



Community Action and Human Services Department
 Low Income Home Energy Assistance Program



LIHEAP APPLICATION

For Office Use Only

- Home Energy
- Crisis
- Disaster Assistance
- Referred to Weatherization
- Stamp Date to the Right

Did you remember to attach COPIES of the following?

- SS cards for all household members
- Proof of income for all household members (past month)
- Copy of identification for all adult household members
- Copy and original of most recent energy bill

PLEASE FILL OUT APPLICATION COMPLETELY

Your LIHEAP application is not a commitment that your bill will be paid. If eligible, a credit will be sent directly to the utility vendor. However: **You must continue to pay the amount owed on your bill.**

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

Marital status: _____ Place of birth: _____ Ethnicity: _____ Citizenship: _____

Name First, Middle, Last (Applicant Name)	Social Security Number	Date of Birth	Age	Sex	Race	Relationship to applicant	Education Completed	Source of Income	Monthly Income
						SELF			

2. The address where you are living:

_____, FL
City or Town Zip Code County

3. Your mailing address, if different from above:

_____, FL
City or Town Zip Code County

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

5. If your monthly household income is less than 50 % of poverty level, explain how you pay for food, shelter, clothing, transportation and home utilities.

6. Complete the following for your household:
Number of elderly persons (65 or older) # _____
Number of disabled persons # _____
Number of children 5 years of age or younger # _____

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

8. 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: _____

9. Are you or any member of your household a member of the Poarch Creek Indian Tribe? Yes _____ No _____

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

_____ CSBG _____ Weatherization _____ TANF/WAGES _____ Food Stamps _____ EHEAP

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 (EHEAP, LIHEAP Home Energy or Crisis)	Date
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12. Do any of the following situations currently apply to you? (Check appropriate box(es) below)

- | | |
|--|---|
| <input type="checkbox"/> My electricity has been disconnected. | <input type="checkbox"/> I have little or no propane, fuel oil or wood for heating. |
| <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 the 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: |
| <input type="checkbox"/> I am a CAHSD employee. | |
| <input type="checkbox"/> I am not a CAHSD employee. | |

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 government subsidized housing, Section 8 housing complex, a 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 Country

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				

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.

Energy Source	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 obtain and release confidential information on my behalf and 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 15 working days to approve or deny my application. I am aware that the agency has 45 days to make a payment to my fuel supplier on my behalf. I am also aware that if I am approved or denied within the time allowed, or not approved for the correct amount, I have to right to an appeals hearing.

I have received a copy of the Miami Dade County Notice of Privacy Practices.

Return application to agency stamped below:

Applicant's Signature _____ Date _____

Eligibility Worker Signature _____ Date _____

I have determined the eligibility of the applicant. I am not the applicant, nor am I a friend or relative of the applicant.

Supervisor/ Edit Staff _____ Date _____