any adult household member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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14. How many people live in your home (including you, the applicant listed on page 1): _____

Identify the preferred household language: _____

HOUSEHOLD MEMBERS:

	<ul style="list-style-type: none"> List all who are living in this residence today. The agency will contact you for Social Security Numbers (SSNs) if needed. 									
	First MI Last (Legal Name)	Birthdate	Gender	US Citizen	Ethnicity	Race	Disabled	Foodshare	Military Service	Child in Shared Placement
	Example: John M Doe	mm/dd/yyyy		Y/N	See below	See below	Y/N	Y/N	Y/N	Y/N
1	(Name from Page 1)									
2										
3										
4										
5										

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 (2 or more) O = Other P = Native Hawaiian or Other Pacific Islander W = White U = Unknown D = Decline to answer
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HOUSEHOLD INCOME: Does your household have zero income? Yes No

Check All Boxes that apply below:

<input type="checkbox"/> (A) Alimony Received	<input type="checkbox"/> (GF) Gift/donations	<input type="checkbox"/> (SSDI) Social Security Disability Insurance
<input type="checkbox"/> (CS RECD) Child Support Received	<input type="checkbox"/> (GV) Government Relief or Disaster	<input type="checkbox"/> (SSI) Supplemental Security Income
<input type="checkbox"/> (CS Paid) Child Support Paid	<input type="checkbox"/> (LC) Land Contract Payment	<input type="checkbox"/> (T) TANF/W2
<input type="checkbox"/> (CTS) SSI Caretaker Supplement	<input type="checkbox"/> (O) Other	<input type="checkbox"/> (TR) Tribal per Capita
<input type="checkbox"/> (DL) Disability Long-term	<input type="checkbox"/> (P) Pensions, Annuities, and IRAs	<input type="checkbox"/> (UC) Unemployment Compensation
<input type="checkbox"/> (DS) Disability Short-term	<input type="checkbox"/> (R) Rental Income	<input type="checkbox"/> (V) Veterans Benefits
<input type="checkbox"/> (D) Dividends/Interest	<input type="checkbox"/> (SE) Self-Generated Income	<input type="checkbox"/> (W) Wages & Tips
<input type="checkbox"/> (G) Gambling/Lottery/Bingo	<input type="checkbox"/> (SP) Spousal Impoverishment	<input type="checkbox"/> (WK) Workers Compensation
<input type="checkbox"/> (GR) General Relief	<input type="checkbox"/> (SS) Social Security	

Household Member's Name	Income Type	Income Source
<i>Example: John Doe</i>	<i>W</i>	<i>ABC Corporation</i>

Attach a separate sheet if necessary for additional income.

Certification Page

Person ID:	Application #:
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Read each item on this page before signing the application.
If you do not understand any item, ask the worker for assistance.

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)
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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.
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This application can be made available in alternate formats to individuals with disabilities upon request.