HEAP Assistance Request Form

If you have already been serviced for the current PROGRAM YEAR, your request will be denied
Please DO NOT forget to first download/read the HEAP Utility Assistance Requirements posted on the website.

Name:_____
DOB_____
Best Phone No._____
Alt Phone No._____
Do you have a Disconnection Notice?
  YES (You must provide proof at appt. to be seen)   Disc Date:_____
  NO (A application packet will be emailed)

Have you been served with HEAP Utility Assistance in the past?
  YES   NO
If Yes, What Program Year?_____
If Yes, you must provide the address at which you were served below.

Service Address:_____Unit#:_____
City:_____
State:_____Zip:_____

PROVIDE CURRENT ADDRESS   Check if Same as Address above
Service Address:_____Unit#:_____
City:_____
State:_____Zip:_____

Comments:_____
_____
_____
_____