



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



ASSETS **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.)**

INCOME **Employment:** Proof of all income for all household members over 18 for the four (4) most recent 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 www.ctdol.state.ct.us

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 of 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

OTHER **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 humansrv@westportct.gov

CONSENT TO RELEASE INFORMATION

I, _____, born _____,


do hereby consent and authorize **The Town of Westport Department of Human Services** to release information pertaining to me to the agencies/persons indicated below, and I also authorize the indicated sources to release information/documentation regarding my case to

- Department of Children and Families _____
- School or Childcare Provider _____
- Department of Social Services _____
- 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 duration of this authorization is until:

- One year from today's date
- Resolution of support services
- Other: _____

I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

 _____
 Client Signature

 Date

 Parent/Legal Guardian Signature (if required)

 Date

 Witness Signature

 Date

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 1/2 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

Self- assessment to determine additional resources (check all that apply)

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:

- 1 - No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.
- 2 - Household is on food stamps
- 3 - Can meet basic food needs but requires occasional assistance
- 4 - Can meet basic food needs without assistance
- 5 - Can choose to purchase any food household desires
- 6 - Not Applicable

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

Other:

- Legal Concerns
 - Health Concerns
 - General Financial Concerns
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