



Wildfire  
Home Energy Assistance Fund  
Policy Manual

FY 2026

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## **Mission**

The Home Energy Assistance Fund (HEAF) at Wildfire develops and coordinates resources through education, advocacy, financial assistance, and local partnerships throughout Arizona to help families meet their basic energy needs and move toward economic stability.

## **Purpose and Principles**

This fund has been established to assist Arizona households in managing their energy burdens. The purposes of the fund are to:

- Alleviate crisis situations by preventing disconnection and/or facilitating reconnection of utility services
- Supplement currently existing energy assistance resources
- Identify new/additional sources of support

## **Fund Sources Currently in Distribution**

- |   |  |
|---|--|
| • APS Crisis Bill Assistance                      | • Southwest Gas Low-Income Energy Conservation   |
| • Global Water Low-Income Relief                  | • TEP Bill Assistance                            |
| • SRP Bill Assistance                             | • UNSE Electric                                  |
| • Southwest Gas Energy Share – Bill Assistance    | • UNS Warm Spirit Gas & Electric                 |
| • Southwest Gas Energy Share – Repair/Replacement | • Utility Repair, Replacement and Deposit (URRD) |

## **Target Population**

Individuals and families in Arizona who find themselves in economic crisis are encouraged to seek assistance from a community partner organization with access to HEAF funds.

Local organizations under contract with Wildfire to distribute these funds are encouraged to provide outreach services to increase awareness of this program among the target population who reside within the borders of their service area, including Native Americans living on tribal reservations.

## **Intake and Application**

Partner agencies should use efficient and accessible intake processes to ensure services are available to as many eligible households as possible in their service area. Agencies should also provide low-income individuals who are not able to travel to the intake site the means to submit an application without leaving their residence. See Sample Intake Sheet in Appendix D.

## **Grants Management System (GMS)**

Data provided by clients in the application process must be entered into the Grants Management System (see the GMS User Manual) at the time of application or on a monthly basis through a pre-approved data integration process.

Partner agencies must ensure that, by the 15<sup>th</sup> day of the month, applications in GMS from the previous month reflect accurate and complete information. Monthly transfers of applications from partner agencies using a data integration process must be received by the 10<sup>th</sup> day of the month, following any activity in the previous month.

Data received after the 15<sup>th</sup> may be reimbursed the following month.

Repair/replacement jobs should be submitted at the time of completion, even if part of a larger weatherization job may not be finished. Repair/replace jobs not completed prior to the end of the fiscal year will be billed to the new fiscal year contract.

## **Household Eligibility**

Specific eligibility requirements for utility assistance vary by fund source. Comprehensive outlines for these fund sources can be found in the Program Summaries. The following eligibility topics apply to all fund sources.

### ***Frequency of Assistance***

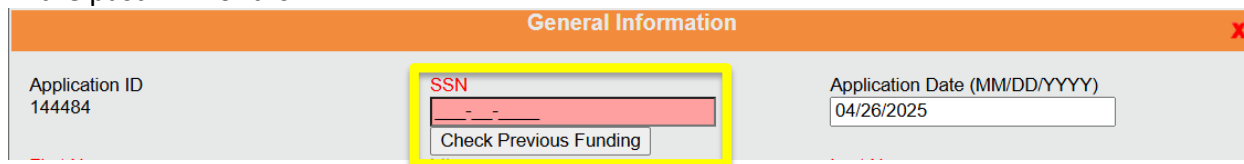
Frequency of assistance within a 12-month period depends on the fund source. Clients may return within a 12-month period to seek additional assistance but may not be eligible. Refer to the Program Summaries for frequency of assistance details. Depending on the fund source, current and past-due charges may be combined but should not exceed the maximum grant amount.

### ***Example Case***

*Clients can receive assistance from APS twice in a 12-month period, up to \$1,000. If Mr. Ramirez received assistance on 8/2/24 in the amount of \$686, then again on 5/28/25 in the amount of \$314, that is allowable because he received \$1,000 total within 12 months. He will be eligible for assistance again on 8/3/25, when he could receive up to \$686. If he waits and returns on 5/29/26, he would be eligible for up to \$1,000.*

**\*Pro Tip\***

Use GMS as a lookup tool to determine whether clients have been served by a different agency in the past 12 months.



General Information		
Application ID 144484	SSN [REDACTED] <a href="#">Check Previous Funding</a>	Application Date (MM/DD/YYYY) 04/26/2025

### ***Household Members***

Each person living in the home is considered a household member. Income level and eligibility are determined based on the entire household, including roommates. Boarders, not related by blood or law to the homeowner, are not considered household members. Income from each roommate is counted toward total household income, while income from boarders is not. *Note: Boarders pay rent to someone living in the same home, while roommates pay rent to someone living outside the home.*

### ***Household Income***

All income for household members 18 years of age and older must be counted toward total household income, as well as income of all household members 16 and 17 years of age who do not attend school full-time.

In cases of domestic violence, the income and resources of the abuser are not counted if the client does not have access to the abuser's income and resources.

### ***Income Eligibility***

Each fund source specifies an income threshold for households seeking assistance. These thresholds are based on the Federal Poverty Level (FPL) guidelines. Updated guidelines will be attached to community partner contracts and should be adhered to throughout the fiscal year.

### ***Condition of Crisis***

When required by the fund source, eligible clients must be experiencing a crisis to qualify for services, and crisis reasons must be listed on the application. There is no required timeframe in which the crisis must have occurred. Additional documents verifying the crisis may be required by specific fund sources. If documents verifying the crisis are unavailable, a client affidavit form should be used to allow the client to attest to the validity of their crisis reason. The form must be signed by the client. Refer to Program Summaries for information on crisis requirement. See sample Client Affidavit in Appendix D.

### Applicable crisis reasons

1. Loss or reduction of income or public assistance benefits or a delay in receiving public assistance benefits.
  - a. Examples: loss of employment, theft of income, serious illness that causes a loss of income, divorce, abandonment or death of a wage earner, reduction of benefits or public assistance monies.
2. Unexpected and/or unplanned expenses that cause a lack of resources.
  - a. Examples: car repairs, medical bills, natural or man-made disasters, death in the immediate family, court fines.
3. A condition that endangers the health and safety of the household.
  - a. Examples: lead poisoning, condemned property, infestation, domestic violence, asbestos, a medical condition that requires uninterrupted utility service for life-saving equipment such as oxygen machines, heart monitors, breathing machines, etc.

## **Document Verification**

### ***Identity Verification***

The identity of the applicant must be verified before services can be provided. Any of the documents listed below can be used for identity verification.

### Identity Verification Documents

1. Driver's license
2. Work or school ID
3. ID card from health benefits or social service program
4. Social Security card
5. Voter registration card
6. Wage stubs
7. Birth certificate
8. Family census card
9. Tribal ID
10. Other reasonable sources

In addition, the utility service address must be verified to match the applicant's residential address.

### ***Citizenship Verification (URRD ONLY)***

The Utility Repair Replacement Deposit (URRD) program requires that the primary applicant be verified as a U.S. Citizen or Qualified Immigrant. Information concerning this verification process and a list of federally accepted documents can be found in Appendix B.

## ***Income Verification***

Please refer to the Program Summaries to determine income verification requirements.

For those fund sources requiring income verification, all household income must be accounted for and verified. The most recent 30 days (up to and including the day of application) of countable income for each household member must be verified. This includes earned and unearned amounts. In addition, gross income amounts (not net income) must be counted, unless otherwise noted.

In cases where all attempts to obtain necessary income verification have failed, a client affidavit form can be used to allow the client to attest to the validity of their income information. The form must be signed by the client.

Some sources of income do not count against total household income. The following lists include the most common sources of countable and excludable income. For comprehensive lists, please refer to Appendix A.

### **Countable Income Sources**

1. Earned income: employment, self-employment<sup>1</sup>
2. Benefit income: SSA, SSI, TANF-Cash Assistance, Veterans Benefits, Unemployment Insurance
3. Pensions
4. Worker's compensation
5. Child support
6. Work study
7. Other unearned income: rental income, endowments, legal settlements
8. Tribal per capita

### **Excludable Income Sources**

1. Food stamps and/or EBT
2. Medicare
3. WIC
4. AmeriCorps stipend
5. Earned income of a child under age 16, or who is 16 or 17 and a full-time student
6. Income tax refund
7. Cash gifts of \$50 or less per month per household member
8. Insurance payments
9. Foster care payments and adoption subsidies
10. Housing and Urban Development (HUD) benefits
11. Stimulus payments
12. Previous rental/utility assistance through other grants

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<sup>1</sup> Net income will be counted for self-employment income (gross income less business-related expenses).

### Steps to Calculate and Verify Household Income

1. Identify the 30-day period prior to and including the application date.
2. Determine the sources and amounts of countable income received by all household members during this 30-day period.
3. Combine these amounts to reach the total, 30-day household income.
4. Compare this amount to the chosen fund source's income threshold, based on the number of household members.
5. Verify each amount from each income source using documents provided by the client and preserve a copy of each document for the client's file.

### **Payment Guarantee Process**

Once a decision to approve a client's application has been made and all documents have been obtained and verified, a payment guarantee can be initiated on behalf of the client. Each fund source has its own point of contact for receiving these guarantee requests. See Appendix C: Payment Guarantee Contact Information. Payment guarantee requests should include all the information listed below and a hard copy of the form should be placed in the client's file.

### Information Included in Payment Guarantee Requests

1. Account number
2. Customer name on account
3. Customer address
4. Date of guarantee and guarantee amount
5. Fund source
6. Name of case worker requesting the guarantee
7. Name of organization requesting the guarantee

### **Agency Reimbursement Process**

All guarantees and payments made by partner agencies on behalf of clients are eligible for monthly reimbursement from Wildfire. These guarantees and payments must be accompanied by complete and accurate applications recorded properly in the Grants Management System (GMS) to receive reimbursement from Wildfire. See the GMS User Manual for clarification on this process.

Agencies will receive reimbursement for the amounts guaranteed plus any program delivery amounts, as specified in contract. Funds received for guarantees made are dedicated funds only for the purpose of paying for the guarantees and must be paid to the respective utility company as soon as possible. Funds received for program delivery have no restrictions and may be used at the discretion of the agency.

## Record Keeping

The applicant has the primary responsibility to provide all required documents. In situations where it is difficult for the applicant to obtain documents needed to complete eligibility determination, the partner agency should offer assistance to the client in obtaining the information.

In cases where all attempts to obtain necessary documents have failed, a client affidavit form can be used to allow the client to attest to the validity of any eligibility information provided. The form must be signed by the client. The client affidavit cannot be used to verify U.S. Citizenship status. See Appendix D for client affidavit form.

### ***Case Files***

Supporting documentation for each client application must be kept in individual case files. Each file must contain all the necessary documents to support the eligibility determination decision reached by the agency. Case files for every fund source must contain the documents listed below. Electronic records are sufficient.

