Declaration of Inoperable Heating Source

Application Key: ____________________________

Head of Household ____________________________  Date ________________

I, ________________________, confirm that my primary heating source: ________________
is no longer operable. I would like my heating benefit to be transferred to an alternative
heating source: ________________.

I understand that my heating benefit cannot be transferred to an unsafe heating source
such as portable heating devices, stoves, etc.

I understand that my heating benefit cannot be transferred to my electricity bill, unless
electricity is my new primary heating source. I must show proof that a safe electric
heating source (electric furnace) has been installed in my home.

I certify under the penalties for perjury and fraud that the information provided above is
true and accurate and acknowledge that any misrepresentation of information or failure
to disclose information requested may disqualify me from participation in the Energy
Assistance Program (“EAP”) and may be grounds for termination of my EAP assistance
and/or repayment of the EAP assistance that I receive based on this fraud or omission.

________________________________________  Date

Head of Household Signature

________________________________________  Date

Agency Representative Signature