

APPLICATION FOR LIHEAP CRISIS SERVICE CALL



Applicant's Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_


Date of Birth \_\_\_\_\_ E-Mail address: \_\_\_\_\_ (if you have one)

Questar Account # \_\_\_\_\_ Service Agreement # \_\_\_\_\_

Electrical Account # \_\_\_\_\_

Home Ownership:

Yes \_\_\_\_\_ (Client must provide proof of ownership – County Property Tax Notice, Deed, DMV Title, or Notarized Contract)  
See Section C3. 4

No \_\_\_\_\_  If unit is a rental Crisis Service Call work cannot be done. See Section C3. 5.

FURNACE  COOLING SYSTEM  WATER HEATER  OTHER

*(Cooling system repairs also must meet the age/disability test and equipment must include a mechanical problem that makes replacement necessary.)*

Describe Problem:

| <u>Name</u> | <u>Soc. Sec. #:</u> | <u>Age</u> | <u>Disabled</u> | <u>Native American</u> |
|-------------|---------------------|------------|-----------------|------------------------|
| _____       | _____               | _____      | _____           | _____                  |
| _____       | _____               | _____      | _____           | _____                  |
| _____       | _____               | _____      | _____           | _____                  |
| _____       | _____               | _____      | _____           | _____                  |

Applicant's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give permission to the administering local agency, State of Utah, HEAT, Rocky Mountain Power, and Questar Gas to inspect the real property I occupy in order to determine crisis needs, complete the crisis work, and after, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I acknowledge that I have received a copy of the Privacy Act.

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Intake Approval Signature

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Editor Approval Signature

\_\_\_\_\_  
Approval Date

The client listed above is eligible to receive Energy Crisis or Weatherization crisis funding from the LIHEAP Program. Attach copy of HEAT Certificate