#### Documents Included in Case Files<sup>2</sup>

1. Intake/Application with client info and name of case worker
2. Verification document for ID of client
3. Citizenship verification of primary applicant (for URRD only)
4. Utility bill (or receipts for purchases of fuel), matching applicant's service address
5. Income verification
6. Documents verifying crisis (if required by fund source)
7. Client affidavit form (if used)
8. Statement of truth and release of information form, signed by the client. See sample form in Appendix D.
9. Copy of completed payment guarantee request
10. Proof of ownership of appliance (repair/replace)
11. Verification of job completion with client signature (repair/replace)

Additional documents may be required by certain fund sources when indicated on the Program Summary.

Client affidavit may be used in place of the following:

- Documents verifying crisis
- Income verification

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<sup>2</sup> Agencies may be granted reasonable exemptions from including certain documents in case files. Contact Wildfire staff for exemption requests.

### ***Maintaining Records***

Partner agencies are required to maintain supporting financial records, documentation, and statistical records for three years.

### **Payments Made to Ineligible Households**

If assistance is provided to an ineligible household due to a case worker's error, an over-expended fund source, or if the client was found to be ineligible after the payment was made, the award to the household must be honored and the partner agency will be responsible for repaying the award amount to Wildfire and paying the guarantee using funds other than those provided to the agency by Wildfire. The partner agency has the right to appeal any repayment determination directly to Wildfire.

### **Fraudulent Information and Conflict of Interest**

If a client is found to be fraudulent in his/her application and the payment has not been sent to the utility, the payment must be stopped and the client appropriately informed.

### ***Relatives of Applicants***

Case workers are not permitted to complete applications for their own relatives to the first-cousin level including step and in-law relatives. Specifically, parents, siblings, spouses, aunts, and uncles are to be interviewed by another case worker or supervisor.

### ***Agency Employees***

Agency employees should not be denied the right to apply for and receive services through this program. These individuals or members of their households may apply for assistance; however, a supervisor must conduct the application intake process.

### **Policy Changes and Clarifications**

Revisions to any policies and procedures will be reviewed and approved by the Wildfire HEAF Advisory Board and the Wildfire Board of Directors.

All revisions will be sent to partner agencies as they occur. Partner agencies have the responsibility to update their own information as revisions are received. Issues regarding policy and/or procedures must be submitted in writing.

### **Distributing Funds and Monitoring Balances**

Partner agencies are responsible for monitoring the ongoing balances of each fund source under contract with Wildfire throughout the course of the contract year. All funds must be distributed to eligible clients by the end of the contract year and over-expenditures must not be

allowed. Any over-expenditure incurred by the agency must be repaid to Wildfire using funds other than those provided to the agency by Wildfire.

There is an expectation that agencies fully expend their fund sources by the end of their annual contract. Agencies are also expected to account for projected spending and consider potential redistribution to other agencies if they are unable to meet targeted expenditures.

## **Monitoring/Audit Process**

Partner agencies are responsible for ensuring that all policies and procedures are being followed. Wildfire staff will conduct an audit of application and case files during annual monitoring visits. The following elements are reviewed in every audit:

1. Accuracy of information
2. Client eligibility, based on the fund source utilized
3. Completeness of the client file (all required documents included)
4. For utility assistance, demonstration of payment guarantee to utility company
5. For repair/replace, demonstration of client satisfaction with job completion

Wildfire recommends agencies complete regular internal audits on utility assistance files in preparation for monitoring visits.

## **Cooperation**

Applicants must cooperate in all aspects of the application process. Applicants must provide requested information or verification and complete and sign an application. If the applicant refuses, the application will be denied. The partner agency should document the lack of cooperation by the applicant for proper notation in refusal of assistance.

## **Confidentiality**

All information regarding an applicant or recipient is confidential and may be disclosed only for purposes of determining eligibility, providing services, or investigating suspected fraud in connection with the program. Applicants authorize access to their records by signing the release of information. Anyone not authorized on the application must have the applicant's written approval to access information.

Information that can be divulged must pertain to the eligibility of the applicant, and excludes items that do not address eligibility, i.e., personal details. Inappropriate disclosure of information can result in severe disciplinary action or could result in the suspension of the partnering agreement.

Access to information by inappropriate, unauthorized individuals or parties shall be considered a violation of the individual's right to confidentiality. The partner agency shall take reasonable steps to safeguard, secure and maintain the confidentiality of all individual information in its

possession, and to protect such information from unauthorized access, use or disclosure, using the same degree of care it uses to protect its own confidential information and, in no event, less than a commercially reasonable degree of care. All records shall be open to all federal, state, and contractor auditors and/or examiners during their regular audits.

If an agency receives a request to produce or disclose documents that contain any confidential information pursuant to a valid public records request, or other applicable law, order, or court ruling, the agency must promptly notify Wildfire before honoring the request.

General information, policy statements, or statistical materials that cannot be directly identified with any individual or family are not considered confidential. They may be given to, or provided by agencies, helping organizations, or contracted parties (unless restricted by Arizona statutes, federal regulations, or court orders).

## **Non-Discrimination Policy**

In compliance with Title VI of the Civil Rights Act of 1964 and Executive Order 12250, no individual in Arizona shall be excluded from participation in, denied benefits from, or subjected to discrimination under any program or activity receiving federal funds because of race, color, national origin, disability, religion, or sex, or sexual orientation.

In compliance with the Age Discrimination Act of 1975, no individual shall be denied services or participation or subjected to discrimination in any of its programs or activities on the basis of age.

## **Appeals Policy**

The client/agency has the right to appeal a denial of assistance or an awarded grant amount. Appeals by the client must follow the policies of the intake partner agency and will be addressed by Wildfire administrative staff.

Complaints regarding the service of the administering agency, discrimination or other issues directly related to the administering agency and staff must be addressed to the office where the application was made.

# Appendix A: Countable and Excludable Income

## Countable Income

EARNED and/or UNEARNED income will be considered in determining eligibility for services. The gross amount of income prior to deductions will be counted unless otherwise specified.

### ***Earned Income***

Earned income is defined as either cash or in-kind income received as compensation for wages, salaries, commissions or profit through employment or self-employment.

Earned income includes but is not limited to:

1. ARIZONA TRAINING PROGRAM (ATP): Salaries to handicapped persons working in a sheltered workshop situation are counted. Verbal or written verification may be obtained from ATP.
2. BABY-SITTING OR CHILDCARE INCOME: Earnings from baby-sitting are counted as self-employment income. Verbal or written verification may be obtained from DES or the person paying for the care.
3. CAN OR BOTTLE SALES OR OTHER USABLE DISREGARDS: Income from these sales is counted as self-employment income. Client should have receipts for such sales. If receipts are not available, a signed and dated client statement would be acceptable.
4. CONTRACT INCOME: Income received by individuals who are employed under a contract that states a specific length of time and a specific income amount to be paid during that time.
5. HOUSEKEEPER OR HOME HEALTH AIDES: Income earned as a housekeeper or home health aide is countable. Verbal or written verification may be obtained from the employer.
6. IN-KIND EARNED INCOME: Work performed by a client in exchange for room, board, or other needs is earned in-kind income. The employer will establish the monetary value of the service. A collateral contact or a signed and dated statement from the employer or client can verify in-kind income. The employer may be, but is not limited to:
  - a. A landlord who is providing rent or portions of the rent or utilities in exchange for work.
  - b. A storeowner who gives goods, such as groceries, clothes or furniture in exchange for work.
  - c. An individual who receives a car, tools, trailer, building material, gasoline, etc. in exchange for work.
7. JURY PAY: Counted as earned income. Check stubs should be available to verify income.
8. MILITARY INCOME: Wages received while in the military are countable. This includes base pay (BP), Proficiency pay (PRO), rations (separate/leave), basic allowance for housing (BAQ),

basic allowances for subsistence (BAS) and variable housing allowance (VHA) when considered an entitlement. Use the leave and earnings statement, when available, to verify the amount of earned income issued.

9. RENTAL INCOME: Any monies received from rental of property, including boarders, less expenses, are counted as earned income if work is involved.
  - a. Work includes, but is not limited to, managing rental property requiring maintenance, collection of rent or accounting functions. There is no time requirement for number of hours worked.
  - b. If a person's income from rental of property does not require work, rent is considered unearned income.
10. SELF-EMPLOYMENT INCOME AND EXPENSES: Self-employment includes but is not limited to businesses such as grocers, craftsmen, taking in boarders, ranching, farming, swap meet sales, odd jobs, baby-sitting, can and bottle collection, janitorial, guide for hunting or fishing or any wholesale or retail sales.

Clients are not considered self-employed if they work for a business or another person on a commission basis, unless the client reports and pays his/her own withholding taxes for state, federal and FICA.

Acceptable verification for self-employment:

- a. IRS Form 1099
- b. Ledger statement
- c. Client statement

**When calculating self-employment income, the client may deduct any business expenses. Gross incomes minus business expenses equals countable income.**

11. VOCATIONAL REHABILITATION (VR): Wages from VR sponsored on-the-job training (OJT) are countable.
12. WAGES: Gross earnings from employment, prior to any deductions, garnishments, allowances or adjustments. Special benefits or deductions connected with employment earnings are counted as follows:
  - a. Advances, bonuses and commissions must be counted as earned income in the month received.
  - b. When tips are shown on the paystub and the household claims a lesser amount but has no record of actual tips received, count the amount on the paystub.
  - c. When tips are not shown on the paystub, obtain the individuals' written tip record. When not available, obtain a written statement from the household or contact the employer.
13. WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA): Earnings from employment through WIOA will be counted for persons age 18 and over.
14. WORK STUDY: Earnings received from the following: Work-study programs, when the funds do not come under Title IV of the Higher Education Act; Veterans Administration work-study program.

### ***Unearned Income (countable)***

Unearned income is defined as income that was not received as a result of the performance of a service, or earned from sources other than employment, self-employment or in-kind income.

Countable unearned income includes but is not limited to:

1. ALIMONY OR SPOUSAL MAINTENANCE: A court-ordered support amount, which a legally divorced or separated person pays to the spouse, must be counted. Verbal or written verification may be obtained from the office of the Clerk of the Court or Division of Child Support Services.
2. ASSISTANCE PAYMENTS: such as General Assistance (GA) or Cash Assistance (CA) from this state as well as other states must be counted.
3. BUREAU OF INDIAN AFFAIRS (BIA):
  - a. BIA-General Assistance payments are public assistance and treated as any other assistance payments.
  - b. Clothing allowances available to the individual, whether in cash or a voucher made out to the individual must be counted.
  - c. Tribal Work Experience Program (TWEP) or Tribal Assistance Project Program (TAPP). Exclude any portion of the amount, which is an incentive payment.
4. CHILD SUPPORT: Any payment received directly by the household from an absent parent or paid through the Division of Child Support Services or Clerk of the Court. Only the amount paid to the client is counted (CP) = child support payment. All child support income is considered unearned income.
5. COMMISSIONS: Commissions received from a terminated source of employment are counted as unearned income.
6. CONTRIBUTIONS AND COMPLIMENTARY ASSISTANCE: Cash contributions must be counted as unearned income, if not considered as gifts or child support.
7. INDUSTRIAL COMPENSATION: The amount of the compensation, after attorney's fees are deducted, is unearned income. The Industrial Claim award letter will verify amount being paid but will not verify the attorney's fees.
8. INDIAN GAMBLING INDUSTRY: Per capita disbursements are considered income in the month received. Any amount remaining in a following month will be counted as a resource.
9. INSURANCE: Insurance payments made directly to the insured must be considered income if the money is not used to replace or repair insured items, such as car, roof repair, or medical bills. Insurance benefits, which are used for or are intended to meet basic daily needs, are counted as unearned income.
10. INTEREST, DIVIDENDS, AND ROYALTIES: Any interest, dividend, or royalty payments exceeding \$50 in the 30 days prior to and including date of application made directly to the

individual, are counted as unearned income. Funds left on deposit or converted into additional securities are a resource.

