

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: _____

Name	Soc. Sec. #:	Age	Disabled	Native American
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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