

**OHIO HEARTLAND COMMUNITY ACTION COMMISSION
HEAP/PIPP PLUS/ WCP/SCP PROGRAMS**

Marion County
740-383-2154

Morrow County
419-946-2009

Crawford County
419-468-5121

How can we help you today?

STATE HEAP PIPP Plus Enrollment Re-Verify PIPP Plus Energy Fuel Funds
I need E-HEAP WCP (November 1 –March 31) SCP (July 1 – August 31) / AC Fan
I have a disconnection notice for my Both Electric Gas
I need emergency assistance with Fuel Oil % Propane Wood Other

Documentation REQUIRED at Each Appointment:

1. **Proof of U.S. Citizenship for all household members**
Examples: Social Security **CARDS**, Birth Certificate/Hospital Birth Records, Baptismal Records (only when place and date of birth is shown), Indian Census Record, Military Service Record, U.S. Passport, Verified Citizenship for OWF Program, Voter Registration Cards.
2. **IDENTIFICATION of Primary Applicant Example:** Driver's Identification, Photo ID, or U.S. Military Card.
3. **SOCIAL SECURITY Numbers:** Name and Number on card, or Documentation Verifying Numbers FOR ALL MEMBERS in Household.
4. **BIRTHDATES** of ALL Household members.
5. **UTILITY STATEMENTS:** Most Recent Electric AND Gas Bills (All Pages) with Applicant's Name on bill with address. If New SERVICE must have NEW ACCT # before appt.
6. **If BULK FUEL:** (Propane, Fuel Oil, Coal, Wood, or Pellets) Provide us with Name of Vendor, Account Number, or Receipt if applicable.
7. **NEW VENDOR:** Please contact a Vendor to determine if they can set a tank, and will accept payment from our agency (pledge amount). Customer must choose Vendor prior to appointment.
8. **DOCUMENTATION OF ANY AND ALL INCOME RECEIVED WITHIN THE LAST 3 MONTHS FOR ALL HOUSEHOLD MEMBERS MUST BE PROVIDED AT THE TIME OF YOUR APPOINTMENT!**
Example: GROSS Wages, Unemployment Compensation, Child/Spousal Support Received, Pension/Annuity Inc., Social Security Income, Social Security Disability Income, SSI, Veteran's Income; (Current Award Letter acceptable), Strike Benefits, Gross OWF/TANF (Cash Assistance), Utility Allowance Income, Written Bookkeeping records of Gross Self-Employment Income and, Income given directly to you to pay bills. School/University issued financial aid breakdown-call office for more details on this type of documentation.
9. **Current Health Insurance statement showing premium paid if applicable.**
10. **If renting,** a Lease Agreement (or) Rent Receipt Must be provided along with the landlord's name, Address, Phone Number and Metro Papers if receiving Metro rental assistance.

I understand if I do not have all of the above items at the time of my appointment I will be required to reschedule.

Signature: _____

Revision 10/20/16

Date: _____