



VIRGINIA DEPARTMENT OF SOCIAL SERVICES

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Energy Assistance (EA)



The purpose of this program is to help eligible low-income households offset expenses associated with heating and/or cooling their home.

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Types of Assistance

- ▼ Crisis Assistance — Applies to Heating Emergencies

When to Submit an Application

- Equipment-related assistance & security deposits - November 1 through March 15
- Heating fuel & utility bills (primary heat expense) - First workday in January through March 15

Assistance Available

- Heating equipment - repair or replacement
- Heating equipment - supplemental (example: fuel tanks)
- Security deposit - primary heat expense
- Heating fuel/utility - primary
- For details and a complete list of assistance available, refer to the manual below

Eligibility Requirements

- There must be a heating emergency, such as:
 - Lack of heat
 - Imminent utility cut-off
 - Inoperable or unsafe heating equipment
- For a complete list of eligibility requirements, refer to the manual below.

How to Apply

- Option 1: Screen for eligibility and/or apply online through CommonHelp
- Option 2: Bypass eligibility screening and submit an application manually. Fill out the appropriate application below and return it to your local department of social services:
 - Crisis Assistance Application (PDF)
 - Crisis Assistance Application (Spanish) (PDF)

- ▶ Fuel Assistance — Offsets Heating Fuel Costs
- ▶ Cooling Assistance — Applies to Cooling Utility Bills & Equipment
- ▶ Weatherization Assistance — Applies to Energy efficiency & Air Filtration

Manual

- Complete Manual (PDF)
- Transmittal 16-1 (06-15-2016) (PDF)

Publications

- Energy Assistance - Fact Sheet (PDF)
- Energy Assistance - Fact Sheet (Spanish) (PDF)

Apply Online Using CommonHelp

- [CommonHelp](#)

Reporting Fraud

- Call (800) 552-3431 or
- Contact your Local Department of Social Services

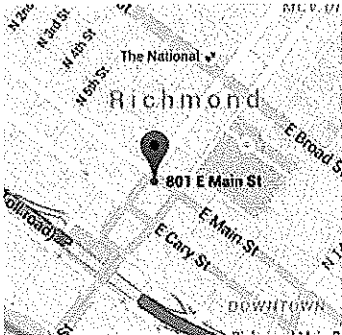
- Energy Assistance Information Sheet (DOC)
- Energy Assistance Information Sheet (spanish) (DOC)

Related Links

- Benefits - Appeals
- Civil Rights Policy & Procedures

Legal Basis

- Federal Legal Base - Energy Policy Act of 2005, Public Law 109 - 58
- Federal Regulations Base - 45 CFR Part 96 Subparts A - F and H
- State Legal Base - *Code of Virginia*, Sections 63.2 - 217 and 63.2 - 805



[Expenses](#)
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[Mission & Strategic Plan](#)
[Org Chart](#)
[Civil Rights Policy & Procedures](#)

Contact Us
 801 E. Main Street
 Richmond, VA 23219



VIRGINIA DEPARTMENT OF SOCIAL SERVICES

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Locality/FTPS _____

Case # _____

ADAPT # _____

Date Application Received _____

Worker # _____

CRISIS ASSISTANCE APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

Applications are accepted from November 1 through March 15

Part I

Name _____

Last

First

Middle Initial

In what city or county do you live? _____

SEX: M F Are you Hispanic or Latino? YES NO

Race (Circle One) 1. White 2. Black or African American 3. American Indian or Alaskan Native 4. Asian 5. Native Hawaiian or other Pacific Islander 0. Other

Physical/Service Address _____

City/State _____

Zip _____

Day Phone: _____

0. Other

Mailing Address _____

City/State _____

Zip _____

Home Phone: _____

Directions to home _____

Email Address _____

PART II

1. What is your crisis need? (Check all that apply.)

 D. Deposit for LP Gas Tank F. Purchase of portable space heater G. Emergency Shelter T. Supplemental Equipment or Equipment Maintenance

 Crisis Assistance - Emergency Fuel is available effective January 1

 W. Purchase of Primary Home Heating Fuel X. Payment of primary heat utility bill

If you are having an energy emergency right now, check the type of emergency below:

Already Disconnected

Received Disconnect Notice

Prepay Electric Account

Propane/Bottled Gas Tank

Oil or Kerosene Tank

Coal or Wood

Company: _____

Balance of \$25 or less? YES NO

Less than 20% in tank? YES NO

Less than 25 gallons in tank? YES NO

Less than 7 day supply? YES NO

How many days' supply of coal or wood do you have left? _____ %

Disconnect Date: _____

Date Disconnect Scheduled: _____

Account balance: \$ _____

Size of your tank: _____

Size of your tank: _____

What is the percentage in your tank today? _____ %

2. CIRCLE the letter that best describes your present living situation. Read each one before you choose. **CIRCLE ONLY ONE.**

A. I own or am buying my home and pay all heating bills.

B. I own or rent my home and do not pay a heating bill.

C. I pay rent \$ _____ and also pay for heat separately.

E. I pay rent \$ _____ & my heat is included in the rent payment.

F. I live in subsidized housing/ Section 8/ HUD and occasionally pay excess usage charges.

G. I live in subsidized housing/Section 8/ HUD & regularly pay some or all of my heating bills.

I. I live in one room in someone else's house.

L. I live in an institution, group home, treatment center, or home for adults.

P. I live rent-free in more than one room, house, or apartment and pay for heat/cooling.

Q. I live in an emergency shelter or I am homeless. I have arranged to move into a house, apartment, or more than one room.

