



Assistance Services Program

Low Income Home Energy Assistance Program (LIHEAP)

Intake Date: _____

Staff: _____

Rejected

Approved

Please complete this section for the head of household.

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Social Security Number: _____ Sex: _____

Home Address: (This is where you receive home energy) _____ City: _____ Zip Code: _____

Mailing Address: Same as Home? Yes _____ City: _____ Zip Code: _____

County You Live In: _____ Marital Status: _____

Phone Number: () _____ May we leave a detailed message: Yes No
Your email: (Optional- Will be used to communicate important information during the application process)
Mobile/Alt. Phone: () _____

Are You:

<input type="checkbox"/> Renting with heat included	<input type="checkbox"/> Renting subsidized housing/ Section 8 housing with heat included
<input type="checkbox"/> Renting with heat not included	<input type="checkbox"/> Renting subsidized housing/ Section 8 housing with heat not included
<input type="checkbox"/> An unrelated roomer	<input type="checkbox"/> An owner or are you buying a home
	<input type="checkbox"/> Other: _____

If heat is included in your rent, attach a note from your landlord stating that heat is included and what type of heat is used.

What is your main heating source? Choose the type of energy that heats your home or is being used if your main heating source is not working. Attach a copy of your last bill or a statement from a utility or fuel dealer stating the type of fuel and that you are accepted as a customer.

Electric Natural Gas Propane or Bottled Gas Wood/Other

Do you need electricity to run your main heating source (secondary heat)? Yes No

Check if any of the following apply and provide explanation if needed:

<input type="checkbox"/> Electricity is shut off	<input type="checkbox"/> Have a shut-off notice for electricity	<input type="checkbox"/> Main heating source is not working
<input type="checkbox"/> Gas is shut off	<input type="checkbox"/> Have a shut-off notice for gas	<input type="checkbox"/> Explain: _____
<input type="checkbox"/> Ran out of fuel	<input type="checkbox"/> Will run out of fuel within 15 days	_____

Which utility company or fuel dealer do you want to receive your LIHEAP grant? Write their name and address, and your account information.

Name of Utility Company or Fuel Dealer:	Account Number:
Address:	Name on Account:

Please list your electric company if not listed above

Name of Electric Company:	Account Number:
---------------------------	-----------------

Do you use any other heating source in your home? Yes No

If yes, please explain: _____

If you are in subsidized/ public housing, do you receive a utility allowance check? Yes No

If yes, how much? _____

Does anyone in your household receive financial assistance for a disability? Yes No

If yes, who? _____

List the people who live with you at this address. Include all children and adults. Include related roomers. Include all unrelated roomers who share household expenses. Do not include anyone in jail/prison. Do not include the head of household member listed on Page 1.

Name (Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Marital Status	Relationship to You

If you have additional people in your house, please provide their information on the back of this paper.

Tell us about income for the people in your household. Please tell us about all income, before taxes and deductions.

Types/ sources of income include money from: Employment, Tribal Distribution, Veteran’s Benefits, Unemployment Compensation, Black Lung benefits, Social Security, Support, Workers Compensation, Interest/ Dividends, Rental Income, etc.

Name of Person with Income	Type/Source of Income	Start Date	Date of First Paycheck	How much each month?

If you have additional people in your house who receive income, please provide their information on the back of this paper.

Certification

1. My signature gives my permission to the Assistance Services Program (ASP) to: (a) check any information I give about where I live, my jobs, income, resources, energy supply, and energy supplier; (b) share information with my energy supplier and receive information from my energy supplier to allow ASP to obtain a record of my annual energy consumption, cost and billing information for purposes of program evaluation, operation, or reporting; and (c) complete any survey in connection with energy assistance.
2. Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your ability to receive benefits. If you fail to provide a SSN or fail to complete the information below, you may be ineligible for benefits.
I certify that: (check all that apply)
 I provided Social Security numbers for all household members.
 To the best of my knowledge, these household members do not have Social Security numbers:
3. I authorize the release of LIHEAP eligibility information to and from my energy supplier and allow them to seek assistance for which I may be eligible.
4. I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.
5. I understand any Social Security number(s) given will be used in the administration of this program, including cross matches with other programs.
6. I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, the notice will state the amount of my benefit.
7. I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.
8. I know that if I give false information, I can be penalized by fine and/or imprisonment.
9. I understand by signing this application, I may not qualify because LIHEAP money has run out.

Print Name

Print Name

Please Sign Here

X

Signature

Date