



INOPERABLE HEAT SOURCE

Date _____

Head of Household _____

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.

Head of Household

Date

Agency Representative

Date