

HEAP-CLEAN AND TUNE PROGRAM

THE HOME ENERGY ASSISTANCE PROGRAM (HEAP) IS A FEDERALLY FUNDED ENERGY PROGRAM INTENDED TO PROVIDE ASSISTANCE TO LOW INCOME HOUSEHOLDS TO MEET THEIR IMMEDIATE HOME ENERGY NEEDS. HEAP IS COMPRISED OF SERVAL DIFFERENT BENEFITS INCLUDING THE HEAP HEATING EQUIPMENT CLEAN AND TUNE PROGRAM WHICH PROVIDES ASSISTANCE TO A HEAP ELIGIBLE HOMEOWNER TO HAVE THEIR PRIMARY HEATING SYSTEM CLEANED AND TUNED. NO ADDITIONAL HEAP BENEFITS ARE AVAILABLE. THIS BENEFIT IS ADMINISTERED UNDER THE HEATING EQUIPMENT REPAIR AND REPLACEMENT (HERR) COMPONENT OF THE (HEAP) HOME ENERGY ASSISTANCE PROGRAM.

FUNDING IS LIMITED AND APPLICATIONS WILL BE ACCEPTED ON A FIRST COME FIRST SERVED BASIS OR UNTIL THE FUNDING RUNS OUT, WHICHEVER COMES SOONER.

APPLICATIONS WILL BE ACCEPTED:

- BY MAIL TO: PO BOX 18100, HAUPPAUGE NY 11788.
 - ATTN: HEAP CLEAN AND TUNE
- BY FAX TO: (631)853-8822
- IN PERSON AT ANY DSS SERVICE CENTER
 - SMITHTOWN DSS
200 WIRELESS BLVD, HAUPPAUGE NY 11788
 - CORAM DSS
80 MIDDLE COUNTRY RD, CORAM NY 11727
 - SOUTHWEST DSS
2 SOUTH 2ND ST, DEER PARK NY 11729
 - RIVERHEAD DSS
893 E MAIN ST, RIVERHEAD NY 11901

FURTHER INFORMATION REGARDING PROGRAM AND ELIGIBILITY CRITERIA; PLEASE CALL (631) 853-8820 OR FAX (631) 853-8822.

THE CLEAN AND TUNE APPLICATION IS NOT AVAILABLE ONLINE THROUGH MYBENEFITS.

Home Energy Assistance Program Heating Equipment Clean and Tune Request for Benefit

Applicant Information

Application Date: _____ Case Number: _____

Applicant Name: _____ SSN: _____

Address: _____ Telephone Number: _____

Do you own your own home? Yes No

Have you owned your home longer than 12 months? Yes No

Is your primary heating equipment at least 12 months old? Yes No

Do you have a programmable thermostat? Yes No

Do you have a working carbon monoxide detector less than 5 years old? (if no, one will be installed) Yes No

Heating Source: Natural Gas Heat Electric Heat Fuel Oil Kerosene
 Propane/Bottled Gas Wood/Wood Pellets Coal or Corn Other

Dates of last clean and tune and/or chimney cleaning: _____

Do you have a contract with an HVAC vendor? Yes No

Does this contract include clean and tune services? Yes No N/A _____

Vendor Name: _____ Account Number: _____

Applicant Signature: _____ Date: _____

Agency Use Section

Did the applicant receive a Regular HEAP benefit in the current program year? Yes No

Has the applicant moved since receiving their Regular HEAP benefit? Yes No

Only answer the following if the Regular benefit was paid on a Temporary Assistance (TA) or Supplemental Nutrition Assistance Program (SNAP) case:

Has the TA or SNAP case closed since the applicant received their Regular HEAP benefit? Yes No

Pended Start: _____ End: _____

Denied Reason: _____

Approved Date: _____

Vendor Name _____ Vendor Number _____

Comments: _____

Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____