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#### WESTPORT CONNECTICUT

#### THE DEPARTMENT OF HUMAN SERVICES

TOWN HALL, 110 MYRTLE AVENUE WESTPORT, CT 06880 (203) 341-1050 FAX (203) 341-1073 EMAIL: HUMANSRV@WESTPORTCT.GOV

October 1, 2020

It's time for **ENERGY ASSISTANCE**! To receive assistance, you must **apply every year with up to date** information. Apply NOW though benefits will not be available until Nov 2 (first day for deliveries), as there is always a risk the program will run out of funding.

#### Eligibility guidelines

A Family of two may have an annual **gross** income of up to \$49,228 Asset limits for the State program are \$15,000 for homeowners and \$12,000 for renters

#### Incomplete documentation will delay your application & award

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All pages (front and back) of your most recent bank statements for every account belonging to every household member over 18yrs, to identify assets and Social Security, pension, annuity etc. Liquid Assets include all savings, checking accounts, stocks/bonds, CDs and IRAs (only if owner of the IRA is over 59 1/2 years of age.)
weeks (on the date you apply).    Social Security: If your SS or disability benefits are direct deposited to your bank account, bring in most recent bank statement. If not direct deposit, bring in document from the SS administration which states, the amount of your monthly check or a copy of the current monthly check.    Pension/Annuity/Veterans Benefits: A bank statement can be used to document pension as long as IRS Form 1099 of previous year is also provided, and pension income is one-twelfth of the annual amount.    Self-Employment: A self-employment worksheet must be completed for the last 6 or 12-month period from the date of application. The form must be notarized and accompanied by a (2019) tax return (1040) and all relevant schedules (C, D, E, K etc.). You may request a form prior to your appointment if needed.    Unemployment: A printout of benefits from DOL website <a href="www.ctdol.state.ct.us">www.ctdol.state.ct.us</a>   Dividend/Interest: Statements for the most recently completed period if over \$10/month   DSS-SAGA/Cash Assistance: Current budget sheet or debit card statement   Alimony/Child Support: Divorce decree or Court letter or lawyer verifying amount and frequency or alimony and/or child support: or child support enforcement letter or bank statement if amount direct deposited.    Help from Friends or Family: If you receive financial help from family or friends, you must provide a signed statement from the lender indicating the amount and frequency of these contributions to your household   Rental Income: Proof of rental income if applicable
Current electric bill required for ALL applicants  Rent/Mortgage: Proof of rent/mortgage payment (receipt, lease, copy of check/statement from landlord)  Disability: Verification of disability if applicable. (TPQY)  Social security cards required for NEW applicants  2019 Tax Return (or most recent if self employed)  Current SNAP benefits award letter  Out of pocket medical expenses monthly (if heat with oil)  Property taxes paid if applicable (if heat with oil)  Monthly insurance-auto, home, renters, life.(if heat with oil)

Return ALL required documentation. Apply early to receive your maximum benefit.



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110 Myrtle Avenue, Room 200 Westport, CT 06880
(203) 341-1050 <a href="mailto:humansrv@westportct.gov">humansrv@westportct.gov</a>

#### **CONSENT TO RELEASE INFORMATION**

I,		, born,
do hereby	consent and authorize The Town of Westport Depar	tment of Human Services to release
informati	on pertaining to me to the agencies/persons indicated be	elow, and I also authorize the indicated source
to release	information/documentation regarding my case to	
	Department of Children and Families	
	School or Childcare Provider	
	Department of Social Services	
. 0	Mental Health Agency/Professional	
	Physician or Medical Facility	
	Community Agency (name)	
	Alliance for Community Empowerment	
	Eversource	
	Millennium Realty	
•	Southern CT Gas	
	Westport Housing Authority	
The durat	ion of this authorization is until:	
	One year from today's date	
	Resolution of support services	
	Other:	
that actio	and that I may revoke this consent at any time by notify n has been taken in reliance on my consent. A photocome original document.	ing the facility in writing, except to the extent
Client Sig	gnature	Date
Parent/Le	gal Guardian Signature (if required)	Date
Witness S	Signature	Date



Dr. Monette Ferguson, Executive Director-Laurel Gross, Chairperson 1070 Park Avenue Bridgeport, CT 06604 Phone: (203) 366-8241 Fax: (203) 394-6175