11. **LEGAL SETTLEMENTS:** Legal settlements, less attorney fees and medical bills paid by the attorney out of the settlement, are unearned income in the month received.
12. **MORTGAGES AND SALES CONTRACTS:** Payments received from mortgages or sales contracts are counted. Includes payment received from a reverse mortgage.
13. **LUMP SUM PAYMENT:** Any form of income received in a lump sum payment, including but not limited to:
  - a. Inheritance
  - b. Winnings from lotteries, bingo, or any other form of gambling
  - c. Insurance settlements including amount withheld as a lawyer's fee
  - d. Property Tax Credit
  - e. Rebates/Credits
  - f. Refund Deposit
  - g. Severance Pay
14. **RENTAL INCOME:** If the property owner does not perform any services in order to receive the income, it is unearned income.
15. **RETIREMENT INCOME:** The payments from retirement funds, pensions, and annuities must be considered unearned income.
16. **SOCIAL SECURITY ADMINISTRATION BENEFITS:** SSA benefits (sometimes referred to as RSDI- Retirement, Survivors, and Disability Insurance) are granted to eligible wage earners and/or their dependents or survivors and are counted as unearned income. Do not include the Medicare deduction in the total amount.
17. **SUPPLEMENTAL SECURITY INCOME (SSI):** Monthly cash payments made under the authority of Title XVI of the Social Security Act, as amended, to the aged, blind, and disabled (A Federally financed public assistance program). The recipient need not have contributed to the Social Security Fund to be eligible for SSI benefits.
18. **STRIKE PAY:** from unions to striking employees is not wages and must be considered unearned income. If there is no check stub, verification can be obtained by calling the union.
19. **UNEMPLOYMENT INSURANCE (UI):** Considered unearned income in the month received. The amount of income can be verified by a check stub or contacting the local UI office.
20. **VETERANS ADMINISTRATION BENEFITS (VA):** Retirement, Survivors, Disability, and Educational Benefits are paid to veterans and their dependents or survivors. Only the amount of the benefit, which is actually received by the person whose income must be included, will be counted.

## **Excludable Income**

Only the income discussed in this section will be excludable:

1. Insurance payments designated to repay a specific bill, debt, or estimate, which cannot be used for other needs, is not countable
2. WIC – Payments or benefits to persons participating in the WIC program (Special Supplemental Food Program for Women, Infants, and Children) must be disregarded
3. Retirement, pension, and annuity interest/dividends are not countable as long as the money cannot be withdrawn without penalty
4. Bureau of Indian Affairs (BIA) work-study program. This includes monies provided for educational and living expenses
5. Work study programs funded under Title IV of the Higher Education Act
6. Any portion of an education grant or scholarship received by a household member
7. Earned income of a child 16 and 17 years of age who is a full-time student
8. Earned income of a child under 16 years of age
9. Cash gifts of \$50.00 or less per month per household member
10. Non-cash benefits provided on behalf of a household member but not paid directly in the name of the household member, including but not limited to vouchers for food, clothing, or housing
11. Loans that need to be repaid
12. Money that a household member receives and uses for the care and maintenance of a person who is not a household member
13. Payments/vouchers received by the household from the State for the health/well-being of a foster child residing in the household
14. Stipends from senior companion programs – VISTA, Title II, Title V
15. Earned Income Tax Credit
16. Income Tax Refund
17. Reimbursements, e.g., mileage, gas, lodging and meals
18. Agent Orange Payments

19. AmeriCorps Network Program payments for living allowances, earnings, and in-kind aid. The AmeriCorps Network Program includes but is not limited to:
- a. Arizona Conservation Corp
  - b. Arizona Council of Centers for Children and Adolescents (ACCCA)
  - c. Border Volunteer Corps (BVC), Mesa AmeriCorps Community Services
  - d. Partnership Rural Health Office, University of Arizona, Youth in Action, Learn and Serve (NAU) Child Care Food Program payments
20. Disaster or emergency assistance provided by the Federal Disaster Relief Act or comparable assistance provided by States, local governments and disaster assistance organizations
21. Housing and Urban Development (HUD) – Some individuals residing in HUD housing are granted benefits either in the form of credits against their rent or as cash allowances. The cash allowance must be used for the purpose intended, (rental or utility obligation)
22. Education and Employment: (a) Any wages, allowances, or reimbursement for transportation and attendant care cost, unless accepted on a case-by-case basis, when received by an eligible handicapped individual employed in a project under Title VI of the Rehabilitation Act of 1973 as added by Title II of Public Law 95-602.
23. Payments to members of specific Indian Tribes and Groups:
- a. Settlement fund payments and the availability of such funds to members of the Hopi and Navajo Tribes under section 22 of Public Law 93-531 (88 Stat. 1722) as amended by Public Law 96-305 (94 Stat. 929) (Note: This exclusion applies to the income of sponsors of aliens only if the alien lives in the sponsor's household.)
  - b. Any distributions of judgment funds to members of the San Carlos Apache Indian Tribe of Arizona under section 7 of Public Law 93-134 (87 Stat. 468) and Public Law 97-95 (95 Stat. 1206) (Note: This exclusion applies to the income of sponsors of aliens only if the alien lives in the sponsor's household.)
24. Adoption Subsidies/Reimbursements
- Adoption Subsidy payments are federally, state, or locally funded assistance payments provided to children with special needs. These payments are intended to help a child whose special needs otherwise might hinder their adoption. Adoption Subsidy payments vary depending on the special needs of the child. Adoption subsidy payments are NOT COUNTABLE as income.
25. Other:
- a. Compensation provided to volunteers by the Corporation for National and Community Service (CNCS), unless determined by the CNCS to constitute the minimum wage in effect under the Fair Labor Standards Act of 1938 (29 U.S.C. 201 et seq.), or applicable State law, pursuant to 42 U.S.C. 5044(f) (1) (Note: This exclusion does not apply to the income of sponsors of aliens.)
  - b. Any assistance to an individual (other than wages or salaries) under the Older Americans Act of 1965 as amended by Section 102 (h) (1) of Pub. L. 95-478 (92 Stat. 1515, 42 U.S.C. 3020a)
  - c. Amounts paid as restitution to certain individuals of Japanese ancestry and Aleuts for losses suffered because of evacuation, relocation, and internment during World

War II, under the Civil Liberties Act of 1988 and the Aleutian and Pribilof Islands Restitution Act, sections 105(f) and 206(d) of Public Law 100-383 (50 U.S.C. App. 1989 b and c)

- d. Payments made under section 6 of the Radiation Exposure Compensation Act, Public Law 101-426 (104 Stat. 925, 42 U.S.C. 2210)
- e. Payments made to individuals because of their status as victims of Nazi persecution excluded pursuant to section 1(a) of the Victims of Nazi Persecution Act of 1994, Public Law 103-286 (108 Stat. 1450)
- f. Any matching funds from a demonstration project authorized by the Community Opportunities, Accountability, and Training and Educational Services Act of 1998 (Pub. L. 105-285) and any interest earned on these matching funds in an Individual Development Account, pursuant to section 415 of Pub. L. 105-285 (112 Stat. 2771)
- g. Any earnings, Temporary Assistance for Needy Families matching funds, and interest in an Individual Development Account, pursuant to section 103 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193, 42 U.S.C. 604(h)(4))
- h. Payments made to individuals who were captured and interned by the Democratic Republic of Vietnam because of participation in certain military operations, pursuant to section 606 of the Departments of Labor, Health and Human Services and Education and Related Agencies Appropriations Act of 1996 (Pub. L. 105-78)
- i. Payments made to certain Vietnam veterans' children with spinal bifida, pursuant to section 421 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act of 1997 (Pub. L. 104-204, 38 U.S.C. 1805(a))

# Appendix B: Instructions for Verifying Citizenship and Qualified Immigrant Status

## Definition of U.S. Citizenship

U.S. citizenship is established at birth when an applicant is born in the U.S., its territories, or possessions. U.S. territories or possessions include any of the following:

- American Samoa
- Guam - on or after January 17, 1917
- Northern Mariana Islands - on or after November 4, 1986
- Panama Canal Zone – on or after February 26, 1904
- Puerto Rico - on or after July 1, 2010 (Senate Bill 1182, Law #191 of 2009)
- Swain Islands
- U.S. Virgin Islands - on or after January 17, 1917

## Verification of U.S. Citizenship

**TO BE POTENTIALLY ELIGIBLE, APPLICANTS WHO DECLARE U.S. CITIZENSHIP OR LEGAL RESIDENT STATUS MUST PROVIDE DOCUMENTATION FOR VERIFYING, WITH THE FOLLOWING EXCEPTIONS:**

Participants are exempt if they are receiving the following services:

- Currently receiving Social Security Disability (SSD).
- Currently receiving Supplemental Security Income (SSI). This includes participants who move here from another state and are in the process of transferring their SSI benefits to Arizona.
- Currently receiving Medicare.
- Eligible in the Deemed Newborn MA category.
- Children in Foster Care assisted under title IV-8 of the Social Security Act. Children who are recipients of Foster Care maintenance or adoption assistance payments under title IV-e.
- Children receiving adoption subsidies.

**Note:** Participants receiving the service must provide an award letter or documentation as proof of receiving the service. Once the participant is no longer receiving the benefits that meet the exemption criteria, they must then provide the proper and approved documentation as described in the section below.

### ***Approved Documentation***

Citizenship may be verified using ANY of the documents indicated under sections A, B, C or D below:

#### A. Primary – Verification Documents

1. A birth certificate showing birth in the U.S., its territories or possessions.
2. Certificate of Birth issued by the Department of State (FS-545 or DPS-1350).
3. U.S. Passport current or expired, except limited passports which are issued for periods of less than 5 years.
4. U.S. Passport Card issued by the United States Citizenship and Immigration Services (USCIS).
5. Certificate of Naturalization (N-550 or N-570).
6. Certificate of U.S. Citizenship (N-560 or N-561).
7. Report of Birth Abroad of a U.S. Citizen (FS-240) issued by the U.S. State Department.
8. U.S. Consular officer's statement.
9. A United States Citizen Identification Card (I-197).
10. Northern Mariana Identification Card (I-873).
11. A tribal enrollment card or Certificate of Indian Blood issued by a federally recognized Indian Tribe that shows that the person is enrolled or affiliated with that tribe.
12. American Indian Card (I-872) issued by USCIS with the classification code KIC. The benefit granting Service Provider shall require the applicant to present a membership card or other tribal document demonstrating membership in an Indian tribe. If the applicant has no document evidencing tribal membership, the benefit granting Service Provider should contact the Indian tribe for verification of membership.

