

CHECKLIST OF REQUIRED DOCUMENTATION FOR THE ENERGY ASSISTANCE PROGRAM

IN ORDER TO ENSURE THAT YOUR APPLICATION IS PROCESSED AS QUICKLY AS POSSIBLE, IT IS NECESSARY THAT YOU SUBMIT ALL OF THE INFORMATION INDICATED BELOW. SUBMIT THE FOLLOWING ITEM(S) WITHIN TEN (10) DAYS:

I. INCOME DOCUMENTATION

- Your four (4) most recent consecutive weekly paystubs, two (2) consecutive bi-weekly or semi-monthly paystubs or one (1) monthly paystub OR, if these are not available, you may bring a statement from your employer on company letterhead signed by either the employer or the payroll department, stating your gross wages for the last four (4) weeks. (Paystubs will only be accepted if they list your name and/or Social Security number.)
- Since you are self-employed, a *notarized* Self-Employment Worksheet for the last six (6) or twelve (12) full calendar months and your most recently filed 1040 IRS form including all relevant schedules (C, D, E, SE, K, etc.).
- Report of Confidential Social Security Benefits, Form 2458, available at the local Social Security office, OR a copy of your Social Security or Supplemental Security Income (SSI) check, OR a statement from the bank if you have a direct deposit, OR your most recent Social Security Award Notice, Form SSA-4926SM.
- Pension or annuity check stubs, OR a letter from the payor on the letterhead of the payor stating the gross amount.
- Since you are unemployed, the printout of Unemployment Compensation Benefits from the Department of Labor (DOL) or from the DOL website at: www.ctdol.state.ct.us.
- Workman's Compensation or Disability Insurance (short-term or long-term) statement showing benefits and the period covered.
- Rent receipt(s) for rental income, OR your tenant's lease, OR photo static copies of check(s), OR statement(s) from tenant(s) verifying rent.
- V.A. Award Letter for Veteran's Benefits (including pensions), OR a copy of the check, OR a statement from the bank if you have direct deposit.
- Dividend and interest statements for the most recently completed period (if more than \$10.00 per month).
- Divorce decree or Family Relations Court letter or lawyer statement verifying the amount and frequency of alimony and/or child support, OR Child Support Enforcement letter or printout, OR bank statement if payments go directly to bank account, OR statement from legally liable relative if voluntary cash support payments or alternate means of support in lieu of child support payments are made directly to you.
- Statement(s) indicating the amount and frequency of payments from friends or relatives who are contributing to your household's support, signed by them.
- Current utility bill if you heat with gas or electricity. Verification from the utility company if you recently moved and have not yet received a bill.

II. VERIFICATION OF DISABILITY

- Since you or some member(s) of your household has a disability that cannot be verified by sight, you must have the provided medical certificate signed and stamped by a physician verifying the disability.

III. DOCUMENTATION OF RENT FOR RENTAL ASSISTANCE APPLICANTS

- It will be necessary for you to bring in proof of what your current rent is as evidenced by your lease, a copy of a check OR a current rent receipt or current housing notification. (Rent charges may be verified with your landlord).

IV. ASSET VERIFICATION

- To verify your current account balance(s), you must provide statement(s) from every institution that you or any other adult household member(s) have an account with. (Liquid assets include savings and checking accounts, bonds, stocks/shares, Certificates of Deposit, or Individual Retirement Accounts if over 59 ½ years old).

V. ENERGY BURDEN

- Copy of your household's current electric bill.

VI. OTHER

- _____

ANY AND ALL DOCUMENTATION PROVIDED BECOMES THE PROPERTY OF THIS AGENCY. IF YOU WANT TO KEEP YOUR DOCUMENTATION/VERIFICATION, YOU MUST MAKE YOUR OWN COPY.

SHOULD YOU FAIL TO SUBMIT YOUR DOCUMENTATION/VERIFICATION WITHIN TEN (10) DAYS, IT MAY NOT BE POSSIBLE TO PROCESS YOUR APPLICATION WITHIN THE REQUIRED TIME LIMIT, AND AS A RESULT, YOU MAY NEED TO RE-APPLY.

