



W-1104  
(Rev 8/23)

**STATE OF CONNECTICUT**  
Department of Social Services  
**ENERGY & WATER ASSISTANCE APPLICATION**

## **APPLICATION CHECKLIST**

### **Required Application Materials**

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**Completed Energy Assistance Application** (pages 1-6 of this document)

**Utility Documentation:**

Submit **either** copy of your most recent heating bill (if applying for Heating Assistance), electric bill (if applying for Heating Assistance), **or** a copy of your rental lease showing that utilities are included in rent

### **Income Documentation**

If you or anyone in your household currently receives Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA / TANF), Supplemental Security Income (SSI), State Supplement for the Aged, Blind, and Disabled (State Supp), and/or Refugee Cash Assistance, you automatically meet the income requirements and do not need to submit proof of income. (Note: Households associated with SSI, must provide documentation demonstrating receipt of SSI.) If not, you need to submit the following **for each member of your household**:

**Employment Income:** Copy of paystubs that show income from either the previous 30 days or 4 consecutive weeks anytime in the last 3 months, or a signed letter from payroll department/employer stating income in this time period

**Self-Employment Income:** Completed Self-Employment Worksheet (download at [www.ct.gov/heatinghelp](http://www.ct.gov/heatinghelp)) and most recently-filed IRS Form 1040, including all schedules

**Additional Income:** Award letter(s), a bank statement showing direct deposit(s) for Social Security, and/or signed statement(s) from individuals contributing to income. See attached 'Notice of Applicant Rights' for detailed instructions.

### **Additional Documents** (download at [www.ct.gov/heatinghelp](http://www.ct.gov/heatinghelp))

**Zero Income Form:**  
Complete this form if your household has had no income for at least the last 4 weeks

**Affidavit Certifying Non-Receipt of Child Support Payment:**  
Complete this form if your household includes children who have one or more non-custodial parents who are not paying child support

**Certification of Disability:**  
Complete this form if you or a household member are a person with a disability who does not receive Supplemental Security Income (SSI) or the State Supplement for Aged, Blind, or Disabled, or Social Security Disability Income.

Return all forms and documentation, including this checklist, to your local Community Action Agency (CAA) via email, mail, or in-person drop-off. If you have any questions, call your local CAA.

To find your local CAA, go online to [www.ct.gov/heatinghelp](http://www.ct.gov/heatinghelp) or call 2-1-1

## Section 1 – Household Applicant (Person 1) Tell us about yourself and your household.

Energy Assistance Applicant ID (to be completed by the agency)	DSS Client ID (if known)	Application Date (to be completed by the agency)		
Name (last, first, middle initial)		Social Security Number		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer	Primary Language	Date of Birth (mm/dd/yyyy)	Email Address	
Phone Number	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Alternate Phone Number	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Home/Service Street Address, Apt. #		City	State	Zip Code
Mailing Address (if different from home address)		City	State	Zip Code
Do you or anyone else in your household need reasonable accommodation or extra help getting benefits because of a disability or impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe the condition and the help needed:		
# of persons in household:	# of persons who are disabled in household:	Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither		
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer			
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer			
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)			
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed, including vocational school?		
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired			

## Section 1 – Household Member (Person 2) Tell us about this member of your household.

Name (last, first, middle initial)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer	Primary Language	Date of Birth (mm/dd/yyyy)	Email Address
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

### Section 1 – Household Member (Person 3) Tell us about this member of your household.

Name (last, first, middle initial)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer		Primary Language	Date of Birth (mm/dd/yyyy)
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

### Section 1 – Household Member (Person 4) Tell us about this member of your household.

Name (last, first, middle initial)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer		Primary Language	Date of Birth (mm/dd/yyyy)
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

### Section 1 – Household Member (Person 5) Tell us about this member of your household.

Name (last, first, middle initial)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer		Primary Language	Date of Birth (mm/dd/yyyy)
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	Check if you receive: <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Temporary Family Assistance (TFA/TANF)		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

If you need to add additional people that live in your household, please attach a separate piece of paper with their information along with this form

## Section 2 – HOUSING INFORMATION

Complete this section if you are applying for energy and/or water assistance. Only renters need to complete the landlord boxes.

What is your housing situation? <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Roomer / boarder in someone else's home	What type of home do you live in? <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> 3 to 5 Units <input type="checkbox"/> 6+ Units <input type="checkbox"/> Mobile Home <input type="checkbox"/> In-Law Apt <input type="checkbox"/> Other		
Have you lived in your current residence for at least a year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you used the same heating vendor or utility company for at least a year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are you interested in weatherization services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord or Agent or Company Name	Landlord/Agent/Company Telephone	
Landlord or Agent or Company Address	City	State	Zip Code

## Section 3 – ENERGY INFORMATION

Complete this section and attach documentation (see 'Application Checklist' for instructions) if you are applying for energy assistance. Provide Company Name, Account Name, and Account No. if you pay a vendor for heat and/or electric; otherwise, leave blank.