#### B. Secondary – Verification Documents

1. An identification card for use of Resident Citizen (I-179).
2. U.S. Census record that shows the applicant's name, a U.S. place of birth and the date of birth or the applicant's age when the record was made. It must also indicate a place of birth in the U.S., its territories or possessions.
3. Religious record created within three months after birth, showing the participant's date of birth, OR the participant's age when the record was made. It must indicate a place of birth in the U.S., its territories or possessions.
4. Proof of employment as a U.S. Government Civil Servant before June 1, 1976.

5. Early school records, showing the date of admission, the child's date and place of birth and the names and places of birth of the parents.
6. Adoption finalization papers showing the child's name and place of birth in the U.S., its territories or possessions. (When adoption is not finalized and the State will not release a birth certificate prior to final adoption, a statement from a state approved adoption Service Provider containing the child's name and place of birth may be used. The source of information must be an original birth certificate and must be indicated in the statement).

### C. Primary or Secondary Documents Are Not Available

When none of the primary or secondary documents are available, accept any other document that establishes a U.S. place of birth or in some way indicates U.S. Citizenship. These include the following:

1. Certificates of Live Birth signed by a hospital official and parent
2. Medical records created at least five years before applying for services that list a U.S. place of birth (For children under age 16 the documents must be created near the time of birth OR five years prior to the application date. These include: hospital wrist bands, crib cards, or yellow copies of hospital birth certificates indicating birth in the U.S., its territories or possessions (See U.S. Citizenship).
3. American Indian Census Records
4. Verification from the U.S. Citizenship and Immigration Services (USCIS). The documentation **CANNOT** be expired.
5. Verification from the Social Security Administration, e.g., award letter
6. Verification sent directly to the agency from a local, state or federal bureau of vital records office
7. Legal records showing the applicant's name and place of birth in the U.S., its territories or possessions
8. Department of Homeland Security (DHS), Verification Information System (VIS) response that validates U.S. Citizenship
9. Online data match screen print with the Arizona Department of Vital Records through the AHCCCS Citizenship Verification System or an AHCCCS award Letter.
10. Military papers - When verifying military service criteria, the following apply:
  - a. An honorably discharged veteran of the Armed Forces of the U.S. must present an original or notarized copy of the veteran's discharge papers

- b. Verify active duty status with an original or notarized copy of the applicant's current orders or a military ID card (DD form 2(active))
  - c. A spouse or unwed dependent child of a veteran or active duty non-citizen must provide a document to verify relationship along with military verification requirements
  - d. A stepchild living with the stepparent must provide documents to verify relationship along with military verification requirements
- 11. Marriage certificate showing marriage to a U.S. male citizen before September 22, 1922
- 12. Life, health or other insurance record, created at least five years before the application date (Record must indicate a place of birth in the United States)
- 13. State census records that show the participant's name, a U.S. place of birth, and the date of birth or age of the participant
- 14. Tribal census records for the Navajo or Seneca tribes (The records must be created at least five years before the application and list a U.S. place of birth.)
- 15. An official notification of birth registration from a U.S. State's Department of Vital Statistics
- 16. An amended U.S. public birth record that is amended more than five years from the applicant's birth
- 17. A statement signed by the physician or midwife who was in attendance at the time of birth
- 18. The roll of Alaska Natives from the Bureau of Indian Affairs
- 19. A **current** decision letter from the ADES/Family Assistance Administration that demonstrates eligibility for the Food Stamp or Cash Assistance Programs (The award letter must list the applicant as an eligible member of the household).
- 20. A DES SNAP/TANF case management system record match, indicating that the individual is currently receiving SNAP or TANF benefits.

## **Verification of Qualified Immigrants**

Applicants who state they are Resident Immigrants must meet at least one of the categories set forth below:

### ***A. Resident Immigrants***

A Resident Immigrant is admitted into the U.S. for permanent residence under the Immigration and Nationality Act (INA). This Resident Immigrant is potentially eligible for services when they meet any of the following:

1. They have been continuously lawfully residing in the U.S.
2. They have a military connection
3. They are American Indians born in Canada who possess at least 50 per quantum of American Indian Blood. These Non-Citizen Legal Residents are recognized as immigrants

These applicants normally have one of the following USCIS documents.  
(NOT ACCEPTABLE IF DOCUMENTS ARE EXPIRED):

1. I-551- Resident Alien Card (Eligible for Benefits)
2. I-151- Alien Registration Receipt Card (Eligible for Benefits)
3. I-194- or unexpired passport with the words: Processed for I-551

Temporary Evidence of Lawful Permanent Residence – Valid Until (Date)  
With the following Stamp/Annotations of Law

1. Adjustment Admission Stamp - Eligible when any of the following sections of law are indicated: 203(a)(7); 207;208;212(d)(5); 243(h)(with a PRUCOL determination)
2. Non-Specific Admission Stamp - Eligible when the form is noted with an I- 551 eligible status code
3. Parole Admission Stamp - Eligible when the period of parole is for at least one year as verified on the stamp
4. Replacement Admission Stamp - Eligible when the stamp displays an I-551 eligible Status Code
5. Temporary I-551 Admission Stamp - Eligible when the key phrase reads one of the following:
  - a. "Admission for Permanent Residence at: "D" or "Processed for I-551 Temporary evidence of admission for Permanent Residence" and displays one of the following Status Codes: AM1; -2; -3; -6; -7; -8,
  - b. Asylee
    - i. An Asylee, Non-Citizen Legal Resident is granted asylum through an exercise of discretion by the Attorney General, pursuant to Section 208 of INA. This

Non-Citizen is potentially eligible for benefits for a period of seven years from the date their status is granted.

- ii. These applicants normally have one of the following USCIS documents. (NOT ACCEPTABLE IF DOCUMENTS ARE EXPIRED):
  - 1. I-94 with one of the following:
    - a. A stamp showing grant of asylum under Section 208 of the INA to include:
      - i. AS1 - Eligible for benefits
      - ii. AS2 - Eligible for benefits
      - iii. AS3V92 - Eligible for benefits

**Note:** The eligibility period begins from the month the Asylee status is granted, NOT the month of U.S. entry.

### ***B. Refugee or Amerasian***

A Refugee or Amerasian is admitted into the U.S. under Section 207 of INA. This Non-Citizen is potentially eligible for benefits for a period of seven years from the date that their status is granted.

These applicants normally have one of the following USCIS documents:  
(NOT ACCEPTABLE IF DOCUMENTS ARE EXPIRED):

- 1. I-94- endorsed to show entry as a refugee under Section 207 of the INA or entry as an Amerasian OR noted with one of the following Status Codes: NP2 – 7; P2 -6, -7, -71; RE-8; Z2; (Eligible for Benefits).

### ***C. Victim of Human Trafficking***

A victim of human trafficking is admitted onto the U.S. under the Trafficking Victims Protection Act (TVPA) of 2000. This Non-Citizen Legal Resident is potentially eligible for services for a period of seven years from the date that their status is granted.

These applicants normally have one of the following USCIS documents:  
(NOT ACCEPTABLE IF DOCUMENTS ARE EXPIRED)

- 1. I-94- with a T Visa or Derivative T Visa (T, T-2, T-3, T-4, or T-5)

### ***D. Non-Citizen Legal Resident Paroled Into The U.S.***

A Non-Citizen paroled into the U.S. is lawfully present in the U.S. as a result of a grant of parole by the Attorney General, pursuant to Section 212(d) (5) of the INA. This Non-Citizen is potentially eligible for services when the period of the parole is for at least one year.

These applicants normally have one of the following USCIS documents:  
(NOT ACCEPTABLE IF DOCUMENTS ARE EXPIRED):

1. I-94 - with PAROLE PURSUANT TO SECTION 212(d) (5) on the front.

The form must not be expired, and the expiration date must be at least one year after the issue date. Both dates are documented on the form (Eligible for Benefits).

#### ***E. Non-Citizen Legal Resident Whose Deportation Is Withheld***

A Non-Citizen Legal Resident whose deportation is withheld is a Non-Citizen Legal Resident for whom the Attorney General has withheld deportation from the U.S. pursuant to Section 243(h) or 241 (b)(3) of the INA. A Non-Citizen Legal Resident whose deportation is withheld is potentially eligible for services for a period of seven years from the date of the judge's orders.

These applicants normally have one of the following USCIS documents:  
(NOT ACCEPTABLE IF DOCUMENTS ARE EXPIRED).

1. I-94 -with an order from an immigration Judge showing one of the following:
  - a. Deportation withheld under 243(h) of the INA (Eligible for Benefits)
  - b. Removal withheld under 241(b)(3) of the INA (Eligible for Benefits)

#### ***F. Cuban or Haitian Entrant***

Cuban or Haitian entrants are admitted to the U.S. by USCIS as a Cuban or Haitian entrant pursuant to Section 501 (e) of the Refugee Education Assistance Act of 1980 (PL 104-93). Cuban or Haitian entrants are potentially eligible for benefits for a period of seven years from the date that their status is granted.

These applicants normally have the following USCIS document:  
(NOT ACCEPTABLE IF DOCUMENTS ARE EXPIRED)

1. I-94 with the words: CUBAN/HAITIAN ENTRANT UNDER 212(D) OF THE INA (Eligible for Benefits)

#### ***G. Conditional Entrant***

A conditional entrant was granted conditional entry into the U.S. before April 1, 1980, pursuant to Section 203 (a) (7) of the INA. Conditional entrants are potentially eligible for benefits regardless of any later change in their status.

These applicants normally have one of the following USCIS documents.  
(NOT ACCEPTABLE IF DOCUMENTS ARE EXPIRED):

1. I-94 – with the words: ADMITTED AS A REFUGEE – CONDITIONAL ENTRY under Section 203(a) (7) of the INA. (Eligible for Benefits)

#### ***H. Abused or Battered Resident Immigrants***

Documented non-citizen asylum seekers may become qualified Resident Immigrants when they have suffered abuse from a parent or a spouse.

The Service Provider staff must inform the abused or battered applicant of the following:

1. Applicant must contact the USCIS to obtain a Petition for Abused Aliens
2. The abuse must have occurred in the U.S. and the abusive person must be a U.S. Citizen or Lawful Permanent Resident
3. They must currently reside in the U.S.
4. They must provide any and all documentation verifying continuous residency in the U.S. for the prior five years

**Note:** All periods of time that are not accounted for must be addressed by an applicant statement.

In order for the Resident Immigrant to be eligible under this category, they must meet ALL of the following:

1. Possess appropriate USCIS status
2. Be battered or subject to extreme cruelty
3. Have a substantial connection between battery and the need for benefits
4. No longer residing with the batterer

#### ***I. Indefinite Detainee***

Indefinite detention status pertains to Non-Citizens who have served their time for a criminal conviction and have been given formal orders to leave the U.S. Subsequently, Indefinite Detainee status is met when the Non-Citizen is allowed to indefinitely remain the U.S. because neither their home country, nor any other country will accept them.

## ***J. Military Connection***

Non-Citizens who meet both of the following criteria are potentially eligible for benefits, regardless of their date of entry:

1. They are a qualified Resident Immigrant
2. They meet one of the following military service criteria:
  - a. An honorably discharged veteran or person on active duty
  - b. On active duty in the Armed Forces of the U.S.
  - c. A spouse of a veteran or person on active duty who meets one of the following:
    - i. Is legally married to the veteran or person on active duty
    - ii. Is legally separated from the veteran or person on active duty
    - iii. Is a widowed spouse of the veteran or person on active duty and has not remarried

**Note:** The applicant remains eligible regardless of whether they are living together or apart; the veteran or active duty person can be a U.S. Citizen or a Resident Immigrant.

