

CHECKLIST OF REQUIRED DOCUMENTATION FOR ENERGY ASSISTANCE PROGRAMS

IN ORDER TO ENSURE THAT YOUR APPLICATION IS PROCESSED AS QUICKLY AS POSSIBLE, IT IS NECESSARY THAT YOU SUBMIT ALL OF THE INFORMATION INDICATED BELOW. SUBMIT THE FOLLOWING ITEM(S) WITHIN TEN (10) DAYS:

**I. INCOME DOCUMENTATION**

- Your four (4) most recent consecutive weekly paystubs, two (2) consecutive bi-weekly or semi-monthly paystubs or one (1) monthly paystub OR, if these are not available, you may bring a statement from your employer on company letterhead signed by either the employer or the payroll department, stating your gross wages for the last four (4) weeks. (Paystubs will only be accepted if they list your name and/or Social Security number.)
- Since you are self-employed, a *notarized* Self-Employment Worksheet for the last six (6) or twelve (12) full calendar months and your most recently filed 1040 IRS form including all relevant schedules (C, D, E, SE, K, etc.).
- Report of Confidential Social Security Benefits, Form 2458, available at the local Social Security office, OR a copy of your Social Security or Supplemental Security Income (SSI) check, OR a statement from the bank if you have a direct deposit, OR your most recent Social Security Award Notice, Form SSA-4926SM.
- Pension or annuity check stubs, OR a letter from the payor on the letterhead of the payor stating the gross amount.
- Since you are unemployed, the printout of Unemployment Compensation Benefits from the Department of Labor (DOL) or from the DOL website at: [www.ctdol.state.ct.us](http://www.ctdol.state.ct.us).
- Workman's Compensation or Disability Insurance (short term or long term) statement showing benefits and the period covered.
- Rent receipt(s) for rental income, OR your tenant's lease, OR photostatic copies of check(s), OR statement(s) from tenant(s) verifying rent.
- V.A. Award Letter for Veteran's Benefits (including pensions), OR a copy of the check, OR a statement from the bank if you have direct deposit.
- Dividend and interest statements for the most recently completed period (if more than \$10.00 per month).
- Divorce decree or Family Relations Court letter or lawyer statement verifying the amount and frequency of alimony and/or child support, OR Child Support Enforcement letter or printout, OR bank statement if payments go directly to bank account, OR statement from legally liable relative if voluntary cash support payments or alternate means of support in lieu of child support payments are made directly to you.
- Statement(s) indicating the amount and frequency of payments from friends or relatives who are contributing to your household's support, signed by them.
- Current utility bill if you heat with gas or electricity. Verification from the utility company if you recently moved and have not yet received a bill.

**II. VERIFICATION OF DISABILITY**

- Since you or some member(s) of your household has a disability that cannot be verified by sight, you must have the provided medical certificate signed and stamped by a physician verifying the disability.

**III. DOCUMENTATION OF RENT FOR RENTAL ASSISTANCE APPLICANTS**

- It will be necessary for you to bring in proof of what your current rent is as evidenced by your lease, a copy of a check OR a current rent receipt or current housing notification. (Rent charges may be verified with your landlord).

**IV. ASSET VERIFICATION**

- To verify your current account balance(s), you must provide statement(s) from every institution that you or any other adult household member(s) have an account with. (Liquid assets include savings and checking accounts, bonds, stocks/shares, Certificates of Deposit, or Individual Retirement Accounts if over 59 1/2 years old).

**V. ENERGY BURDEN**

- Copy of your household's current electric bill.

**VI. OTHER**

- \_\_\_\_\_

**ANY AND ALL DOCUMENTATION PROVIDED BECOMES THE PROPERTY OF THIS AGENCY. IF YOU WANT TO KEEP YOUR DOCUMENTATION/VERIFICATION, YOU MUST MAKE YOUR OWN COPY.**

**SHOULD YOU FAIL TO SUBMIT YOUR DOCUMENTATION/VERIFICATION WITHIN TEN (10) DAYS, IT MAY NOT BE POSSIBLE TO PROCESS YOUR APPLICATION WITHIN THE REQUIRED TIME LIMIT, AND AS A RESULT YOU MAY NEED TO RE-APPLY.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application Number

**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)<br>_____               | \$<br>_____        | _____       |
| Savings Account(s)<br>_____                | \$<br>_____        | _____       |
| Credit Union Account(s)<br>_____           | \$<br>_____        | _____       |
| Stocks/Shares<br>_____                     | \$<br>_____        | _____       |
| Bonds<br>_____                             | \$<br>_____        | _____       |
| Certificate(s) of<br>Deposit (CD)<br>_____ | \$<br>_____        | _____       |
| Individual Retirement Account(s)*<br>_____ | \$<br>_____        | _____       |
| Other (specify)<br>_____                   | \$<br>_____        | _____       |
| <b>TOTAL</b><br>_____                      | <b>\$</b><br>_____ | _____       |

\*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

## AFFIDAVIT CERTIFYING NON-RECEIPT OF CHILD SUPPORT PAYMENTS

I, \_\_\_\_\_, AFFIRM THAT I OR ANY MEMBER OF MY HOUSEHOLD **HAVE NOT RECEIVED CHILD SUPPORT INCOME FROM ANY SOURCE, INCLUDING DSS OR SOCIAL SECURITY**, FOR ANY OF THE CHILDREN LISTED BELOW FOR THE PAST FOUR (4) WEEKS.

| CHILD SUPPORT IS <b>NOT BEING PAID</b> FOR THE FOLLOWING CHILD(REN): | NAME OF THE ABSENT PARENT RESPONSIBLE FOR PAYING CHILD SUPPORT |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

LIST THE BILLS, SERVICES, CHILDCARE, OR OTHER PAYMENTS THAT THE ABSENT PARENT PROVIDES ON BEHALF OF YOU AND THE CHILD(REN) IN LIEU OF REGULAR CHILD SUPPORT INCOME, AS WELL AS A FAIR MARKET VALUATION OF NON-MONETARY CONTRIBUTION(S).

