



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

November 1, 2020

It's time for **ENERGY ASSISTANCE!** To receive assistance, you must **apply every year with up to date** information. Apply NOW and your utility credit will be applied before the Spring. Apply early to avoid the risk of depleted funds.

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 does not have to be notarized. However we need your (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**

Current SCG bill if heat with Gas.

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

Return ALL required documentation. Apply early!



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DEPARTMENT OF HUMAN SERVICES

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



ALLIANCE
FOR COMMUNITY EMPOWERMENT, INC.

Dr. Monette Ferguson, Executive Director
Laurel Gross, Chairperson

1070 Park Avenue
Bridgeport, CT 06804
Phone: (203) 394-8241
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 46a-11b, 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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AllianceCT.org

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 and release my/my dependents information as a member of household that will allow us to determine eligibility for benefits and/or services from ALLIANCE, Inc. and partnering agencies.

I acknowledge that there are non-dependent members of my household that need to be included in my application to determine eligibility for benefits and/or services from ALLIANCE, Inc. and/or partnering agencies. *(Provide Non-dependent household release of information form.)*

Name(s) of non-dependent household member(s): _____

Client Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

FINANCIAL DATA	Note: Verification of Income (including benefits) is required	APPLICANT'S NAME	HOUSEHOLD MEMBER(S) RECEIVING INCOME
INCOME SOURCES	INCOME FREQUENCY (weekly, bi-weekly, monthly, et.)		
Employment Wages			
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

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.

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.

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.

I have received a copy of the Notice of Applicant Rights and Service Availability form.

Applicant's Signature _____ Date _____
 Witness/Interpreter/Legal Representative _____ Date _____

Intake Worker's Signature _____ Intake Site _____

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.

Certifier's 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 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 _____

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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