When verifying military service criteria, the following apply:

1. An honorably discharged veteran of the Armed Forces of the U.S. must present an original or notarized copy of the veteran's discharge papers
2. To verify the active duty status an original or notarized copy of the applicant's current orders or a military ID card (DD form 2 (active)) may be used
3. Only full-time Air Force, Army, Navy, Marine or Coast Guard is eligible
4. Any Reserve or National Guard duty is excluded

A spouse or single dependent child of a veteran or active duty alien must provide a document to verify relationship along with military verification requirements.

## **Qualified USCIS Identification Cards**

This section identifies qualified USCIS identification cards that applicants may provide to determine whether they meet one of the qualified non-citizen requirements to receive benefits. Documents cannot be EXPIRED.

### ***USCIS Identification Cards***

Eligible ID cards:

1. I-94 Arrival/Departure Record

- a. POTENTIALLY ELIGIBLE depending on the following:
    - i. I-94 admission stamp used, section of law/class-code annotations; Applicant must also meet a qualified Non-Citizen Legal Resident Status criterion identified in Section II-A. NOT ELIGIBLE for benefits when the document lacks a registration number
- 2. I-94 Parole Edition
  - a. POTENTIALLY ELIGIBLE depending on the following:
    - i. I-94 admission stamp used; section of law/class-code annotations; Applicant must also meet a qualified Non-Citizen Legal Resident Status criterion identified in Section II-A. NOT ELIGIBLE for benefits when the document lacks a registration number.
- 3. I-151 Alien Registration Card
  - a. POTENTIALLY ELIGIBLE – The I-151 is the original green card. Many, however, were printed on blue paper; several versions of this card exist.
    - i. Applicants must also meet qualified Non-Citizen Legal Resident Status criteria identified in Section II-A.
- 4. I-551 Permanent Resident Card
- 5. Visa Stamps in Foreign Passports – Eligible when all the following occur:
  - a. The Visa is stamped "Processed for I-551, temporary Evidence of Lawful Admission for Permanent Residence".
  - b. Neither the Visa NOR the passport have expired. The passport's expiration date is normally found on the same page as the person's photograph.

**Note:** Applicants who have expired or lost immigration documents from USCIS are responsible for contacting USCIS for replacement documents.

**Note:** Qualified Non-Citizen Legal Residents may have documents described as eligible. Case workers must examine documents to establish their expiration date and cannot accept expired documents.

## **Affidavit That Document(s) Is/Are True**

An eligible applicant must execute a sworn affidavit stating that the documentation provided as listed on this document during the verification process is true.

- 1. Contractors who determine eligibility for these programs will be required to ensure that a sworn affidavit is obtained in a way that does not delay the eligibility determination process or add cost to the process for the applicant.

2. Eligible applicants are exempt from providing an affidavit only if they are 60 years of age or older, if they are Tribal Members or if they are disabled or have an incapacity of the body or mind which makes them unable to supply such affirmation.

## **Non-Qualified Immigrants**

Consider the following Non-Citizens as Non-Qualified Immigrants. Documents include, but are not limited to the following:

1. I-94 (Non-citizens with this document may have either qualified or nonqualified status. The admission stamp annotated on the card determines the non-citizen's status.)
2. I-184 (Crewman Landing Permit)
3. I-185 (Nonresident Alien Canadian Border Crossing Card)
4. I-186 (Nonresident Mexican Border Crossing Card)
5. I-444 (-Mexican Border Visitor Permit)
6. I-586 (Nonresident Alien Border Crossing Card)
7. I-688A (Employment Authorization)
8. I-688 (Temporary Resident [This is the first card issued to non-citizens living in the U.S. under the Amnesty Program of the Immigration Reform and Control Act of 1986.])
9. I-688B (Employment Authorization [This is the second card issued to non-citizens under the Amnesty Program of the Immigration Reform and Control Act of 1986.])
10. I-689 (Fee Receipt-Non-citizens [Applicants with this card may have either qualified or nonqualified status. The Provision of Law annotated on the card determines the non-citizen's status.])
11. I-766 (Employment Authorization)
12. DSP150 (Border Crossing Card [This card was introduced in 1997. Non-citizens with this card may have either qualified or nonqualified status. The Provision of Law annotated on the card determines the non-citizen's status.])
13. Student Visa (This card was introduced in 1998)

## **Ineligible Alien ID Cards**

When an applicant provides one of the following alien ID cards, they are INELIGIBLE for services and the applicant must provide another eligible document. All these forms expired before January 24, 1990.

1. Any alien ID cards that are expired.
2. I-181a Memorandum of creation of record of lawful permanent residence
3. I-184 Alien crewman landing permit and identification card
4. I-185 Non-resident alien Canadian border crossing card
5. I-186 Non-resident alien Mexican border crossing card
6. I-444- Mexican border visitor permit
7. I-586 Non-resident alien border crossing card
8. I-688 Employment authorization
9. I-688A Employment authorization document
10. I-688B Employment authorization document
11. I-689 Fee receipt
12. Non-resident border crossing card

## Appendix C: Payment Guarantee Contact Information

APS:	Online through the APS EAG system. Call the APS Caps Team (602) 371-6774 for questions and assistance. Email: <a href="mailto:guaranteeassistance@apsc.com">guaranteeassistance@apsc.com</a>
SRP:	Email: <a href="mailto:SRPEAG@srpnet.com">SRPEAG@srpnet.com</a> Phone: (602) 236-3003 Fax: (602) 914-8732
SWG:	Online through the SWG Portal. Please contact Southwest Gas directly for access to the portal. Email: <a href="mailto:SCA-SWGAgencies@swgas.com">SCA-SWGAgencies@swgas.com</a> Phone: (877) 967-9427 Fax: (866) 997-9427
GLOBAL WATER:	CustomerService@gwresources.com Fax: (520) 568-6367
TEP:	Email: <a href="mailto:AgencyDesk@tep.com">AgencyDesk@tep.com</a> Phone: 1-520-917-8418
UNISOURCE (Warm Spirit):	Email: <a href="mailto:AgencyDesk@uesaz.com">AgencyDesk@uesaz.com</a> Phone: 1-866-628-5721 Fax: 1-866-870-5163
REQUIRED INFORMATION:	Guarantees should include the following information (see also the Policy section on Payment Guarantee Process): <ol style="list-style-type: none"><li>1. Account number</li><li>2. Customer name on account</li><li>3. Customer address</li><li>4. Date of guarantee and guarantee amount</li><li>5. Fund source (if possible)</li><li>6. Name of case worker requesting the guarantee</li><li>7. Name of organization requesting the guarantee</li></ol>

## **Appendix D: Documents**

## AGENCY FUND SOURCE CHECKLIST

Wildfire recommends agencies be “audit ready” by completing regular internal audits or file reviews on utility assistance files in preparation for future Wildfire Site Visits.

Items for review must be easily accessible for Wildfire staff conducting site visits.

Documentation on File:	Yes	No	Notes
ID verification of applicant			
Income verification for all household members during previous 30 days; FPL %			
Current utility bill with address that matches applicant & service address			
Crisis documentation			
Signed affidavit for any and all missing documents			
Signed statement of truth and release of information			
Copy of payment guarantee			
For URRD: Documentation of citizenship or lawful presence for primary applicant (page 21 of the manual)			
For repair/replace: Proof of ownership for appliance repair/replace			
For repair/replace: Verification of costs for appliance repair/replace			
For repair/replace: Statement of completion signed by client			

## Sample Intake Sheet

First Name	Middle Initial	Last Name	SSN
Residential Street Address			Residential County
City		State	Zip Code
Primary Phone	Secondary Phone	Email Address	
DOB	Marital Status Married   Single   Divorced	Citizenship Status U.S. Citizen   Legal Resident   Other	
Health Insurance Through Work   Private Medicare   AHCCCS	Gender	Highest Level of Education	
Ethnicity Hispanic/Latino   Not Hispanic/Latino		Armed Forces Veteran?	Have you moved in the last year?
Race		Disability?	
Housing Type Own   Rent   Homeless   Other		Other Assistance Received LIHEAP  URRD WAP  Food Stamps Rental Assistance TAP Other	Is any member of the household a Seasonal Farm Worker?
Family Type Single Parent – Female  Single Parent – Male  Two Parent Household  Single Person  Two Adults – No children  Grandparent Raising children  Other			Is any member of the household a Migrant Farm Worker?
Household Size		Other Comments	
# of Sources of Household Income			
# of Household Members with Income			
Were you referred to us by another person or agency?			
How many sources of income do you have?	Income Type (Circle all that apply) Part Time   Full Time   Retirement   Public Benefits   UI		30-day Gross Amount
Income Source Name	Source – Phone Number	Source – Email	
<b>Household Member</b>			

First Name	Middle Initial	Last Name	SSN
Residential Street Address			Residential County
City		State	Zip Code
DOB	Marital Status Married   Single   Divorced	Citizenship Status U.S. Citizen   Legal Resident   Other	
Health Insurance Through Work   Private Medicare   AHCCCS	Gender	Highest Level of Education	
Ethnicity Hispanic/Latino   Not Hispanic/Latino		Armed Forces Veteran?	Have you moved in the last year?
Race		Disability?	
How many sources of Income?	Income Type (Circle all that apply) Part Time   Full Time   Retirement   Public Benefits   UI		30-day Gross Amount
Income Source Name	Source – Phone Number	Source – Email	

<b>Household Member</b>			
First Name	Middle Initial	Last Name	SSN
Residential Street Address			Residential County
City		State	Zip Code
DOB	Marital Status Married   Single   Divorced	Citizenship Status U.S. Citizen   Legal Resident   Other	
Health Insurance Through Work   Private Medicare   AHCCCS	Gender	Highest Level of Education	
Ethnicity Hispanic/Latino   Not Hispanic/Latino		Armed Forces Veteran?	Have you moved in the last year?
Race		Disability?	
How many sources of Income?	Income Type (Circle all that apply) Part Time   Full Time   Retirement   Public Benefits   UI		30-day Gross Amount
Income Source Name	Source – Phone Number	Source – Email	

Any additional Household Members? \_\_\_\_\_

## Client Affidavit

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, solemnly swear, under penalty of perjury by my signature below, that the following statements regarding my eligibility for services and benefits are true and correct to the best of my knowledge:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

In order to process your application for assistance, you must affirm the following statements, by including your signature at the end of this document.

**Statement of Truth:** Under penalty of perjury and acknowledged by my signature below, I swear or affirm that the statements made regarding the persons in my home and the income, resources, property and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

**Release of Information:** I hereby consent to and authorize Wildfire or their sub-contracted Agency (Agency) to contact any source necessary to establish the accuracy of the information given by me and to release information contained in the application, if necessary.