149 Water Street, 2nd Floor Norwalk, CT 06854 Phone: (203) 838-8110 Fax: (203) 394-6175

AllianceCT.org

#### **ALLIANCE, Inc. Mandated Reporting**

I understand that ALLIANCE's Case Managers are mandated reporters under Connecticut Laws. Mandated reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm (Connecticut General Statutes §17a-101 through 103; 19a-216; and 46b-120). The law also requires us to report suspected abuse, neglect, abandonment, or exploitation of the elderly and disabled to the Department of Developmental Services (DDS) within 72 hours (Connecticut General Statutes <u>46a-11b</u>, relative to persons with intellectual/developmental disabilities, and CGS 17a-408-412 and 17b-451, suspected abuse, neglect, exploitation, abandonment or need for protective services, related to elderly persons).

Client Signature:	Date:		
Staff Member Signature:	Date:		



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# ALLIANCE, Inc. Client Confidentiality, Release of Information

The statements made by me on this application are true, correct, and complete to the best of my knowledge.

I give ALLIANCE, Inc. permission and consent to release my/ my dependent child's personal information, obtain, and share all relevant social, financial, and other information about myself and the dependent members of my household that will allow ALLIANCE, Inc. and partnering agencies to determine eligibility for benefits and/or services from ALLIANCE, Inc. It is the policy of the agency to protect the privacy of our clients by not disclosing medical, education, or other personal information not limited to social security numbers, outside of the agency unless consented to in writing by client, except in certain cases including: 1. To report suspected abuse or neglect to the Department of Children & Families; 2. To comply with federal, state and/or local laws and regulations. Including, without limitation, pursuant to a lawfully issued administrative summons or judicial order, including a search warrant or subpoena, or in response to a governmental audit or in response to a request by a law enforcement agency for a client's address; 3. In response to medical emergency or to apprise the client's physician of a medical condition of which the client may not be aware or about which the client is unable to communicate at the time of emergency; 4. To a successor or organization of ALLIANCE, Inc., for example, if ALLIANCE, Inc. were to combine with another agency.

Please Initial:	
By initialing here I give my consent to share an member of household that will allow us to determin ALLIANCE, Inc. and partnering agencies.	
☐ I acknowledge that there are non-dependent m in my application to determine eligibility for benefit partnering agencies. (Provide Non-dependent house	
Name(s) of non-dependent household member(s): -	
- No.	
Client Signature.	Date:
Staff Member Signature:	Date:

FINANCIAL DATA Note: Verification of Incon	Note: Verification of Income (Including benefits) is required APPLICANT'S NAME	
INCOME SOURCES	INCOME FREQUENCY (weekly, bi-weekly, monthly, et.)	HOUSEHOLD MEMBER(S) RECEIVING INCOME
Employment Wages		
Public Assistance (TANF, SAGA, State Supp., etc.)		я
Child Support/Alimony		
Veteran's Benefits		
Unemployment Compensation	3	
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		
I have read this form, or it has been read to me in a langume on this application are true, correct and complete to the paramy assistance benefits	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	licant for my household, I swear that all statements made by ens or qualified aliens may be eligible to receive federal
Jagree to provide to the Department of Social Services	Jaree 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	rv anv information including wadas assat information and
bills in my name as the head of household or of a household or of a household or of a household or of a household in this application may be provided to the State further understand that the community action agency or the information in this provided that the community action agency or the information in this provided that the community action agency or the information in this provided that the community action agency or the coperation agency or the community action agency or the community a	bills in my name as the head of 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 against the State of Connecticut may verify or confirm any information required to determine my eligibility for this program. I agree that	in the months of the property of the program. I agree that information from the my household's eligibility. I also agree that information pose of determining eligibility for weatherization services. I aired to determine my eligibility for this program. I agree that
eligible. I also give consent for this information to be provided to the connecticut information about my energy account are	ure information in this application may be provided to any energy verticals, 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	action agency of the State of Connecticut for which I may be rendors to provide the community action agency or the State lease them from and against loss, demands, damages, or
liabilities caused by such disclosure. I also understand that i Connecticut, authorized government agencies or its contractors.	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.	is and surveys by the community action agency, State of
I understand that if I am granted assistance as a result of an intentional error, misrepresentation or fraud eligible for assistance for the rest of the program year and for the following two (2) years. I also underst subject to prosecution and penalties for false statements and larceny, as specified in sections 53a-122, may include imprisonment. I may also be subject to prosecution and penalties provided under federal law.	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.	full, the amount of the assistance provided, and I will not be knowingly given any false or incorrect information, I may be 157b of the Connecticut General Statutes. These penalties
I have received a copy of the Notice of Applicant Rights and Service Availability form.	s and Service Availability form.	
Applicant's Signature	Witness/Interpreter/Legal Representative	
Intake Worker's Signature	Intake Site	
I swear or affirm that the certifications given are true, c misleading information is punishable by state law.	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.	nt and understand that the provision of false, fraudulent or
		W-1104
Certifler's Signature	Date	(Revised 10/15)