What is your method for paying for heat? <input type="checkbox"/> Heat included in rent <input type="checkbox"/> Payment to vendor	What is your method for paying for electricity? <input type="checkbox"/> Electricity included in rent <input type="checkbox"/> Payment to vendor	
What is your primary source of heat? <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other	Is your fuel tank shared with another household? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Primary Heat Source Fuel Dealer or Utility Company Name	Name on primary heat account	Account No.
Electric Company Name	Name on account	Account No.

## Section 6 – ENERGY BURDEN INFORMATION

Complete this section if you are applying for energy assistance. Note: If your heat is included in rent, **you do not have to complete Section 6**.

Heating Disconnection	Do you have a disconnect notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnection Date
	Can you afford to pay the heating company so that you can avoid disconnection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Can you afford to pay the heating company to restore your heating services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Electricity Disconnection	Do you have a disconnect notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnection Date
	Can you afford to pay the electric company so that you can avoid disconnection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Can you afford to pay the electric company to restore your electric services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you currently have less than a quarter tank of fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Is your heating system currently operable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Can you afford to have your heating system repaired or replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## Section 7 – HOUSEHOLD FINANCIAL DATA

Complete the below table and attach proof of income (see 'Application Checklist' for instructions). Note: If you or anyone in your household currently receives any of the benefits listed in 'Categorial Eligibility' above (i.e. SNAP, TFA/TANF, SSI, State Supp., and/or Refugee Cash Assistance), you automatically meet the income requirements and **do not have to complete Section 7**.

Income Type	Income Source	Household Member	Income Frequency (e.g. Weekly, Bi-weekly, Monthly)	Income Amount
Employment	Wages from a job			
	Wages from a job			
	Wages from a job			
Self-Employment	Self-Employment Wages			
	Self-Employment Wages			
Additional Income	Unemployment Compensation			
	Unemployment Compensation			
	Social Security / SSI Benefits			
	Social Security / SSI Benefits			
	Child Support / Alimony			
	Contributions from Friends / Relatives			
	Retirement / Pensions / Annuities			
	Rental Income			
	Veteran's Benefits			
	Worker's Comp. / Disability Insurance			
	Other: _____			
	Other: _____			

**TO COMPLETE YOUR APPLICATION YOU MUST READ AND SIGN  
THE APPLICATION CERTIFICATION ON THE NEXT PAGE**

## Section 8 – APPLICATION CERTIFICATION

You must read and sign this section in order to have your application reviewed and eligibility determined.

I certify that I have read this form. I understand what is in this form. As the applicant for my household, I affirm that all statements made by me on this application are true, correct, and complete to the best of my knowledge. I understand that only United States citizens or qualified aliens may be eligible to receive federal energy assistance benefits.

I agree to provide to the Department of Social Services (DSS) and its subcontractors, the community action agencies (CAAs), all information necessary to determine my household's eligibility for the Connecticut Energy Assistance Program (CEAP). This includes wages and bills in my name as the head of household or the name of a household member who is eighteen years of age or older. I authorize DSS and the CAAs to provide my name, utility account information, and CEAP eligibility status, to my heating and/or utility provider for the purposes of administration of these programs and other programs operated by the CAAs or the State of Connecticut for which I may be eligible. I agree that the information I provide may be shared with the Connecticut Department of Energy and Environmental Protection for the purpose of determining eligibility for weatherization services. I further understand that the community action agency or the State of Connecticut may verify or confirm any information required to determine my eligibility for these programs. I acknowledge that this information may be provided to federal and state government agencies or program contractors, for the purposes of program administration. I agree for my energy provider to provide the CAAs or the State of Connecticut information about my energy usage. I also understand that information in this application may be used in the aggregate for evaluations and surveys by the CAAs, State of Connecticut, and federal and state government agencies.

I understand that if I am granted assistance because of an intentional error, misrepresentation, or fraud, I must repay, in full, the amount of the assistance provided, and I will not be eligible for assistance for the rest of the program year and for the following two (2) years. I also understand that if I have knowingly given any false or incorrect information, I may be subject to prosecution and penalties for false statements and larceny, as specified in §§ 53a-122, 53a-123, and 53a-157b of the Connecticut General Statutes. These penalties may include imprisonment. I may also be subject to prosecution and penalties provided under federal law.