**For APS Customers Only:** I hereby consent to and authorize Wildfire or their sub-contracted Agency (Agency) to access any information from Arizona Public Service Company (APS) concerning my payment history, delinquencies, outstanding amounts owed, required deposits, usage history and other related information, and to use such information in connection with my application for financial assistance on this date. This consent and authorization shall expire following Agency review of my APS customer account information for qualification of Agency financial assistance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agencia: \_\_\_\_\_

Teléfono de la agencia: \_\_\_\_\_

Nombre del Aplicante: \_\_\_\_\_

Para poder procesar su solicitud de asistencia, debe confirmar las siguientes declaraciones incluyendo su firma al final de este documento.

**Declaración de Veracidad:** Bajo pena de perjurio y reconocido con mi firma a continuación, juro o afirmo que las declaraciones hechas con respecto a las personas en mi hogar y los ingresos, recursos, propiedades y todos los demás elementos relacionados con mi posible elegibilidad para beneficios son verdaderas y correctas según mi leal saber y entender.

**Liberar Información:** Por la presente doy mi consentimiento y autorizo a Wildfire o a la Agencia subcontratada por ellos (la Agencia) a contactar cualquier fuente necesaria para verificar la exactitud de la información proporcionada por mí y a divulgar la información contenida en la solicitud, si es necesario.

**Solo para Clientes de APS:** Por la presente doy mi consentimiento y autorizo a Wildfire o a la Agencia subcontratada por ellos (la Agencia) a acceder a cualquier información de la compañía Arizona Public Service (APS) relacionada con mi historial de pagos, moras, montos pendientes, depósitos requeridos, historial de consumo y otra información relacionada, y a utilizar dicha información en relación con mi solicitud de asistencia financiera en esta fecha. Este consentimiento y autorización expirará después de que la Agencia revise la información de mi cuenta como cliente de APS para determinar si califico para la asistencia financiera de la Agencia.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

## **Appendix E: Program Summaries**

## UTILITY ASSISTANCE - GENERAL

Information applies to all fund sources, unless otherwise specified

### INCOME VERIFICATION

(When required by fund source): All sources of household income received during the past 30 days, including the date of application, must be accounted for and verified.

### SERVICE PERIOD:

A household may be assisted **once** in a 12-month period for each fund source, unless otherwise specified.

### SUBSTITUTE SSN (if necessary):

Zip code + Birthday (for example: if zip code is 85203 and birthday is May 1, 1980, substitute SSN will be **852-03-0501**)

### ACCEPTABLE CRISIS REASONS:

Crisis requirements are program specific

1. Loss or reduction of income or public assistance benefits or a delay in receiving public assistance benefits.
2. Unexpected and/or unplanned expense that caused a lack of resources.
3. A condition that endangers the health and safety of the household.

### CLIENT FILES MUST CONTAIN:

Additional documents may be required, as specified by individual program summaries

1. Intake sheet with client info and name of Case Worker
2. Verification document for ID of client
3. Citizenship verification (URRD only)
4. Utility bill, matching applicant service address or receipt of fuel purchase
5. Income verification
6. Documents verifying crisis (if required by fund source)
7. Client affidavit form (if utilized)
8. Statement of truth/release of info, signed by client
9. Copy of payment guarantee request

PAYMENT GUARANTEE INFO:

Guarantees should include the following information:

1. Account number
2. Customer name on account
3. Customer address
4. Date of guarantee and guarantee amount
5. Fund source
6. Name of case worker requesting the guarantee
7. Name of organization requesting the guarantee



## **ARIZONA PUBLIC SERVICE (APS) CRISIS BILL ASSISTANCE PROGRAM SUMMARY**

CAN PAY:	<p>Current and past due charges, including reconnection fees or establishment charges, incurred only at the client's current address. No credits can be given.</p> <p>Cannot pay deposits.</p> <p>Budget Billing: If customer is on Budget Billing and there is a credit balance, only pay the current amount owed. If a customer is on Budget Billing and there is a debit balance owed, pay the current charges and the debit balance up to the customer's eligible Crisis Bill benefit amount</p>
MAXIMUM GRANT AMOUNT:	<p>\$1,000 in a 12-month period. Customers may receive assistance <u>twice</u> in a 12-month period, not to exceed \$1,000.</p>
ELIGIBILITY CRITERIA:	<p>Household income must be at or below 200% of the current Federal Poverty Level (FPL) guidelines. Client must be the customer of record or a household member.</p> <p>Disconnected accounts are eligible for assistance, but charges incurred at former residences are not eligible.</p>
CITIZENSHIP REQUIREMENT:	<p>None</p>
CRISIS:	<p>Crisis reason must be stated on application. Documents verifying crisis are required or the Case Manager may document in file that documents verifying crisis were viewed.</p>
PAYMENT GUARANTEE:	<p>Online through the APS EAG system. Call the APS Caps Team (602) 371-6774 for questions and assistance.</p>



## GLOBAL WATER LOW INCOME RELIEF TARIFF PROGRAM SUMMARY

### WATER COMPANIES:

**Santa Cruz Water Company (Pinal County)** (Water – Maricopa, Red Rock, Picacho Cove Utility in Coolidge)  
**Palo Verde Utilities Company (Pinal County)** (Sewer – Maricopa, Red Rock, Picacho Cove Utility in Coolidge)  
**Twin Hawks Utility (Pinal County)** (Water – Marana)  
**Tortolita Water Company (Pima County)** (Water – Marana)  
**Lyn Lee Water Company (Pima County)** (Water- Marana)  
**Mirabell Water Company (Pima County)** (Water – Three Points in Tucson)  
**Francesca Water Company (Pima)** (Water – Three Points in Tucson)  
**Rincon Water Company (Pima County)** (Water – Vail)  
**Las Quintas Serenas Water Company (Pima County)** (Water – Sahuarita)  
**Farmers Water Company (Pima County)** (Water – Sahuarita, Green Valley)  
**Belmont Water Company (Maricopa County)** (Water Utility of Greater Tonopah, Water Utility of Northern Scottsdale, Eagletail Water Company)

### CAN PAY:

Current and past due charges, deposits, late fees, reconnection fees, service fees, returned payment fees, after hours service fees (where applicable). Installation of a back-flow prevention assembly if such assembly is required by tariff of the Global Water Utilities. Credits can be given.

### MAXIMUM GRANT AMOUNT:

\$350.00 for water customers and \$350.00 for sewer customers in North Scottsdale, Tonopah and Eagletail.

\$700.00 for customers in Maricopa and Red Rock.

Customers may be assisted more than once in a 12-month period. The total amount of assistance within the year cannot exceed \$350.00 for water and \$350 for sewer for customers in North Scottsdale, Tonopah and Eagletail and \$700.00 for customers in Maricopa and Red Rock.

Clients can only receive assistance from one Customer Assistance Program; listed under Eligibility Criteria.

ELIGIBILITY CRITERIA:

Client must be customer of record and fall within one of the following Customer Assistance Programs:

1. **Low-Income Program:** Household income must be at or below 200% of the federal poverty guidelines. Clients must not have a history of meter tampering or lock-cutting within the last two years.
2. **Deployed Service Member Program:** Service member must be on active duty for any of the armed forces, as defined by 10 U.S.C. 101(a)(4) and including any member of the Reserves or National Guard called to active duty OR be deployed, on a deployment that is not a “permanent change of station” and have a primary residence in the Company’s service area.

Each service member’s eligibility must be verified based on written orders from the service member’s command.

3. **Disabled Military Veteran Program:** Client must have been on active duty for any of the armed forces, as defined by 10 U.S.C. 101(a)(4); including any member of the Reserves or National Guard called to active duty AND been honorably discharged from the armed forces AND have a permanent disability rating related to their military duty service, as demonstrated by a medical discharge or other written documentation from the US Department of Defense or Department of Veteran Affairs.

4. **Furloughed Worker Program:** Client must have been employed in good standing with an employer AND provide written evidence that the person has been temporarily laid off, subject to recall or furloughed by an employer.
5. **Medical Hardship Program:** Customers, customers' spouse or customers' qualifying dependent may have experienced a medical issue resulting in unexpected medical costs. To qualify the person must be qualified for Social Security Disability Benefits, as evidenced by notice from the SSA OR be qualified for other short-term or long-term disability insurance benefits, as evidenced by a letter from the insurer OR have experienced hospitalization of more than five (5) days within the last year OR provide documentation that the customer, customer's spouse, or a person claimed as a dependent on the customer's federal tax return, is currently on leave under the Family and Medical Leave Act of 1993, as amended 29 U.S.C 2601 et seq., or has been on such leave within the past year.

CITIZENSHIP REQUIREMENT:

None.

CRISIS:

A crisis reason is not necessary. Required documents are outlined in the Customer Assistance Programs; listed under Eligibility Criteria.

PAYMENT GUARANTEE:

Email to [customerservice@gwresources.com](mailto:customerservice@gwresources.com) must indicate which Customer Assistance Program was utilized.

Fax: (520) 568-6367; must indicate which Customer Assistance Program was utilized.

## HEAT RELIEF INITIATIVE PROGRAM SUMMARY

The Emergency Heat Relief Initiative is a response to the state of emergency declared by the governor of Arizona in 2023. It is the result of fundraising efforts by Wildfire and generous donations from utility companies, foundations, HVAC contractors and others throughout the state of Arizona. The funds are designated for repairs, replacements, or new installations of HVAC units.

### CAN PAY:

**Repairs** to existing HVAC units or systems as standalone costs.  
**Replacement or installation costs** for HVAC units, including any duct and electrical work necessary for job completion.  
**Follow-up costs** to educate and assist households with extended warranty registration and system maintenance to ensure longevity. Mini-split units are allowable, while window and portable units are not, however they are potentially allowable under URRD.

Priority should be given to households in immediate danger of heat-related illnesses or deaths. Funds from this program can be utilized in conjunction with other sources, especially in cases where additional work must be performed later to ensure long-term sustainability of the HVAC replacement.

### MAXIMUM GRANT AMOUNT:

\$1,500 per household for standalone HVAC repairs.  
\$10,000 per household for replacement/installations.  
Both amounts can be exceeded if necessary; however, participating partners will be given a requirement in their contracts to serve a minimum number of households.

### ELIGIBILITY CRITERIA:

Household income must be at or below 200% of the current, Federal Poverty Level (FPL) guidelines. Exceptions can be made with Wildfire approval.

The applicant must be the owner of the HVAC appliance or system to be repaired and/or replaced.

