



State of Utah  
Department of Workforce Services  
**REQUEST FOR MORATORIUM ON UTILITY SHUT-OFF**

Heat Agency: \_\_\_\_\_  
Case #: \_\_\_\_\_

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

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

HEAT Intake Worker Name: \_\_\_\_\_ Office: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are your utility/utilities turned off? .....  Yes  No  
If yes, which utility? \_\_\_\_\_

Are you the residential account holder or is your name on the utility account?.....  Yes  No

Have you applied for the HEAT program, the Red Cross REACH program, the Salvation Army LEND-A-HAND program, assistance from Catholic Community Services, or other similar programs?.....  Yes  No

Have you applied for moratorium protection in the past? .....  Yes  No

I hereby request that my utility service be continued and/or reconnected by the utility/utilities listed below:

Utility Company	Account Number & Name	Minimum Monthly Payment*
		\$
		\$

Minimum must be 5% of HEAT net income for the previous month.  
Month: \_\_\_\_\_ \$ \_\_\_\_\_ x .5% = \$ \_\_\_\_\_ \*\*

\* In order to **activate** this moratorium, and/or restore service (if currently off) the first good faith minimum payment is to be paid to the utility company at the time of application. (No less than \$5.00 per month.)

YOUR HEAT PAYMENT is NOT part of your monthly minimum payment. Payments for subsequent months are due on or before the last day of each month during the length of the moratorium. Please read and check your rights and responsibilities on page 2 of this form.

\*\*If theft of energy (gas or electricity) is discovered, or if tampering with and/or damage to equipment belonging to a utility company has occurred, associated charges may have to be paid prior to moratorium approval.

**ELIGIBILITY DETERMINATION: Applicant must meet at least one item below (Check all that apply)**

Applicant is eligible for the utility moratorium based on eligibility for the HEAT program and:

- a. Medical emergency (Doctor's statement attached)
- b. Loss of employment (employer verification attached)
- c. Fifty percent (50%) loss of income (verification attached)
- d. Other emergency (explanation below; attach another sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT’S RIGHTS AND RESPONSIBILITIES:** Please initial that you have read and understand the following:

- \_\_\_\_\_ 1. I am still responsible for payment of any services I receive and the utility company may use other legal means to collect my bill.
- \_\_\_\_\_ 2. I understand in the event I defaulted on last year's moratorium program, that default amount must be paid before I can go on this year's moratorium. That default payment is \$ \_\_\_\_\_ and is separate from this year's monthly payment.
- \_\_\_\_\_ 3. I agree to pay the MINIMUM MONTHLY PAYMENT AS I HAVE APPROVED ON PAGE 1 PER MONTH FOR THE LENGTH OF THE MORATORIUM. I understand that the utility company must receive the first payment at the time of this application.
- \_\_\_\_\_ 4. If I cannot pay the monthly payment, I will make a personal contact with a utility account representative to explain any deviation from the payment plan. I understand the utility provider representative will use his/her discretion on whether or not the explanation for non- payment is acceptable.
- \_\_\_\_\_ 5. I understand that if I fail to make the monthly payment or fail to contact a utility account representative for any month it will result in default and cancellation of the moratorium.
- \_\_\_\_\_ 6. In the event of default, I will receive notice of default from the HEAT Program.
- \_\_\_\_\_ 7. If I dispute the reason for a shut-off and wish to have a hearing to keep my service from being interrupted, my request for the hearing must be made prior to the utility shut-off date.
- \_\_\_\_\_ 8. I understand I can request a hearing after utility shut-off, but my utility service will not be restored before the hearing.
- \_\_\_\_\_ 9. I understand that any dispute regarding my eligibility or continuance on the moratorium will be decided in a hearing before the state HEAT Program Manager or designee. I agree to any conditions which are established in such a hearing.
- \_\_\_\_\_ 10. I understand that this moratorium by the Utah State HEAT Program is temporary and extends only until March 15th of 20\_\_\_\_\_.
- \_\_\_\_\_ 11. I understand that protection under the moratorium is available to me only once per utility per moratorium season. If I default I will not be eligible for another moratorium application this season.

I have read and understand the above-stated rights and responsibilities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HEAT Worker

\_\_\_\_\_  
Worker’s Phone #

**Worker Instructions:** The worker will: 1) verify eligibility; 2) make sure the client initials each item on page 2 and signs page 2; 3) submit application to supervisor who will call it in to the utility (if supervisor is out, worker will call it in to State HEAT Office); 4) verify proof of good faith payment; and 5) fax all copies to the State HEAT Office at 801-468-0211.

***Equal Opportunity Employer Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.