

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
INTAKE CHECKLIST and BUNDLE COVER SHEET

DOCUMENTATION CHECKLIST

INSTRUCTIONS:

Citizenship, Identity, SSN, Income and Utility Bill documentation must be uploaded to the corresponding Application File Type. All other documents that are required for the Application should be uploaded to the Application File Type "Other".

** Denotes forms that are included in the HEAP Forms Bundle. All other HEAP forms are available on the CAA Portal.

Documentation required for all HEAP Applications

- | | |
|---|-----------------------------|
| 1. <input type="checkbox"/> HEAP Application (all pages, signed) | 4. Citizenship Verification |
| 2. <input type="checkbox"/> Reminder Form ** | 5. Identity Verification |
| 3. <input type="checkbox"/> Permission to Share Personal Information ** | 6. SSN Verification |

Other documentation to be included as needed

- | | |
|---|---|
| 1. <input type="checkbox"/> Citizenship Attestation Form ** | 7. <input type="checkbox"/> File Notes |
| 2. <input type="checkbox"/> Income Documentation | 8. <input type="checkbox"/> Lease Agreement or Landlord Affidavit |
| 3. <input type="checkbox"/> SNAP/TANF Verification | 9. <input type="checkbox"/> HEAP Application Update Form |
| 4. <input type="checkbox"/> Electric Utility Bill | 10. <input type="checkbox"/> Benefit Return Form |
| 5. <input type="checkbox"/> Lease Agreement or Landlord Affidavit | 11. <input type="checkbox"/> Waiver Request Form |

APPLICANT INFORMATION

Provide the following data and forms will auto-populate.

APPLICANT

| | |
|-----------------------|-------------------|
| First Name _____ | Middle Name _____ |
| Last Name _____ | |
| Service Address _____ | |
| Apt # _____ | |
| City State Zip _____ | |
| Mailing Address _____ | |
| City State Zip _____ | |
| Phone _____ | |
| Alternate Phone _____ | |
| Email _____ | |

CAA

| | |
|--------------------------|-------|
| CAA Name _____ | _____ |
| Mailing Address _____ | _____ |
| City State Zip _____ | _____ |
| CAA Phone _____ | _____ |
| CAA Fax _____ | _____ |
| CAA Email _____ | _____ |
| Intake Staff Name _____ | _____ |
| Intake Staff Phone _____ | _____ |
| Intake Staff Email _____ | _____ |

HEAP APPLICATION

| | |
|---------------------------------|-------|
| Application ID _____ | _____ |
| Application Date _____ | _____ |
| Application Received Date _____ | _____ |

FUEL VENDOR

| | |
|-----------------------------|-------|
| Requested Vendor Name _____ | _____ |
| Requested Fuel Type _____ | _____ |