CRISIS:	Households in immediate, heat-related danger should be prioritized.
CITIZENSHIP REQUIREMENT:	None
ADDITIONAL DOCUMENTS:	(1) Invoice for total costs from a pre-approved contractor; (2) client statement indicating that work has been completed satisfactorily; (3) documentation of post-replacement inspection by qualified staff or contractor; (4) proof of client ownership of the HVAC appliance or system.
ADDITIONAL REQUIREMENTS:	<p>Participating partners will be required to assist in Wildfire's ongoing data collection efforts for fundraising purposes.</p> <p>All client recipients must be assisted to enroll in all available utility discount programs or be given actionable information about how to enroll and/or information on how to receive assistance to enroll.</p>



## **SALT RIVER PROJECT (SRP) BILL ASSISTANCE PROGRAM SUMMARY**

CAN PAY:	<p>Current and past due charges, reconnection fees, establishment charges, deposits and balances from a previous SRP address.</p> <p>Credits can be given to clients under circumstances where the Case Manager determines that the funds are necessary for the financial stability of the client. Credits must be given only to clients whose circumstances truly warrant them. In these situations, case notes should outline the details of the decision-making process.</p> <p>Payments can be given to clients who are already enrolled in the Budget Billing program, even if a credit balance is already showing on the account. The payment amount should cover the current and upcoming month's charges, as well as any outstanding debt due to missed payments.</p> <p>Payments for clients enrolled in the M-Power Program should be enough to cover outstanding debt and the next 30 days of energy usage, based on the Customer Usage Report (available from SRP), taking into account upcoming weather conditions.</p>
MAXIMUM GRANT AMOUNT:	<p>\$800.00. Customers can receive assistance twice in a 12-month period.</p>
ELIGIBILITY CRITERIA:	<p>Household income must be at or below 200% of the current Federal Poverty Level (FPL) guidelines.</p> <p>Client must be customer of record or a household member.</p>
CITIZENSHIP REQUIREMENT:	<p>None</p>
CRISIS:	<p>Crisis reason must be stated on application. Documents verifying crisis are NOT required. An inability to pay a bill is considered a crisis.</p>
PAYMENT GUARANTEE:	<p>Email: <a href="mailto:SRPEAG@srpnet.com">SRPEAG@srpnet.com</a></p> <p>Phone: (602) 236-3003; FAX:(602) 914-8732</p>



## **SOUTHWEST GAS LOW-INCOME ENERGY CONSERVATION (LIEC) BILL ASSISTANCE PROGRAM SUMMARY**

CAN PAY:	<p>Current and past due charges, including deposits. Up to 25% of the agency's allocated funds can be used to assist clients with deposits.</p> <p>A client may receive a credit under circumstances where the case manager determines that the funds are necessary for the financial stability of the client. Credits must be given only to clients whose circumstances truly warrant them. In these situations, case notes should outline the details of the decision-making process.</p> <p>This may include assisting customers who have historically disconnected their gas in the summer, only to have a reconnection fee in the fall that they might have trouble paying. Crediting them in the spring/summer months can allow them to avoid such fees.</p>
MAXIMUM GRANT AMOUNT:	<p>\$400.00. Customers can receive assistance once in a 12-month period.</p>
ELIGIBILITY CRITERIA:	<p>Household income must be at or below 200% of the current Federal Poverty Level (FPL) guidelines.</p> <p>Client must be the customer of record or apply for assistance by named proxy.</p>
CITIZENSHIP REQUIREMENT:	<p>None</p>
CRISIS:	<p>Not required.</p>
PAYMENT GUARANTEE:	<p>Email: <a href="mailto:SCA-SWGAgencies@swgas.com">SCA-SWGAgencies@swgas.com</a></p> <p>Phone: (877) 967-9427</p> <p>Fax: (866) 997-9427</p>



## **SOUTHWEST GAS ENERGY SHARE – BILL ASSISTANCE PROGRAM SUMMARY**

CAN PAY:	<p>Current and past due charges, including deposits, late charges, reestablishment fees, and other related costs or fees.</p> <p>A client may receive a credit under circumstances where the case manager determines that the funds are necessary for the financial stability of the client. Credits must be given only to clients whose circumstances truly warrant them and case notes should outline the details of the decision-making process.</p> <p>Credits may assist customers who have historically disconnected their gas in the summer, only to have a reconnection fee in the fall.</p>
MAXIMUM GRANT AMOUNT:	<p>\$400.00. Customers may receive assistance <u>multiple times</u> in a 12-month period, provided the total assistance does not exceed \$400 within that period.</p>
ELIGIBILITY CRITERIA:	<p>Clients must have household income at or below 200% of federal poverty guidelines, a verified financial crisis or an unexpected financial difficulty.</p> <p>Client must be the customer of record or a household member.</p>
CITIZENSHIP REQUIREMENT:	<p>None</p>
CRISIS:	<p>Not required for clients whose household income is at or below 200% of FPG. For clients whose household income is above 200% of FPG, documentation verifying crisis must be include in the case file.</p>
PAYMENT GUARANTEE:	<p>Email: <a href="mailto:SCA-SWGAgencies@swgas.com">SCA-SWGAgencies@swgas.com</a></p> <p>Phone: (877) 967-9427; Fax: (866) 997-9427</p>



## SOUTHWEST GAS ENERGY SHARE – REPAIR/REPLACEMENT PROGRAM SUMMARY

CAN PAY:	Costs associated with repairing natural gas equipment or replacement costs in cases where repair is impossible, or repair costs would exceed replacement costs.
MAXIMUM GRANT AMOUNT:	\$2,000.00. Customers may receive assistance <u>multiple times</u> in a 12-month period, provided that the total assistance does not exceed \$2,000 within that period.
ELIGIBILITY CRITERIA:	<p>Clients must have household income at or below 200% of the current Federal Poverty Level (FPL) guidelines, OR a condition that endangers the health and safety of the household.</p> <p>Client must be the customer of record or a household member.</p> <p><i>For appliance repair/replacement:</i> Proof of ownership of the appliance is required.</p>
CITIZENSHIP REQUIREMENT:	None
CRISIS:	<p>Not required for clients whose household income is at or below 200% of FPG. Clients whose household income is above 200% of FPG may be assisted if they are experiencing a condition that endangers the health and safety of household members. Crisis reason must be stated on the application. Documents verifying crisis are NOT required.</p>
ADDITIONAL DOCUMENTS:	<p><i>For appliance repair/replacement:</i></p> <ul style="list-style-type: none"><li>(1) Invoice for total costs from pre-approved contractor</li><li>(2) Client statement indicating that repairs/replacements have been completed</li><li>(3) Documentation verifying client ownership of the appliance</li></ul>

## **TUCSON ELECTRIC POWER (TEP) BILL ASSISTANCE PROGRAM SUMMARY**

<b>CAN PAY:</b>	<p>Current and past due charges, including reconnection fees and establishment charges. Can pay deposits.</p> <p>No credits can be given on any accounts.</p> <p>Payments can be given to clients who are already enrolled in the Budget Billing Program, even if a credit balance is already showing on the account. The payment amount should cover the current and upcoming month's charges, as well as any outstanding debt due to missed payments.</p>
<b>MAXIMUM GRANT AMOUNT:</b>	<p>\$800.00. Customers can receive assistance once in a 12-month period.</p>
<b>ELIGIBILITY CRITERIA:</b>	<p>Household income must be at or below 200% of the current Federal Poverty Level (FPL) guidelines.</p> <p>Client must be the customer of record or a household member.</p>
<b>CITIZENSHIP REQUIREMENT:</b>	<p>None</p>
<b>CRISIS:</b>	<p>Crisis reason must be stated on application. Documents verifying crisis are NOT required.</p>
<b>PAYMENT GUARANTEE:</b>	<p>Email: <a href="mailto:AgencyDesk@tep.com">AgencyDesk@tep.com</a></p> <p>Phone: 1-520-917-8418 Option 4</p> <p>Fax: 1-520-571-4026</p>



## TRICO ASSISTANCE PROGRAM SUMMARY

CAN PAY:	Utility bills, rent, mortgage, food, medical bills and other emergency needs at the discretion of the Participating Agency. Replacement of appliances only in cases where repair cost would exceed replacement cost. For repair/replacement, the applicant must be the owner of the appliance or home, as applicable.
MAXIMUM GRANT AMOUNT:	\$800.00. Customers may receive assistance <u>multiple times</u> in a 12-month period, provided that the total assistance does not exceed \$800.00 within that period
ELIGIBILITY CRITERIA:	Household income must be at or below 200% of the federal poverty guidelines. Households must be in Trico service area; within Pima, Pinal and Santa Cruz Counties. A Trico customer must reside in the household.
CITIZENSHIP REQUIREMENT:	None.
CRISIS:	Crisis reason must be stated on application. Documents verifying crisis are NOT required.
ADDITIONAL DOCUMENTS:	Copy of the rental agreement or a note from the landlord for utility costs included in rent, if applicable. For repair/replace, proof of ownership of the appliance or home.



## UNISOURCE ELECTRIC (UNSE) BILL ASSISTANCE PROGRAM SUMMARY

CAN PAY:	Current and past due charges. Can pay deposits, reconnect fees and establishment charges. No credits can be given on any accounts.
MAXIMUM GRANT AMOUNT:	\$800. Customers can receive assistance once in a 12-month period.
ELIGIBILITY CRITERIA:	Household income must be at or below 200% of the current Federal Poverty Level (FPL) guidelines.  Client must be the customer of record or a household member.
CITIZENSHIP REQUIREMENT:	None
CRISIS:	Crisis reason must be stated on application. Documents verifying crisis are NOT required.
PAYMENT GUARANTEE:	Email: <a href="mailto:AgencyDesk@uesaz.com">AgencyDesk@uesaz.com</a>  Phone: 1-866-628-5721  Fax: 1-866-870-5163

## **URRD HVAC WAIVER PROGRAM SUMMARY**

### **Overview of the Program:**

Participants in this program may use URRD funds in excess of the normal \$4,500 limit, up to a total of \$9,000 for a single household, to repair or replace an existing HVAC unit or system in emergency situations.

### **Guidelines:**

- Up to 20% of a participating agency's URRD allocation for the fiscal year may be utilized in this program. An alternate percentage may be negotiated with Wildfire, if required.
- Waivers must be reserved for heating and cooling emergencies and must not preclude or supplant the weatherization process for clients who qualify for weatherization services.
- The minimum energy efficiency rating for replacement units is 14 SEER.
- All other existing guidelines of the URRD fund source remain the same.

### **Procedure:**

1. Client data for each job performed in this program must be entered into GMS directly or by monthly integration, in the same manner as other URRD jobs. As the Service Type, select "HVAC Waiver."
2. All funds included in these waiver applications will count toward the agreed-upon funding limit for the program, as defined in the contract.

## UTILITY REPAIR REPLACEMENT AND DEPOSIT (URRD) PROGRAM SUMMARY

The Utility Repair, Replacement and Deposit (URRD) fund was established by state law (A.R.S. §46-731) to provide assistance to low-income individuals in crisis situations with deposits for utility services and to make needed repairs and/or replacements to existing utility-related appliances or systems. In January 2007, A.R.S. §46-731 was revised to require abandoned deposits to be administered by a qualified fuel fund entity.

CAN PAY: ***Deposits*** for utility services (electric, gas, water, telephone)  
***Repairs*** to existing utility related appliances or systems  
***Replacements*** of existing utility related appliances only in cases where repair costs would exceed replacement costs or when an appliance is found to be inoperable with repairs. Replacement appliances must have an Energy Efficient Star Rating.