I have received a copy of the Notice of Applicant Rights and Service Availability form.

By signing, I agree that:

- I have read this form or have had it read to me in a language that I understand, and that I must comply with these rules.
- The information I am giving is true and complete to the best of my knowledge.
- I could go to prison or be required to pay fines if I knowingly give wrong or incomplete information; and
- DSS and other federal, state, and local officials may verify (check) any information I give.

Print Household Applicant's full name	Household Applicant's Signature	Date
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**Designating an Authorized Representative.** You may appoint a person to help you with your application form and to help you get, use, or keep your benefits. If you want to appoint a person to help you, complete this section with your chosen representative.

I designate the following individual as a responsible person to help me apply for Energy Assistance and to assist me with all aspects of this application and eligibility process, which includes reporting changes and getting notices on my behalf. This person knows my circumstances well enough to answer questions and will act in my best interest.

Designated Authorized Representative's Name (first, middle, last, suffix)	Phone Number
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Home Address	City	State	Zip Code
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Print Applicant's Full Name	Applicant's Signature	Date
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**AGREEMENT OF AUTHORIZED REPRESENTATIVE:** As the Authorized Representative, I agree to (1) complete and submit application and renewal forms; (2) receive copies of notices and other communications from DSS and the Community Action Agency (CAA); and (3) act on behalf of the applicant in all matters with DSS and the CAA. I agree to fulfill all these responsibilities to the same extent as the person I represent, and that I may be held responsible for wrong information I give DSS or the CAA while acting as an authorized representative. I also agree to maintain, or be legally bound to maintain, the confidentiality of any information I get from DSS or the CAA regarding the person. I agree to act as the authorized representative until the applicant tells DSS or the CAA, in writing or verbally, that he or she no longer wants me to do so, or until I tell DSS or the CAA, in writing or verbally, that I no longer want to act as the authorized representative.

Have any authorized representative(s) print their names, sign, and date below.

Authorized Representative's Full Name	Authorized Representative's Signature	Date
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<b>Section 8 – For Office Use Only.</b> This section will be completed by the Community Action Agency.		
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Community Action Agency Reviewer	Reviewer's Signature	Date
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**NOTICE OF APPLICANT RIGHTS  
AND SERVICE AVAILABILITY  
W-1102 UPDATED 9/2023**

**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES**

**\* \* READ AND KEEP THIS NOTICE \* \***

**YOU ARE APPLYING FOR ENERGY ASSISTANCE**

This notice has the information you will need to understand your rights and the services that you may be able to receive from the Connecticut Energy Assistance Program (CEAP)

**CONNECTICUT ENERGY ASSISTANCE PROGRAM (CEAP) IMPORTANT DATES**

November 1, 2023	First day for fuel deliveries that can be paid by the program.
April 1, 2024	Deadline for fuel authorizations or deliveries.
May 31, 2024	The last day that a household can apply to establish its eligibility for benefits.
June 17, 2024	Last day to submit deliverable fuel bills.

Your household is applying for energy. The program is funded by the Department of Social Services (DSS) and operated by the Community Action Agency (CAA) Network. Assistance may only be provided if funds are available. All applications submitted by mail must be postmarked by May 31, 2024, and online applications must be uploaded by 11:59 p.m. on May 31, 2024, to be evaluated for program eligibility. **These are not entitlement programs.**

You have the right to have a determination notice postmarked within forty-five (45) days upon receipt or online submittal of your application by a CAA (excluding state designated holidays). If you do not receive a determination notice within forty-five (45) days, call the CAA where you applied.

You have the right to a desk review if: you have been denied assistance; you are not notified of a decision within forty-five (45) days; or you are refused some, or all, of your benefits. Any desk review request must be made in writing to the chief executive officer of the community action agency to which you are making this application. Requests for desk reviews must be submitted within sixty (60) days of the occurrence, the discovery of the occurrence, or by September 30, 2024, whichever comes first.

If you are dissatisfied with the results of the desk review, you have the right to a fair hearing. A fair hearing request must be mailed to the Department of Social Services, Administrative Hearings Office, 55 Farmington Avenue, Hartford, CT 06105 or faxed to (860) 424-5729, within sixty (60) days of the desk review decision.

