

LIHEAP ASSISTANCE APPLICATION

1. Give the following information for the applicant first, then for each person living in your home. If more than seven persons live in your home, list the additional persons, giving the same information, on a separate sheet of paper and attach it to this form.

FOR OFFICE USE ONLY	
<input type="checkbox"/> HOME ENERGY	DATE STAMP:
<input type="checkbox"/> SUMMER CRISIS	
<input type="checkbox"/> WINTER CRISIS	
<input type="checkbox"/> WEATHER RELATED/ SUPPLY SHORTAGE	

Name (First, Middle, Last)	Social Security Number (Not Required)	Age	Date of Birth M/D/Y	Relationship to Applicant	Source of Income*	Monthly Income
(Applicant's Name)						

* 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 total household income is less than 50% of the current Federal Poverty Guidelines and no one in the household is receiving food stamps, include a statement of how basic living expenses i.e., food, shelter and transportation are being provided.

3. How many disabled persons live with you? _____

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

_____ ; _____ ; _____ ; _____

5. 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: _____

6. Are you or any member of your household a member of the Porch Creek Indian Tribe? YES ____ NO ____

7. The address where you are living:

_____, FL _____
Street Number and Name, RFD, Apt. or Lot Number City or Town Zip Code County

8. Your mailing address, if different from above:

_____, FL _____
Street Number and Name, RFD, Apt. or Lot Number City or Town Zip Code County

9. Day time telephone number where you can be reached: () _____

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

CSBG Weatherization Food Stamps

11. If you or any member of your household has received energy assistance in the last 13 months, complete the information below:

Name of Agency	Type of help (elderly, crisis, emergency)	Date
_____	_____	_____
_____	_____	_____

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

- My electricity has been disconnected.
- My current electric bill is delinquent.
- I have a shut-off notice from the electric company.
- None of the above currently apply to my household.
- I have little or no propane, fuel oil or wood for heating.
- I have a shut-off notice from my gas company.
- My current natural gas bill is delinquent.
- Other energy crisis - Describe: _____

13. If your cost of home energy is included in your rent, give 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 () _____

14. 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 place where you live: _____

_____, FL _____
Street Number and Name, RFD, Apt. or Lot Number City or Town Zip Code County

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

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

16. 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 Number
Air Conditioning				
Fans				

17. If not given above in questions 15 or 16, provide the following information about your electric company.

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

18. Attach a copy of your current bills for all companies listed above in questions 15, 16 and 17.

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, medical needy or 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 SIGNATURE **DATE**

CASEWORKER **DATE** **SUPERVISOR/EDIT STAFF** **DATE**

