HEAT 873
Rev. 10/2026

State of Utah
Department of Workforce Services
HEAT Program/HELP/EAC Instructions
(Home Energy Assistance Target)

Instructions for HEAT Application:

This application must be completely filled out, signed, and dated. Copies of all the following documents must be included or your application cannot be processed:

1. Household Verifications:

- Copies of U.S. Customs and Immigration Services (USCIS) documents showing legal status in the U.S. for any non-citizens

2. Income and Income Deductions Verifications:

- Copies of proof of all income received in the previous month by all household members (check stubs, Social Security statements, retirement benefits, child support, alimony, etc.)
- If the household includes adults with no income, or if income is not enough to cover basic household expenses, include completed form 880 *Household Income Deficit Statement* (found at https://jobs.utah.gov/heat)
- Proof of payment for any eligible medical expenses paid in the previous month
- Proof of any child support or alimony paid the previous month, if applicable

**Please note, if you are mailing an application, the previous month is the month prior to the month the application is postmarked.*

3. Energy Burden Verifications:

- Copies of the applicant's most recent utility bills
- A copy of the applicant's lease if the utilities are included in the rent, or form 1062H *Landlord Statement* completed and signed by landlord (found at https://jobs.utah.gov/heat)

4. Target Group Verifications:

- Additional funding is available for applicants with household members 60 or older, disabled, or under six.
- Proof of a disability, if applicable

5. Additional Documentation may be required:

- Relevant third parties may be contacted to verify the information provided.

Remember to include a phone number where you can be reached if we have questions or need other documents.

Send copies only, as originals will not be returned.

If the application is not filled out correctly or is lacking documentation, it may be denied.

If your utilities have been disconnected or are scheduled for disconnection within 48 hours, contact your local HEAT office for instructions.

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State of Utah HEAT Program

If you live in this county:	Mail or Email Application & Verifications to:	
Salt Lake Tooele	**MAIL ONLY:** Utah Community Action HEAT Program 1307 S 900 W Salt Lake City, UT 84104 Email: heat@utahca.org	Phone:1-844-214-3090 Fax: 801-214-3212 **PHYSICAL ADDRESS:** 3060 S Lester St (3100 S) West Valley City, UT 84119
Box Elder Cache Rich	Bear River AOG HEAT Program 170 N Main Logan, UT 84321 Email: heat@brag.utah.gov	Phone: 435-713-1444 Fax: 435-752-6962
Beaver Garfield Iron Kane Washington	Five County AOG c/o HEAT Program 1070 W 1600 S, Bldg. B St George, UT 84770 Email: css.online@fivecounty.utah.gov	Phone: 435-652-9643 Fax: 435-652-8008
Davis Morgan Weber	Futures Through Training 3564 Lincoln Ave., Suite 4B Ogden, UT 84401 Email: heatprogram@fttinc.org	Phone: 801-394-9774 Fax: 801-394-9841
Summit Utah Wasatch	Mountainland AOG HEAT Program 282 W. River Bend Lane Provo, UT 84604 Email: heat@magutah.gov	Phone: 801-229-3855 Fax: 801-229-3670
Juab Millard Piute Sanpete Sevier Wayne	R6 Regional Council HEAT Program 82 E 600 N Richfield, UT 84701 Email: hcap@r6.utah.gov	Phone: 435-893-0745
Carbon Emery Grand San Juan	Southeastern Regional Development Agency HEAT Program PO Box 1106 Price, UT 84501 Email: heat@serda.utah.gov	Phone: 435-613-0100 Fax: 435-637-5448
Daggett Duchesne Uintah	Uintah Basin AOG HEAT Program 330 E 100 S Roosevelt, UT 84066 Email: ubaogheat@ubaog.org	Phone: 435-722-5218 Fax: 435-722-4890

Call 801-526-9920 or 1-866-205-4357 and select the option for the county you live in.

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

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Department of Workforce Services

HEAT PROGRAM/HELP/EAC APPLICATION
(HOME ENERGY ASSISTANCE TARGET)

1. Applicant Information:

Name: _____ Date: _____
First/Middle/Last

Social Security #: _____ Gender: ◯ Male ◯ Female Birth Date: _____
Month/Day/Year

Home Address: _____

City/State: _____ Zip: _____

Mailing Address if different: _____

City/State: _____ Zip: _____

Phone #: _____ Secondary Phone #: _____

Email Address: _____

2. Have you applied for HEAT assistance before? ……. ◯ Yes ◯ No

3. Ethnic background: ☐ Pacific Islander ☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Native American ☐ Other:

a. Are you or anyone in your household affiliated with a tribe? …….. ◯ Yes ◯ No

i. If yes, complete DWS-HCD 885 Tribal Agreement Form found at:

https://jobs.utah.gov/heat

4. Are you a US Citizen? ◯ Yes ◯ No **If no, provide documentation of legal residency.**

5. Other Persons in Residence: Include all other adults and children: *(Continue on back if needed.)*

Name (First, Last)	**Relation**	**Birth date** mm/dd/yyyy	**Age**	**Social Security Number**	**Sex F/ M**	**Income** Y or N	**Citizen** Y or N
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No

Name (First, Last)	Relation	Birth date mm/dd/yyyy	Age	Social Security Number	Sex F / M	Income Y or N	Citizen Y or N
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No
					◯ F ◯ M	◯ Yes ◯ No	◯ Yes ◯ No

6. Household Composition:

Child under age 6 ……..◯Yes ◯ No Receiving SNAP (Food Stamps) .. ◯Yes ◯No

Age 60 and older ……..◯Yes ◯ No

U.S. Citizens (all?) ……◯Yes ◯ No

Handicapped/Disabled ..◯Yes ◯ No **If Yes**, describe disability:

Number of Adults:_____ Number of Children (under 18): _____ Total # in Household: 0_____

7. Your dwelling is a (check one):

◯House ◯Duplex ◯Small trailer (must have permanent address)
◯Mobile Home ◯Condo ◯Townhouse
◯Apartment (3 or more units) ◯Basement apartment

8. Do you rent or own your home? …….. ◯ **Rent** ◯ **Own**

a. What is your primary heating source? ◯ Gas ◯ Electricity ◯ Propane ◯ Oil ◯ Wood ◯ Coal/Steam ◯ Other ◯ None

b. What is your secondary heating source? ◯ Gas ◯ Electricity ◯ Propane ◯ Oil ◯ Wood ◯ Coal/Steam ◯ Other ◯ None

c. What is your primary cooling source? ◯ Central Air ◯ Fan/Evaporative/Other ◯ Window Unit ◯ None

9. How much is your monthly rent/mortgage payment? $_____
Is your rent subsidized? ……..... ◯Yes ◯No
If Yes, what is your rent portion? _____

10. Does your rent include utilities?..... ◯Yes ◯No
Which utilities? _____

11. Crisis:

a. Do you have a 48 Hour Shut Off Notice, Less than 10% Fuel, or are shut off due to a sudden or unexpected event beyond your control? …… ◯Yes ◯No

b. If yes, does anyone in the household have a medical condition requiring the use of an energy source to operate a medical device or store medication?..……..…….. ◯Yes ◯No

i. If yes, list the name of the household member: _____

12. HEAT payment is to be issued to the following utility vendor(s) in the percentages listed below (100%, 50/50%, or 25/75%). The utility vendor and percentage cannot be changed after the application is submitted. Be sure to check the account status for each utility. If you check 48 HR you must include a copy of the 48-hour shut-off notice. For propane, check ON if you have fuel, OFF if you are out of fuel, and 48 HR if you will run out of fuel within 48 hours. Copies of all utility bills and disconnect notices must be sent to the HEAT Agency for verification.

Name of Utility Vendor(s)	% of benefit Must equal 100%	Account Status	Utility Account Number(s)	Name on Account (provide explanation if not applicant)
	◯25% ◯50% ◯75% ◯100%	◯On ◯Off ◯48 HR		
	◯25% ◯50% ◯75% ◯100%	◯On ◯Off ◯48 HR		

Name of electricity vendor and account number IF NOT INCLUDED ABOVE:

_____

13. Income: Indicate which sources of income and/or assistance you and anyone living in your household receive. Attach all pay stubs and documentation of all other income for *LAST MONTH*. Any adults in the household with no income or net business profit must complete and include form 880 Household Income Deficit Statement found at https://jobs.utah.gov/heat

Income documented is for the month of: _____

Earned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Employment	☐ Y ☐ N				
Employment	☐ Y ☐ N				
Employment	☐ Y ☐ N				

Employment	☐ Y ☐ N				
Employment	☐ Y ☐ N				
Employment	☐ Y ☐ N				
Employment	☐ Y ☐ N				
Self-Employment	☐ Y ☐ N				
Self-Employment	☐ Y ☐ N				

Unearned Income Type	**Y / N**	**Name of Recipient**	**Date Paid**	**Gross Amount**	**How often is income received? (weekly, bi-weekly, twice monthly, monthly)**
Social Security, SSI, SSD	☐ Y ☐ N				
Social Security, SSI, SSD	☐ Y ☐ N				
Social Security, SSI, SSD	☐ Y ☐ N				
Unemployment	☐ Y ☐ N				
Unemployment	☐ Y ☐ N				
Alimony	☐ Y ☐ N				
Annuity	☐ Y ☐ N				
Child Support	☐ Y ☐ N				
Pension	☐ Y ☐ N				
Trust Payments	☐ Y ☐ N				
Rental Property	☐ Y ☐ N				
Retirement	☐ Y ☐ N				
General Assistance/ other benefit payments	☐ Y ☐ N				
Veterans Benefits	☐ Y ☐ N				
Workers Comp	☐ Y ☐ N				
OTHER	☐ Y ☐ N				

Attach additional sheet if needed to provide information from all income sources for all household members.

14. Alimony/Child Support Deductions: Did you or anyone in your household pay alimony or child support LAST MONTH? ……..◯ Yes ◯ No

a. If yes, you must include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed in question 13.

15. **Medical Deductions**: List any health, dental, or vision insurance premiums, payments for prescription medicines, oxygen, glasses/contacts, hearing aids, and payments to doctors, hospitals, or medical/dental clinics paid LAST MONTH. All receipts must be paid in the same month as the month of income listed in question 13. (Attach additional sheet if needed.)

Name of Person	Type of Medical Expense	Proof of Payment	Date Paid	Amount Paid

DECLARATION: By signing this application, I certify under penalty of perjury that the information I provided on this application is true, and that giving false information may result in my application being denied, debarment from the program, and/or me paying the difference between any eligible and ineligible amounts. I understand that neither the vendor nor the percentage of my HEAT payment may be changed. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I give permission for my utility companies to provide my billing and usage information to the state of Utah and to local HEAT agencies to determine eligibility. I hereby authorize HEAT program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I further authorize HEAT program officials to share the information from my application and case file, including my private and personal information, with those entities as authorized by law. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I further understand that if federal HEAT funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment. I understand that if my application is denied or if the local office has failed to act upon my application within 45 days, I have the right to request a Fair Hearing. I verify that, if eligible, I would like to receive the Rocky Mountain Power (RMP) HELP discount program and Enbridge Gas Energy Assistance Credit (EAC).

/s/ _____ _____

Signature **Date**

If you believe you have been treated unfairly by the HEAT program, call 866-205-4357 for assistance.

Equal Opportunity Employer/Program

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