3. How many people live in your household? _____

4. Is anyone temporarily out of the home? YES NO If yes, who? _____

Expected Date of Return? _____

In the table below, please list yourself first then list every person living in the home. Complete all of the information (including Social Security Number) for every person in the home.

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	RACE	HISPANIC OR LATINO		WORKING		GROSS MONTHLY INCOME AMOUNT	INCOME PAID weekly, bi-weekly, semi-monthly, monthly	LIST ALL SOURCES OF INCOME (List the Name of Employer/Company; Self-employment; Social Security; SSI; Veterans Benefit; Child Support; etc.)
					Yes (Y)	No (N)	Yes (Y)	No (N)			
	Self										

5. Are all people in your household United States citizens? YES NO IF NO, who is not a citizen? _____
6. Is anyone in your household disabled? YES NO IF YES, who is disabled? _____
7. CIRCLE ALL types of household income:
 A. TANF B. Social Security C. SSI D. Unemployment E. Employment or Self-employed G. General Relief
 H. Veterans Benefits N. Worker's Compensation Q. Alimony or Child Support U. Rental Income W. Retirement Other: specify _____
8. Do you receive a payment from the Division of Child Support Enforcement? YES NO How much? _____ Who pays the child support? _____
9. Did you or any household member receive Fuel, Crisis or Cooling Assistance in the past 12 months? YES NO If yes, case name _____
10. Does any household member receive SNAP benefits (formerly Food Stamps)? YES NO If yes, case name _____
11. Does any household member receive Medicaid? YES NO If yes, case name _____
12. Is Medicaid Home & Community-Based Care received? YES NO If yes, by whom? _____ Patient pay amount is \$ _____
13. Does anyone pay for Medicare, Part B _____ or D _____ insurance? YES NO If yes, who? _____ How much? \$ _____
14. Circle the type of equipment you use as the primary/main heat source for your home. **CIRCLE ONLY ONE.**
 A. Furnace B. Radiator C. Portable Heater D. Vented Space Heater (heater with outside exhaust or Monitor system)
 E. Baseboard F. Heat Pump G. Fireplace H. Coal or Wood Stove J. Cookstove K. None L. Unknown
15. Is your heating equipment working? YES NO Describe any current problem with your heating equipment _____
16. If your heating equipment is not working, do you have another heat source? YES NO If yes, what? _____ Fireplace _____ Wood Stove _____ Portable Space Heater _____ Other _____
17. Who owns or is responsible for purchase or repairs of your heating equipment? _____
18. Circle the type of fuel you use to heat your home. **CIRCLE ONLY ONE.**
 1. Electricity 2. Natural Gas 3. Oil (#2) 4. Clear Kerosene 0. Red Kerosene 5. Coal 6. Wood 7. Liquid Propane (LP)/Bottled Gas
19. Name and address of the company used for home heating: _____
 Verification from the utility company is needed if you heat with electricity or natural gas. A Crisis Assistance benefit can only be paid if you owe a balance that will lead to disconnection of your service or if your Prepay electric service account balance is less than \$25. Attach a copy of your current electric bill, gas bill, or proof that you have a balance of \$25 or less in your Prepay electric service account. **Complete the following:**
 Account Name _____ Account Number _____ Who is responsible for paying the bill? _____
 Is the payment made by an automatic debit/credit payment or monthly bank draft? YES NO
20. Do you have a family member or friend who can provide you with temporary shelter? YES NO
21. The following question is for statistical purposes only. Your responses will not impact the processing of your application, your eligibility, or your benefit amount.
 If electricity is not the fuel you use to heat your home, what is the name of the company used for your electric service? _____
 Account Number _____

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services (DSS) within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local DSS has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, disability, sex, age, political beliefs, religion, sexual orientation, marital or family status. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the DSS may use information on this application or that I may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal law. My signature authorizes the DSS to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance. I understand that, by providing my energy supplier(s)/ account information, I am authorizing the energy supplier(s) to provide details about my account and energy use to the DSS for the purposes of program verification, evaluation, reporting, and analysis. I agree to hold harmless and/or release my energy supplier(s) from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

Applicant's Signature OR Mark: _____ Date _____

Witness to Mark or Interpreter: _____ Phone Number _____ Date _____

Completed on behalf of applicant by: _____ Phone Number _____ Date _____

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