#### State of Connecticut Department of Social Services

## ENERGY ASSISTANCE ASSETS DECLARATION/VERIFICATION FORM

APPLICANT NAME		CASE NUMBER
receiving benefits through the Tempora	ry Family Assistance, Refugee Cash to the liquid assets test. All other house	nented that <u>all</u> household members are currently Assistance and/or State Supplement to the Aged, Blind scholds are required to complete this form. Please note aid assets.
☐ Check here if you are declaring <u>no</u> li	quid assets for <u>all</u> household member below the current value of all liquid a	
RESOURCE	CURRENT VALUE	INSTITUTION
Checking Account(s)	\$	
Savings Account(s)	\$	
Credit Union Account(s)	\$	
Stocks/Shares	\$	
Bonds	\$	A
Certificate(s) of Deposit (CD)	\$	
Individual Retirement Account(s)*	\$	* e
Other (specify)	\$	,
TOTAL	\$	×.
*Individual retirement accounts are considered old.	dered to be liquid assets if they are in th	e name of a household member who is at least 59 ½ years
<b>BENEFITS.</b> Please fill in below if anyone in your house		INED ELIGIBLE FOR ENERGY ASSISTANCE s other than your home:
Location:Street	City	State
made by me on this Assets Declaration I	Form are true, correct and complete to ect to penalties for false statement, as citial Services, or its energy assistance g	tment of Social Services and its grantees that all statements the best of my knowledge. I understand that if I knowingly ted in Section 53a-157b of the Connecticut General Statutes rantee, has the right to verify any information that may be
0		DATE.
APPLICANT SIGNATURE		DATE

Self- assessment to	o determine	additional	resources	(check all that apply)
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Income:
1 - No Income 2 - Inadequate income and/or spontaneous or inappropriate spending 3 - Can meet basic needs with subsidy; appropriate spending 4 - Can meet basic needs and manage debt without assistance 5 - Income is sufficient, well managed; has discretionary income and is able to save 6 - Not Applicable
Employment:
1 - No Job 2 - Temporary, part-time or seasonal; inadequate pay; no benefits 3 - Employed full-time; inadequate pay; few or no benefits 4 - Employed full-time with adequate pay and benefits 5 - Maintains permanent employment with adequate income and benefits 6 - Not Applicable
Housing: Provide COVID documented adjustment to Rent/Mortgage Agreement
1 - Homeless or threatened with eviction 2 - In transitional, temporary or substandard housing; and/or current rent/mortgage is unaffordable 3 - In stable housing that is safe but only marginally adequate 4 - Household is safe, adequate, subsidized housing 5 - Household is safe, adequate, unsubsidized housing 6 - Not Applicable
Food:
<ul> <li>1 - No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.</li> <li>2 - Household is on food stamps</li> <li>3 - Can meet basic food needs but requires occasional assistance</li> <li>4 - Can meet basic food needs without assistance</li> <li>5 - Can choose to purchase any food household desires</li> <li>6 - Not Applicable</li> </ul>
Childcare:
1 - Needs childcare, but none is available/accessible and/or child is not eligible 2 - Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available 3 - Affordable subsidized childcare is available but limited 4 - Reliable, affordable childcare is available; no need for subsidies 5 - Able to select quality childcare of choice 6 - Not Applicable
Cther: Legal Concerns Health Concerns General Financial Concerns