**ELIGIBILITY**

Eligibility for benefits is based upon the household's total gross annual income and household size. Benefits are available for households whose income does not exceed 60% of the state median income, i.e.:

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$41,553	\$54,338	\$67,124	\$79,910	\$92,695	\$105,481	\$107,878	\$110,275

You may establish income eligibility by providing proof of income for all household members, specifically:

- **Employment Income:** Provide income documentation from the 30 days prior to the date of application or from four (4) consecutive weeks within the three months prior to the date of application
- **Self-Employment Income:** Provide six (6) or twelve (12) full calendar months' income documentation and the most recently filed IRS Form 1040 (with all appropriate Schedules, including C, D, E, SE, K, etc.).
- **Additional Income:** Required proof depends on income type, i.e.
  - ○ Social security, unemployment, or veterans' benefits: Award letter(s), statement showing direct deposits, or copy of a recent check
  - ○ Contributions from friends / relatives: Signed statement from friends / relatives who are contributing to your household's income
  - ○ Pensions or annuities: Statement or signed statement (on their letterhead) from income source
  - ○ Rental income: Copy of a recent check, rent stub(s), or lease agreement
  - ○ Alimony, child support, or adoption benefits: Bank statement showing direct deposits from Social Security.

Any household which makes direct to vendor payments for heat and in which a household member is participating in one or more of the following assistance programs is considered "categorically eligible" and will automatically be considered income eligible for energy assistance at a benefit level not less than that provided for households with income between 0% - 125% of the federal poverty guidelines (FPG):

1. Temporary Family Assistance
2. State Supplement to the Aged, Blind and Disabled
3. Refugee Cash Assistance Program
4. Supplemental Nutrition Assistance Program (SNAP)
5. Supplemental Security Income

Although categorically income-eligible, households must meet all other program requirements to receive benefits. If you are determined eligible, your household will be notified in writing.

## **BASIC BENEFITS**

If you are determined eligible, your household will be approved for a basic benefit. Your notification of eligibility will identify the amount of the basic benefit. If your household has a member who is elderly (age 60 or over), disabled or under six (6) years of age, your household will be considered to be **vulnerable** and will be eligible for a higher basic benefit.

## **DELIVERABLE FUEL HEATED HOUSEHOLDS**

To be eligible for energy assistance, bills must be in the name of: the applicant, a household member who is eighteen years of age or older, or a household member who is an emancipated minor. The CAA will authorize deliveries on your behalf. All deliveries authorized by the CAA will be paid up to your benefit amount. Deliveries must be made to the service address that is listed on the energy assistance application.

**If you are determined eligible and are in need of a fuel delivery, contact your local CAA to request an authorization for delivery.**

Automatic delivery or obtaining fuel on your own behalf is permitted as long as it is within the above-stated program dates, is delivered by an approved vendor, and funds remain in your basic benefit award. However, **payment can only be guaranteed if the delivery is authorized by the local CAA.**

**Automatic delivery customers must notify their oil vendor of their eligibility so the vendor can contact the CAA on the customer's behalf to receive an authorization to ensure payment for deliveries made on the customer's behalf.**

Deliverable fuel households who obtained a fuel delivery and wish to receive payment for the delivery made during the program year must provide deliverable fuel bills that document all information above and must be for deliveries made within the identified program dates. Reimbursement for client-paid bills will only be made from a household's basic benefit and will be paid to the household's fuel vendor. Bills must list the delivery date, retail price per gallon and the number of gallons delivered.

You have the right to select a fuel vendor from the available list of approved fuel vendors. You may also change vendors during the energy assistance season at your discretion, so long as the chosen vendor is on the approved vendor list maintained by the Department and kept by the CAA.

The price for deliverable fuel is determined in accordance with the vendor's supplier/vendor conditions of participation form with the Department. In particular, vendors cannot charge you the difference between their retail price and the price authorized through the program.

**Any heating costs incurred outside the identified periods, in excess of your benefit award, after funds are exhausted, or otherwise not covered by the program, are your household's responsibility.**

#### **CRISIS ASSISTANCE (DELIVERABLE FUEL HEATED HOUSEHOLDS ONLY)**

Should you exhaust your basic benefit, you may be eligible to receive crisis assistance benefits of up to **\$410**. During the program year, all eligible households may receive one Crisis Assistance benefit, while all eligible households at Level 1 and Level 2 may receive a second Crisis Assistance benefit. **If you are determined eligible and are in need of a fuel delivery, contact your local CAA to request an authorization for delivery.**

#### **UTILITY HEATED HOUSEHOLDS**

You must provide a current utility bill (gas or electric), or a copy of a bill for your primary heating source. The bill must be in the name of: the applicant, a household member who is eighteen years of age or older, or a household member who is an emancipated minor. The bill must be for the service address that is listed on the energy assistance application.

**Payment will be sent directly to your utility company.** Should the basic benefit exceed your utility charges for service incurred from November 1, 2023 – May 31, 2024, the excess benefit shall be refunded to DSS.

