

# LIHEAP ASSISTANCE APPLICATION

FOR OFFICE USE ONLY

DATE STAMP

- ( ) Home Energy
- ( ) Summer Crisis
- ( ) Winter Crisis
- ( ) Weather Related

1. Give the following information for the applicant first, then for each person living in your home. If more than seven (7) people live in your home, list the additional people on a separate piece of paper, giving the same information and attach it to this form. (Please print neatly and do not fax application)

NAME (First, Middle, Last)	Applicant Number	Date of Birth	Sex	Race	Relationship To Applicant	Source Of Income**	Monthly Income
					<b>SELF</b>		

**\*\*Source of Income: wages, self-employment, social security, child support, regular gifts, unemployment compensation, retirement benefits, SSI, TANF/WAGES, pensions, and interest on savings, etc.**

2. If your monthly household income is less than \$738 per month, explain how you pay for food, shelter, clothing, transportation and home utilities.

\_\_\_\_\_

\_\_\_\_\_

3. Are you:  Renting (apartment or home) OR  own/purchasing your home?

4. How many disabled persons live in the household? \_\_\_\_\_

5. If you share your living or mailing address with others who are not part of your household, list their names:

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

6. If you, or anyone in your home, are not a U.S. citizen or an alien lawfully admitted for permanent residence, give the person's name and alien status under the Immigration and Naturalization Act.

Name: \_\_\_\_\_ Alien Status: \_\_\_\_\_

Name: \_\_\_\_\_ Alien Status: \_\_\_\_\_

7. Are you, or any member of your household, a member of the Porch Creek Indian Tribe? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Does anyone in your household have any Health Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_ (Please check which one)  
 Private \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_ Healthy Kids \_\_\_\_\_ Stay Well \_\_\_\_\_ Kid Care \_\_\_\_\_ Other \_\_\_\_\_

**LIHEAP ASSISTANCE APPLICATION (Continued)**

9. The address where you are living:

\_\_\_\_\_, FL, \_\_\_\_\_  
Number and Street Name; RFD or Lot #      City of Town      Zip Code      County

10. Your **mailing** address, if different from above:

\_\_\_\_\_, FL, \_\_\_\_\_  
Number and Street Name; RFD or Lot #      City of Town      Zip Code      County

11. Day time telephone number where you can be reached:  
\_\_\_\_\_

12. Check the programs that anyone in your household is currently eligible for or receiving assistance from:

CSBG                       Weatherization                       Food Stamps

13. If you, or any member of your household, have received Low Income Home Energy Assistance Program (LIHEAP) or Emergency Home Energy Assistance for the Elderly Program (EHEAP) in the last 13 months, complete the information below:

\_\_\_\_\_  
Name of Agency                      Type of help (home, crisis, elderly, weather related)      Date

\_\_\_\_\_  
Name of Agency                      Type of help (home, crisis, elderly, weather related)      Date

Verified by Staff: \_\_\_\_\_

14. Do any of the following situations currently apply to you? (Check appropriate box below.)

- |   |  |
|---|--|
| <input type="checkbox"/> My electricity has been disconnected.              | <input type="checkbox"/> I have little or no propane, fuel oil or wood for heat. |
| <input type="checkbox"/> My current electric bill is delinquent.            | <input type="checkbox"/> I have a shut-off notice from my gas company.           |
| <input type="checkbox"/> I have a shut-off notice from electric company.    | <input type="checkbox"/> My current natural gas bill is delinquent.              |
| <input type="checkbox"/> None of the above currently apply to my household. | <input type="checkbox"/> Other energy crisis – describe below                    |

15. If your cost of home energy is included in your rent, give the name and telephone number of your landlord. Attach a copy of a letter from the landlord confirming that your rent includes utilities.

Landlord: \_\_\_\_\_ Landlord's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

16. If you live in a government subsidized housing complex, Section 8 housing, dormitory, nursing home, adult foster home, or any kind of group living facility, complete the following:

Name of the place where you live: \_\_\_\_\_

\_\_\_\_\_, FL, \_\_\_\_\_  
Number and Street Name; RFD or Lot #      City of Town      Zip Code      County

**LIHEAP ASSISTANCE APPLICATION (Continued)**

17. Provide the following information about the primary source of energy you use to **heat** your home. Give only one (1) company.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephone #
Electric				
Natural Gas				
Propane				
Fuel Oil				
Wood				
Other – Specify:				

18. Provide the following information about the primary source of energy you use to **cool** your home.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephone #
Air Conditioning				
Fans				

19. If not given above in questions 17 or 18, provide the following information about your electric company.

Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephone #

20. Attach a copy of your current bills for all companies listed above in questions 17, 18 and 19.

**FRAUD STATEMENT:** The information above is, to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need; i.e., those households in which the elderly, disabled, medically needy or where children reside. I authorize the agency to make benefit payments directly to my energy supplier. I am aware that after I have provided all the information requested, if I am applying for Crisis Assistance, the Agency has 48 hours (18 hours if my situation is life threatening) to approve or deny my application; and, if I am applying for Home Energy Assistance, the Agency has 45 days to approve or deny my application. I am also aware that if I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to an appeals hearing.

_____ APPLICANT'S SIGNATURE	_____ DATE	_____ ELIGIBILITY SPECIALIST	_____ DATE
		_____ SUPERVISOR/EDIT STAFF	_____ DATE