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### AUTHORIZATION FOR THE RELEASE OF INFORMATION

I HEREWITH AUTHORIZE THE STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, OR ANY PERSON OR PERSONS DULY AUTHORIZED BY IT, TO VERIFY ALL FINANCIAL INFORMATION PERTAINING TO ME OR ANY MEMBER OF MY HOUSEHOLD WITH MY/THEIR EMPLOYER(S), BANK(S), CREDIT UNION(S), LOAN COMPANY(IES), OR ANY OTHER SOURCE.

I UNDERSTAND THAT FAILURE TO REPORT ACCURATE INFORMATION WILL RESULT IN MY BEING DISQUALIFIED FROM RECEIVING ENERGY ASSISTANCE FOR THE REST OF THE CURRENT PROGRAM YEAR AND FOR THE FOLLOWING TWO YEARS AND I AGREE TO REPAY THE ENERGY PROGRAM FOR ANY BENEFITS RECEIVED FOR WHICH I AM DETERMINED INELIGIBLE.

**I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Case number \_\_\_\_\_

## SELF-EMPLOYMENT WORKSHEET

|  |  |
|--|--|
| <b>A. BUSINESS OWNER'S NAME</b>  | <b>B. SOCIAL SECURITY NO.</b>  |
| <b>C. BUSINESS NAME</b>  | <b>D. TELEPHONE NO.</b>  |
| <b>E. BUSINESS ADDRESS (No. and Street)</b>  | <b>(City/or Town)</b>  |
| <b>(Zip Code)</b>  |  |
| <b>F. MAIN BUSINESS ACTIVITY</b>   |  |
| <b>G. ACCOUNTING METHOD (check appropriate box)</b><br><input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (specify) _____ | <b>H. TIME COVERED BY REPORT (last 6 or 12 full calendar months)</b><br>From ___/___/___    To ___/___/___ |
| <b>I. INCOME</b>   |  |
| 1. a. Gross receipts or sales.....   | .....  |
| b. Returns and allowances.....   | .....  |
| c. Balance (subtract 1b from 1a).....  | .....  |
| 2. Cost of goods sold (taken from Part J, line 10 below).....  | .....  |
| 3. Cost of operations (taken from Part K, line 15 below).....  | .....  |
| 4. Gross profit (subtract the sum of lines 2 and 3 from line 1c).....  | .....  |
| 5. Other Income (specify).....   | .....  |
| 6. TOTAL INCOME (add lines 4 and 5).....   | .....  |
| <b>J – COST OF GOODS SOLD</b>  |  |
| 7. Inventory/job-related supplies at beginning of period.....  | .....  |
| 8. a. Purchases.....   | .....  |
| b. Cost of items withdrawn for personal use.....   | .....  |
| c. Balance (subtract line 8b from 8a).....   | .....  |
| 9. Inventory/job-related supplies at end of period.....  | .....  |
| 10. Cost of goods sold (subtract line 9 from the sum of lines 7 and 8c).....   | .....  |
| <b>K – COST OF OPERATIONS</b>  |  |
| 11. Cost of labor (do not include salary paid to yourself or other household members).....   | .....  |
| 12. Business insurance.....  | .....  |
| 13. Rent / mortgage (if business address is different than residential address).....   | .....  |
| 14. Utilities / telephone (if business address is different than residential address).....   | .....  |
| 15. Cost of operations (add lines 11 through 14).....  | .....  |

I HEREBY CERTIFY that all the information presented above on this "WORKSHEET" is accurate and complete to the best of my knowledge and belief and that I understand that the provision of false, fraudulent or misleading information is punishable by law.

SIGNATURE OF BUSINESS OWNER

SIGNATURE OF NOTARY

\_\_\_\_\_

\_\_\_\_\_

DATE NOTARIZED \_\_\_\_\_

NOTARY EXPIRATION DATE \_\_\_\_\_

**SEAL**

CONNECTICUT ENERGY ASSISTANCE PROGRAM  
VERIFICATION OF UNEMPLOYMENT COMPENSATION BENEFITS

**TO THE APPLICANT:** Please have this form completed at your local unemployment compensation office. Return this form, with five (5) days to the intake site where you applied for energy assistance, or mail it to the following address:

**TVCCA ENERGY ASSISTANCE**  
**401 W. THAMES ST.-UNIT 201 NORWICH, CT. 06360**

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PLEASE PRINT

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
NUMBER AND STREET TOWN ZIP CODE

Applicant ID. NO \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

**TO THE UNEMPLOYMENT COMPENSATION OFFICE:** Please supply the following information for the person listed above. **\*\*\*THIS SECTION TO BE FILLED OUT BY UNEMPLOYMENT OFFICE ONLY\*\*\***

BENEFITS RECEIVED WITHIN THE LAST FOUR WEEKS: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DATE (S) BENEFITS STARTED \_\_\_\_\_ ENDED \_\_\_\_\_  
(IF APPLICABLE)

AMOUNT OF BENEFITS RECEIVED WEEKLY \$ \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE TITLE OR STAMP DATE

\*\*\*\*\*

*I AUTHORIZED TVCCA TO REQUEST STATEMENT OF MY WEEKLY UNEMPLOYMENT BENEFITS.*

\_\_\_\_\_  
CLIENTS SIGNATURE DATE

TVCCA PHONE#: (860) 425-6681  
TVCCA FAX#: (860) 885-2738