#### **HOUSEHOLDS WITH HEAT INCLUDED IN THE RENT (RENTAL ASSISTANCE)**

This benefit is provided to those qualified households where heat is included in their rent payment and owner-occupied dwelling units that do not have their primary source of heat individually metered or separately billed to their household. If you are determined eligible, your household will be approved for a rental assistance benefit. Your notice of eligibility will identify the amount of your rental assistance benefit. The rental assistance benefit will be sent to your household.

#### **OTHER**

Please note that non-qualified aliens are not eligible for federally funded CEAP benefits. Applications for households that include non-qualified aliens and citizens/qualified aliens may be processed. However, any non-qualified aliens will not be included in the count of the household size, although their income will be counted.

If you are determined eligible, you may request a clean, tune and test (CT&T) of your deliverable fuel heating system. You may also receive assistance if you are a homeowner and your heating system or oil tank is inoperable or unsafe. Please contact your local CAA for more information.

Persons who misrepresent their circumstances when applying for energy assistance are subject to prosecution and/or repayment of any benefits provided, following the completion of an investigation and final determination by the Department's investigations division, and are prohibited from participation for the remainder of the current program year and for the two program years following the year in which the misrepresentation occurred.

Households whose primary heat is a deliverable fuel or natural gas must provide a current copy of the electric bill unless it is verified that the bill is in the landlord's name.

Information regarding your application may be provided to another CAA for the purpose of providing weatherization services. Information that you provide during the eligibility process may also be provided to other programs operated by the CAA, DSS, or the Connecticut Department of Energy and Environmental Protection (DEEP), for the purpose of verifying your eligibility for DSS-funded or DEEP-administered programs, to comply with federal or state reporting requirements, or to connect you to additional services. In addition, information may be provided to the U.S. Department of Health and Human Services, the U.S. Department of Energy, or any of their duly authorized representatives for the purpose of review, audit, or evaluation. Your deliverable fuel vendor, and your electric company may be required to provide energy consumption information to assist in determining the energy burden of your household.

Your household may also qualify under Connecticut law for the Winter Protection Program. If so, your electric service may not be disconnected between November 1, 2023, through May 1, 2024. Contact your electric company for more information.

Should you have additional questions regarding assistance, please contact your local CAA.

**DHHS NON-DISCRIMINATION STATEMENT:**

The Department of Social Services and its administrative partners at the Community Action Agencies (CAAs) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department and the CAAs do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Social Services:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats, other formats)
2. Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information in other languages

If you need these services, contact your local CAA or the Department of Social Services Benefits Center at 1-855-626-6632.

If you believe that the Department of Social Services or the CAAs have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the DSS ADA Coordinator (see contact information below). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the ADA Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at the contact information below:

**CT NON-DISCRIMINATION STATEMENT:**

You have the right to make a discrimination complaint if you think we have taken action against you because of your race, color, religion, sex, gender identity or expression, marital status, age, national origin, ancestry, political beliefs, sexual orientation, intellectual disability, mental disability, learning disability, or physical disability, including, but not limited to, blindness.

An individual with a disability may request and receive a reasonable accommodation or special help from the Department of Social Services when it is necessary to allow the individual to have an equal and meaningful opportunity to participate in programs administered by the Department.

If you asked for an accommodation or special help and we refused to provide it, you may make a complaint to the Department's ADA Coordinator or any of the agencies listed below:

<b>Commissioner of Social Services</b> Attn: ADA Coordinator 55 Farmington Avenue Hartford, CT 06105-5033 Ph: (860) 424-5040, Fax: (860) 424-4948, TDD: (800) 842-4524 Toll Free: (800) 842-1508 Email: <a href="mailto:AffirmativeAction.DSS@ct.gov">AffirmativeAction.DSS@ct.gov</a>	<b>Connecticut Commission on Human Rights and Opportunities</b> 450 Columbus Boulevard, Suite 2 Hartford, CT 06103 Ph: (860) 541-3400, Toll free: (800) 477-5737, TDD: (860) 541-3400, Fax: (860) 246-5265 <a href="https://portal.ct.gov/CHRO">https://portal.ct.gov/CHRO</a>	<b>U.S. Dept. of Health and Human Services, Office for Civil Rights</b> Government Center J.F. Kennedy Federal Building – Room 1875 Boston, MA 02203 Customer Response Center: (800) 368-1019, TTY: (800) 537-7697, Fax: (202) 619-3818 <a href="mailto:Ocrmail@hhs.gov">Ocrmail@hhs.gov</a> <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>
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