Applicant's Signature

Worker's Signature

Date

Application Number



The Community Action Agency of Western Connecticut, Inc.

CAAWC
Agency Portal
Customer Authorization Form

I _____ authorize _____
(Customer's name) (Agency name)

to access and view my utility account information from Eversource Energy to assist me in the Energy Assistance application process.

Customer's Initials: _____

Customer's Signature: _____

Agency Representative's Name: _____

Date of Appointment: _____

State of Connecticut
Department of Social Services

ENERGY ASSISTANCE ASSETS DECLARATION/VERIFICATION FORM

APPLICANT NAME _____

CASE NUMBER _____

Households that use a utility as their primary heating source and have documented that all household members are currently receiving benefits through the Temporary Family Assistance, Refugee Cash Assistance and/or State Supplement to the Aged, Blind and Disabled programs are not subject to the liquid assets test. All other households are required to complete this form. Please note that in addition to this form, you must provide verification of all declared liquid assets.

Check here if you are declaring no liquid assets for all household members.

Please identify below the current value of all liquid assets for all household members.

RESOURCE	CURRENT VALUE	INSTITUTION
Checking Account(s)	\$ _____	_____
Savings Account(s)	\$ _____	_____
Credit Union Account(s)	\$ _____	_____
Stocks/Shares	\$ _____	_____
Bonds	\$ _____	_____
Certificate(s) of Deposit (CD)	\$ _____	_____
Individual Retirement Account(s)*	\$ _____	_____
Other (specify)	\$ _____	_____
TOTAL	\$ _____	

*Individual retirement accounts are considered to be liquid assets if they are in the name of a household member who is at least 59 ½ years old.

NO LIEN WILL BE PLACED ON PROPERTY FOR ANYONE DETERMINED ELIGIBLE FOR ENERGY ASSISTANCE BENEFITS.

Please fill in below if anyone in your household owns land, buildings or dwellings other than your home:

Location: _____
 Street City State

As the applicant for my household, I declare to the State of Connecticut's Department of Social Services and its grantees that all statements made by me on this Assets Declaration Form are true, correct and complete to the best of my knowledge. I understand that if I knowingly give incorrect information, I may be subject to penalties for false statement, as cited in Section 53a-157b of the Connecticut General Statutes. I agree that the State Department of Social Services, or its energy assistance grantee, has the right to verify any information that may be required to determine the amount of my household's liquid assets.

APPLICANT SIGNATURE _____

DATE _____

ENERGY ASSISTANCE APPLICATION

Application Date _____

Do you have a disability and need an accommodation or special help to complete this application? Yes No

Applicant Name _____ Primary Language _____ DSS Client I.D. # _____
(last) (first) (middle initial)

Mailing Address _____ Home Telephone (____) - _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Service Address _____ Day Time Phone (____) - _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Total Number of Household Members _____ Number of Persons Disabled _____ Does anyone in the household receive SNAP benefits? Yes No

Listing yourself first, complete all spaces below for ALL persons living in the home. Use separate sheet of paper if necessary.

Name (last, first, middle initial)	Relation	Social Security #	Race	Sex M / F	Disabled Y or N	Age	Birthdate m/d/yr	Student Status	Education	Marital Status	Health Insurance Y or N	WIC Y or N	Veteran Y or N	Receive SNAP Y or N
SELF	SELF													

HOUSING/ENERGY DATA Note: Verification of rent or mortgage payment (if applicable) may be required. Verification of your current bill is needed if you heat with electricity or natural gas.

