HILLSBOROUGH COUNTY SOCIAL SERVICES DEPARTMENT
ENERGY APPLICATION REQUIREMENTS

All requirements listed below MUST be provided to our office at the time of scheduled appointment. Additional documents may be required. Only complete packets will be accepted, which includes verification for ALL MEMBERS OF THE HOUSEHOLD. Any incomplete application or documentation will not be accepted and will result in a forfeit of the appointment.

VERIFICATION DOCUMENTS:

☐ Home energy expense: statement or notice. If the bill is not in a household members’ name, a letter from the account holder stating the reason for being in their name is required.

☐ Identification (One (1) form for EACH member of household – No more than 1 year expired.

Adults:
- Driver’s license or State ID
- Immigration verification (green card)
- Military Photo ID

Minors: Exemption: If not available, no ID required for newborns within first 60 days
- Driver’s License or State ID
- Immigration verification (green card)
- Birth certificate

☐ Social Security Number Verification (One (1) form for EACH member of household) - documentation must include full name and full social security number:

Exemption: If not available, no SS required for newborns within first 60 days
- U.S. Social Security Administration (SS card)
- Official STAMPED document from: Florida Department of Children and Families

☐ Two (2) separate verifications of Hillsborough County residency with physical address - at least one verification must be at current physical address:

- Driver’s license or state ID
- Current lease agreement
- Mortgage Statement
- Homestead Exemption Documentation
- Verification of Home Ownership
- Rent receipt listing: date, property address, landlord’s name and contact information (excluding motel, hotel, or extended stay receipts)
- Public utility (water, gas, electric) bill NO Counter Bills
- Vehicle registration

☐ Verification of citizenship or residency status (One (1) form for EACH member of household):

- U.S. Passport
- Consular Report of Birth Abroad (Form N600 or replacement N565)
- Certificate of Naturalization (Form N-550 or N-570)
- I-551 Permanent Resident "Green Card"; if the card does not have an expiration date, it must have I-551 on the back in the bottom right corner to be valid

☐ Income Guidelines Gross income at or below 150% of Federal Poverty Guidelines

Verification of income (Gross income for ALL household members for the past 30 days, from day of appointment:

- Employment pay statement
- Award letters or print out for: SSA benefit
- Unemployment
- Temporary Assistance for Needy Families (TANF)
- Affidavit of Support, Child Support, Alimony, Workman’s Compensation, Pension/Retirement/Cost of living allowance
- Strike Benefits from Union Funds
- Foster Independent Living Programs payments
- Annuity/Insurance
- Education Assistance (allotted for living expenses)
- Long term/Short Term Benefits

☐ Verification of Resources: Current award letters with benefit amount for: Food Stamps; Section 8/HUD/THA

Revised 12/18/17
HILLSBOROUGH COUNTY SOCIAL SERVICES DEPARTMENT
MISSING ENERGY APPLICATION REQUIREMENTS

On the day of your appointment, all required documents were not submitted and eligibility could not be determined. Please schedule a new appointment and return with all the requirements presented today as well as the missing documents listed below.

1. **Home energy expense**: statement or notice if the bill is not in a household members’ name, a letter from the account holder stating the reason for being in their name is required.

2. **Identification** (One (1) form for EACH member of household – Missing Verification list names:

3. **Social Security Number Verification** (One (1) form for EACH member of household) documentation must include full name and full social security number:

   **Exemption**: If not available, no SS required for newborns within first 60 days.

   Missing Verification list names:

4. **Two (2) separate verifications of Hillsborough County residency with physical address** at least one verification must be at current physical address:

   1. Residency 1 ____________________________
   2. Residency 2 ____________________________

5. **Verification of citizenship or residency status** (One (1) form for EACH member of household) Missing Verification list names:

6. **Income Guidelines** Gross income at or below 150% of Federal Poverty Guidelines Verification of income (Gross income for ALL household members) for the past 30 days, from day of appointment.

7. **Verification of Resources**: Current award letters with benefit amount for: Food Stamps; Section 8/HUD/THA