

Instructions:

1. Fill in application with names, social security numbers and birth dates of all members of the household.
2. Fill in complete street address including PO Box if you have one and zip code.
3. Fill in current telephone number including area code.
4. Is your home a single family home or apartment? (circle one) and do you rent or own? (circle one) how much is your rent? _____
5. Are you on Section 8 yes or no (circle one)
6. Make copies of social security cards for everyone in the home, copy of picture id for those over 18.
7. Copies of current proof of 30 day income...copy of Social Security letter, bank statement or paycheck stubs for last 30 days. This also would include a child in the home receiving SSI.
8. If anyone in your household is over 18 and has NO income You must completely fill out the Zero Income Affidavit and sign and date it.
9. Copy of current gas/propane and electric bill. Must have the whole current bills.
10. Print out from Public Aid showing proof of Tanf or food stamps (SNAP)

LIHEAP APPLICATION

SS# _____ - _____ - _____ Last Name: _____ First Name: _____
Male or Female _____ Date of Birth: _____ Ethnicity: _____
Disabled: yes _____ no _____ Type of Income: Wages: _____ SSA _____ Unemployment
_____ SSI _____ TANF (public aid) _____ Other _____

SS# _____ - _____ - _____ Last Name: _____ First Name: _____
Male or Female _____ Date of Birth: _____ Ethnicity: _____
Disabled: yes _____ no _____ Type of Income: Wages: _____ SSA _____ Unemployment
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SS# _____ - _____ - _____ Last Name: _____ First Name: _____
Male or Female _____ Date of Birth: _____ Ethnicity: _____
Disabled: yes _____ no _____ Type of Income: Wages: _____ SSA _____ Unemployment
_____ SSI _____ TANF (public aid) _____ Other _____

Address: _____, City _____, Zip Code _____

PO Box: _____

Current Telephone Number: (____) - _____

Important Notice: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlines under the Low Income Home Energy Assistance Act of 1981 as amended. Disclosure of this information if REQUIRED. Failure to provide any information will result in this application not being processed.

Applicant Statement: I certify that the information I have provide above is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is either a US citizen or legal resident according to the LIHEAP rules. I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in LIHEAP. I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twelve(12) month period prior to and after the date of my application submittal for the purpose of program evaluation and analysis. I have received information outlining my appeal rights.

I understand that filling out this application does not guarantee that my household will receive assistance. The purpose of this document is to provide a summary of the application to the client for future reference.

*****Sign and Date the Application*****

Customer Signature

Date

Please note that it will take approximately 30 days to process this application. Contact Utility Company if you have problems.