Do you own a home? Yes No Are you still paying a mortgage? Yes No If Yes, what is your monthly mortgage payment? \$ _____

Do you rent? Yes No Do you live in subsidized rental housing? Yes No Monthly Rent Payment (your portion) \$ _____

Landlord or Agent Name or Company Name _____

Landlord Address _____ Landlord Telephone (____) - _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Are you a roomer in someone else's home? Yes No Do you live rent-free in someone else's home? Yes No If you answer yes to either of these 2 questions, STOP, because the head of household must complete the application

Type of Dwelling: Single Family Two Family 3-5 Units 6+ Units Mobile Home In-Law Apt. Other (specify) _____

Method of paying heat: Heat included in rent Payment to vendor Is your fuel tank shared with another household? Yes No

What is your primary heating source? Oil Natural Gas Propane Electric Coal Wood Kerosene Other (specify) _____

What is the name of your primary heat source fuel dealer or utility company? _____
 Address _____ Name on Account _____ Acct. No. _____

Electric Company Name _____ Name on Account _____ Acct. No. _____

FINANCIAL DATA	Note: Verification of Income (including benefits) is required		APPLICANT'S NAME
INCOME SOURCES	INCOME FREQUENCY	HOUSEHOLD MEMBER(S) RECEIVING INCOME	
Employment Wages	(weekly, bi-weekly, monthly, et.)		
Public Assistance (TANF, SAGA, State Supp., etc.)			
Child Support/Alimony			
Veteran's Benefits			
Unemployment Compensation			
Social Security/SSI Benefits			
Worker's Compensation/Disability Insurance			
Retirement/Pensions/Annuities			
Rental Income			
Self-Employment			
Contributions from Friends/Relatives			
Zero Income			
Other			

APPLICATION CERTIFICATION		
<p>I have read this form, or it has been read to me in a language that I understand. I understand what is in the form. As the applicant for my household, I swear 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.</p>		
<p>I agree to provide to the Department of Social Services, or to its energy assistance contractor, the community action agency, any information, including wages, asset information and bills in my name as the head of household or of a household member of majority status, which is necessary to determine my household's eligibility. I also agree that information included in this application may be provided to the State 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 this program. I agree that the information in this application may be provided to my energy vendors, and to any programs operated by the community action agency or the State of Connecticut for which I may be eligible. I also give consent for this information to be provided to any authorized government agency. I agree for my energy vendors to provide the community action agency or the State of Connecticut information about my energy account and/or usage. I agree to hold my energy vendors harmless and release them from and against loss, demands, damages, or liabilities caused by such disclosure. I also understand that information in this application may be used for evaluations and surveys by the community action agency, State of Connecticut, authorized government agencies or its contractors.</p>		
<p>I understand that if I am granted assistance as a result 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 sections 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.</p>		
<p>I have received a copy of the Notice of Applicant Rights and Service Availability form.</p>		
<p>_____</p> <p><i>Applicant's Signature</i></p>	<p>_____</p> <p><i>Witness/Interpreter/Legal Representative</i></p>	<p>_____</p> <p><i>Date</i></p>
<p>_____</p> <p><i>Intake Worker's Signature</i></p>	<p>_____</p> <p><i>Intake Site</i></p>	
<p>I swear or affirm that the certifications given are true, correct and accurate as stated and/or supplied by the applicant and understand that the provision of false, fraudulent or misleading information is punishable by state law.</p>		
<p>_____</p> <p><i>Certifier's Signature</i></p>	<p>_____</p> <p><i>Date</i></p>	<p>_____</p> <p><i>(Revised 10/15)</i></p>