### Guidelines for Deposits

CAN PAY:	Deposits for any utility company. Utility deposit included in a client's rental agreement and collected along with rental payments are eligible for assistance.
MAXIMUM GRANT AMOUNT:	\$4,500 Customers can receive assistance once in a 12-month period.
ELIGIBILITY CRITERIA:	Household income must be at or below 200% of the current Federal Poverty Level (FPL) guidelines.
CRISIS:	None needed.
CITIZENSHIP REQUIREMENT:	Primary applicant must be U.S. citizen or legal resident.
ADDITIONAL DOCUMENTS:	Citizenship/Legal Resident status verification for primary applicant  Copy of the rental agreement or a note from the landlord for utility costs included in rent  Payment guarantees made to the designated utility company

## Guidelines for Repairs/Replacements

**Ownership:** The applicant must be the owner of the appliance or system to be repaired and/or replaced. The following documents can be used to verify ownership:

1. Purchase receipt provided by the client, or
2. Statement of ownership, signed by the client

A qualified individual of the agency, vendor, or trained weatherization contractor may complete inspection of the needed repair and/or replacement.

<b><i>Eligible Appliance &amp; Systems</i></b>	<b><i>Ineligible Appliances &amp; Systems</i></b>
Water Heater	Television
Cooking Stove	Radios
Microwave	VCRs
Furnaces	Hair Dryers
Air Conditioner	Blenders
Home Telephone (landline only)	Cable TV
Evaporative Coolers	Satellite Receivers
Refrigerators	Water Softener
Washer/Dryers	Dishwasher
Electrical Panels	Water Pump
HEPA Filters	Water Tank
	Pressure Tank

For appliance repair and/or replacement not listed, please contact Wildfire at [HEAF@wildfireaz.org](mailto:HEAF@wildfireaz.org).

**MAXIMUM GRANT AMOUNT:** \$4,500. Clients can receive assistance once in a 12-month period.

**ELIGIBILITY CRITERIA:** Household income must be at or below 200% of the current Federal Poverty Level (FPL) guidelines.

The applicant must be the owner of the appliance or system to be repaired and/or replaced.

A qualified individual of the agency may conduct inspection of the needed repair and/or replacement.

**CRISIS:** Crisis reason must be stated on application. Documents verifying crisis are NOT required.

**CITIZENSHIP REQUIREMENT:**

Primary applicant must be a U.S. citizen or legal resident.

**ADDITIONAL DOCUMENTS:**

Citizenship/Legal Resident status verification for primary applicant.

(1) Proof of ownership of appliance or system (receipt or client statement is acceptable); (2) Invoice for total costs from pre-approved contractor; (3) Client statement indicating that repairs/replacements have been completed and are satisfactory.

**PAYMENT FOR WORK:**

Payment must be made after completion and inspection of work, client confirmation that work was completed and is satisfactory, and receipt of appropriate documentation such as an invoice with the client's signature.



## **WARM SPIRIT ELECTRIC & GAS FUND PROGRAM SUMMARY (Funds Provided by UniSource Energy)**

CAN PAY:	Utility bills, including current and past due charges, deposits, late fees, service establishment and reconnection fees.  No credits can be given on any accounts.
MAXIMUM GRANT AMOUNT:	\$500.00
ELIGIBILITY CRITERIA:	Household income must be at or below 200% of the current Federal Poverty Level (FPL) guidelines.  Client must be the customer of record or a household member.
CITIZENSHIP REQUIREMENT:	None
CRISIS:	Crisis reason must be stated on application. Documents verifying crisis are NOT required.
PAYMENT GUARANTEE:	Email: <a href="mailto:AgencyDesk@uesaz.com">AgencyDesk@uesaz.com</a>  Phone: 1-866-628-5721  Fax: 1-866-870-5163

Program	Can Pay	Max Grant Amount	12-Month Period	Eligibility Criteria	Citizenship Requirement	Crisis/Reason	Payment Guarantee	Notes
APS	<ul style="list-style-type: none"> <li>• Current, past due</li> <li>• Reconnection, Establishment</li> <li>• NO CREDITS GIVEN</li> </ul>	\$1,000	2 times	<ul style="list-style-type: none"> <li>• At or below 200% FPL</li> <li>• Customer or household member</li> </ul>	NONE	<ul style="list-style-type: none"> <li>• Must be stated</li> <li>• Documents required OR doc verification by CM</li> </ul>	<ul style="list-style-type: none"> <li>• Online through APS EAG system</li> <li>• P: 602.371.6774</li> </ul>	<ul style="list-style-type: none"> <li>• Can't pay deposits or charges incurred at previous address</li> </ul>
Global Water	<ul style="list-style-type: none"> <li>• Current, past due, reconnection, service, late fees, deposits</li> <li>• Credits can be given</li> </ul>	<ul style="list-style-type: none"> <li>• \$350-Water/\$350-Sewer: Scottsdale, Tonopah, Eagletail</li> <li>• \$700 - Maricopa &amp; Red Rock</li> </ul>	Unlimited, but cannot exceed max grant amount	<ul style="list-style-type: none"> <li>• At or below 200% FPL <b>OR</b></li> <li>• Deployed service member</li> <li>• Disabled military</li> <li>• Furloughed</li> <li>• Medical hardship</li> </ul>	NONE	<ul style="list-style-type: none"> <li>• Not required</li> <li>• Documents required for those using Customer Assistance Programs (see eligibility sheet)</li> </ul>	<ul style="list-style-type: none"> <li>customer/service@gwresources.com</li> <li>• Must indicate which program was utilized</li> </ul>	<ul style="list-style-type: none"> <li>• Eligibility requirements based on customer assistance programs offered by utility company</li> <li>• Can only receive help from 1 program</li> </ul>
SRP Bill Assistance	<ul style="list-style-type: none"> <li>• Current, past due, deposits</li> <li>• Balances from previous address</li> <li>• Reconnection, establishment fees</li> <li>• Returned payment fee</li> <li>• Credits can be given</li> </ul>	\$800	2 times	<ul style="list-style-type: none"> <li>• At or below 200% FPL</li> <li>• Customer or household member</li> </ul>	NONE	<ul style="list-style-type: none"> <li>• Must be stated (inability to pay is considered a crisis)</li> <li>• Documents NOT required</li> </ul>	<ul style="list-style-type: none"> <li>• srpag@srpnet.com</li> <li>• P:602.236.3003</li> <li>• F:602.914.8732</li> </ul>	<ul style="list-style-type: none"> <li>• Customer should be given enough to cover outstanding debt &amp; next 30 days of energy usage, based on Customer Usage report (available from SRP)</li> </ul>
Southwest Gas - LIEC	<ul style="list-style-type: none"> <li>• Current, past due</li> <li>• Deposits (up to 25% of agency allocation)</li> <li>• Credits can be given</li> </ul>	\$400	1 time	<ul style="list-style-type: none"> <li>• At or below 200% FPL</li> <li>• Customer or household member</li> </ul>	NONE	Not required	<ul style="list-style-type: none"> <li>• sca-swgagencies@swgas.com</li> <li>• P:877.967.9427</li> <li>• F:866.997.9427</li> </ul>	<ul style="list-style-type: none"> <li>• May include assisting clients who historically cut off their gas in summer months</li> </ul>
Southwest GasEnergy Share Bill Assistance	<ul style="list-style-type: none"> <li>• Current, past due, deposits</li> <li>• Re-establishment fees</li> <li>• Late charges &amp; otherfees</li> <li>• Credits can be given</li> </ul>	\$400	Unlimited, but cannot exceed max grant amount	<ul style="list-style-type: none"> <li>• At or below 200% FPL</li> <li>• Customer or household member</li> </ul>	NONE	<ul style="list-style-type: none"> <li>• Not required for those at or below 200% FPL</li> <li>• Required for those above 200% FPL</li> </ul>	<ul style="list-style-type: none"> <li>• sca-swgagencies@swgas.com</li> <li>• P:877.967.9427</li> <li>• F:866.997.9427</li> </ul>	<ul style="list-style-type: none"> <li>• May include assisting clients who historically cut off their gas in summer months</li> </ul>
Southwest Gas Energy Share Repair/Replacement	<ul style="list-style-type: none"> <li>• Cost associated w/repairing natural gas equipment</li> <li>• Replacement costs in cases where repair is impossible or repair costs would exceed replacement costs</li> </ul>	\$2000	Unlimited, but cannot exceed max grant amount	<ul style="list-style-type: none"> <li>• At or below 200% FPL <b>OR</b></li> <li>• Condition that endangers health &amp; safety of household</li> <li>• Proof of ownership of appliance</li> </ul>	NONE	<ul style="list-style-type: none"> <li>• Not required for those at or below 200% FPL</li> <li>• Required for those above 200% FPL</li> </ul>	X	<ul style="list-style-type: none"> <li>• Invoice-total cost from preapproved contractor</li> <li>• Client statement indicating repair/ replacement has been completed</li> </ul>
Tucson Electric Power (TEP)	<ul style="list-style-type: none"> <li>• Current, Past due, Deposits</li> <li>• Reconnect &amp; Establishment fees</li> <li>• NO CREDITS GIVEN</li> </ul>	\$800	1 time	<ul style="list-style-type: none"> <li>• At or below 200% FPL</li> <li>• Customer or household member</li> </ul>	NONE	<ul style="list-style-type: none"> <li>• Must be stated</li> <li>• Documents NOT required</li> </ul>	<ul style="list-style-type: none"> <li>• agencydesk@tep.com</li> <li>• P:1.520.917.8418</li> <li>• F:1.520.571.4026</li> </ul>	X
Unisource Electric (UNSE)	<ul style="list-style-type: none"> <li>• Current, Past due, Deposits</li> <li>• Reconnect &amp; Establishment fees</li> <li>• NO CREDITS GIVEN</li> </ul>	\$800	1 time	<ul style="list-style-type: none"> <li>• At or below 200% FPL</li> <li>• Customer or household member</li> </ul>	NONE	<ul style="list-style-type: none"> <li>• Must be stated</li> <li>• Documents NOT required</li> </ul>	<ul style="list-style-type: none"> <li>• agencydesk@uesaz.com</li> <li>• P:1.866.628.5721</li> <li>• F:1.866.870.5163</li> </ul>	X
Utility Repair Replacement & Deposit (URRD)	<ul style="list-style-type: none"> <li>• Deposits - utility services (water, gas, electric, phone)</li> <li>• Repairs - existing utility related appliances or systems</li> <li>• Replacement in case where repair is more than replacement</li> </ul>	\$4,500	1 time	<ul style="list-style-type: none"> <li>• At or below 200% FPL</li> </ul>	Primary applicant MUST be U.S citizen or legal resident	NONE	<ul style="list-style-type: none"> <li>• See HEAF Policy Manual -Payment guarantees made to designated utility company</li> </ul>	<ul style="list-style-type: none"> <li>• Any utility company</li> <li>• Utility deposit included in client rental agreement &amp; collected along w/rental payments eligible for assistance. (see URRD)</li> </ul>
	URRD Waiver	\$9,000						
Warm Spirit Electric & Gas	<ul style="list-style-type: none"> <li>• Utility bills- includes current/past dues, deposits, late fees, service establishment &amp; reconnection fee</li> <li>• NO CREDITS GIVEN</li> </ul>	\$500	X	<ul style="list-style-type: none"> <li>• At or below 150% FPL</li> <li>• Customer or household member</li> </ul>	NONE	<ul style="list-style-type: none"> <li>• Must be stated</li> <li>• Documents NOT required</li> </ul>	<ul style="list-style-type: none"> <li>• agencydesk@uesaz.com</li> <li>• P:1.866.628.5721</li> <li>• F:1.866.870.5163</li> </ul>	X