W-1104

Danbury CAAWC Vendors 2020-2021

	CAAWC Vendors	Phone #	Oil	Propane	Kerosene	Burner Start-Up	Clean, Tune, Test	Accepting New Clients
1	A & P Fuel	(203) 743-6321	✓					Yes
2	ABC Fuel Inc	(203)775-0221	✓			✓		Yes
3	Amerigas Propane*	(860) 589-8071		✓				No
4	B & H Oil	(203) 753-4328	✓	✓		✓	✓	Yes
5	Bantam Home & Energy	(860) 567-9431		✓				Yes
6	Ben's Fuel*	(203) 362-3332	✓	✓		✓		No
7	Best Oil Inc.	(203) 574-4050	✓	✓		✓	✓	Yes
8	Best Propane LLC	(203) 574-4050		✓		✓	✓	Yes
9	Brass City Fuel	(203) 575-9168	✓	✓		✓	✓	Yes
10	Buzaid-Mutual Fuel Corp.	(203) 743-6321	✓					Yes
11	Coastal Energy LLC	(203) 570-2625	✓					Yes
12	Casey Fuel Co. Inc.*	(203) 438-6500	✓			✓		No
13	Country Oil LLC	(203) 270-1180	✓					Yes
14	CT Oil Direct LLC	(203) 419-5025	✓	✓		✓	✓	Yes
15	Curtiss Oil LLC	(203) 758-4799	✓			✓		Yes
16	DJK Fuel Oil Inc.	(203) 866-9355	✓			✓	✓	Yes
17	Economy Fuel	(203)367-7064	✓					No
18	Gas Works Propane	(203)269-2082		✓		✓	✓	Yes
19	Hhi Ho Petroleum	(203) 335-0101	✓			✓	✓	Yes
20	Hocon Gas of Danbury	(203) 744-4000	✓	✓				Yes
21	Hocon Gas of Torrington	(860) 626-0900	✓	✓		✓	✓	Yes
22	Hoffman Fuel*	(800) 605-3466	✓	✓		✓	✓	Yes
23	Hometown Fuel, LLC	(203) 304-1922	✓			✓		Yes
24	Jennings Oil Company	(203) 790-1406	✓			✓	✓	Yes
25	John B. Hull Inc.	(860) 824-8542	✓			✓		Yes
26	J. Thurston Fuel	(203) 720-3028	✓	✓		✓	✓	Yes
27	Kaufman Fuel Company*	(203) 368-4273	✓					No
28	Klebe Fuel Co., Inc.	(860) 738-1114	✓	✓		✓		Yes
29	La Placa Oil & Propane*	(860) 491-3737	✓	✓		✓	✓	No
30	Leahy's Fuels Inc.	(203) 748-3535	✓	✓	✓	✓	✓	Yes
31	Marandola Fuel Service*	(860) 355-4877	✓			✓	✓	No
32	Migliaro Fuel	(203) 574-4050	✓	✓		✓	✓	Yes
33	Musco Propane	(203) 879-8803		✓		✓	✓	Yes
34	New England Propane	(203) 792-7654		✓				Yes
35	New England Oil Co.*	(203)869-5869	✓	✓				No
36	Norbert E. Mitchell Co.*	(203) 744-0600	✓	✓	✓	✓	✓	No
37	Petro Inc.*	(800) 605-3466	✓	✓		✓	✓	No
38	Phoenix Propane	(203) 888-8881		✓		✓		Yes
39	Pioneer Gas & Appliance Co., Inc.*	(203) 924-1618		✓				No
40	Richard T Layton Co. Ltd.	(860) 354-4888		✓		✓	✓	Yes
41	Rural Gas Company	(203) 261-3641	✓	✓		✓		Yes
42	Santa Fuel Inc.*	(203) 362-3332	✓	✓		✓		No

Danbury CAAWC Vendors 2020-2021

	CAAWC Vendors	Phone #	Oil	Propane	Kerosene	Burner Start-Up	Clean, Tune, Test	Accepting New Clients
43	Sippin Energy Products*	(203) 261-3668	✓	✓			✓	No
44	Suburban Propane LLC #7332	(203) 573-9808		✓				Yes
45	Superior Plus Energy Services, LLC*	(860) 379-3322	✓	✓		✓	✓	No
46	Toro Fuel LLC	(203) 441-2289	✓					Yes
47	Thurston Energy Inc.*	(203) 729-5274		✓		✓		No
48	V-Fuel	(203) 335-9027	✓			✓	✓	Yes
49	Wesson Energy, Inc.	(203) 419-5025	✓	✓		✓	✓	Yes

Please review the above list of CAAWC vendors, and choose a vendor of your choice.

By signing below you affirm that you have selected the vendor on your own and that neither the intake worker nor any other CAAWC worker have influenced your selection in any manner.

Client Signature

Date

Client Vendor Selection

Client ID#

Client Address

***Please note the vendors that have an asterisk are NOT accepting new clients.**

***Por favor tenga en cuenta que los vendedores con un asterisco no están aceptando nuevos clientes.**