

**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
APPLICATION**

Si necesita ayuda para completar esta forma, comuníquese con su Oficina de Asistencia del Condado.

DPW USE ONLY

<input type="checkbox"/> CRISIS	<input type="checkbox"/> LIPEND	
INPUT	WORKER I.D.	
COUNTY	DISTRICT	NO. IN H. H.
MAIN FUEL	2ND FUEL	VENDOR CODE
INCOME	LIVING ARR.	
PRIOR SSN		
BENEFIT AMOUNT		
ETHNIC CODE	INCOME SOURCE	REFERRAL
HANDICAP	OVER 60 YRS.	SEX
VENDOR ACCT. NUMBER		

1 To apply for Energy Assistance you must complete all questions front and back and sign at the red "X". Be sure your correct and complete name and address is entered below. If incorrect, cross out and print correctly in **space provided below**. Please print.

YOUR NAME AND ADDRESS

Your County Assistance Office address

Please complete this section if your name and address are not shown above or if the information shown is not correct.

FIRST NAME	MIDDLE INITIAL	LAST NAME
STREET ADDRESS		APARTMENT
CITY	STATE	ZIP CODE

2 Enter Your Social Security Number

3 Phone number where you can be reached (____) _____ None

4 What is the sex of the person making this application ¹ Male ² Female

5 Are you or anyone in your household 60 years old or older ¹ Yes ² No

6 **SEE INSTRUCTIONS**
Show the name and address of the utility company or fuel dealer to whom you want payment sent. Send bills or receipts.

name of utility company or fuel dealer	street number	city	state	zip code
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7 What is your main heating source - Send bills

<input type="checkbox"/> ¹ Electric	<input type="checkbox"/> ³ Coal	<input type="checkbox"/> ⁵ Kerosene	<input type="checkbox"/> ⁷ Wood/Other
<input type="checkbox"/> ² Fuel Oil	<input type="checkbox"/> ⁴ Natural Gas	<input type="checkbox"/> ⁶ Propane or Bottled Gas	

8 **SEE INSTRUCTIONS**
What is your second heating source - if any - Send bills

<input type="checkbox"/> ¹ Electric	<input type="checkbox"/> ³ Coal	<input type="checkbox"/> ⁵ Kerosene	<input type="checkbox"/> ⁷ Wood/Other
<input type="checkbox"/> ² Fuel Oil	<input type="checkbox"/> ⁴ Natural Gas	<input type="checkbox"/> ⁶ Propane or Bottled Gas	

9 Are you

<input type="checkbox"/> ¹ An owner or are you buying your home	<input type="checkbox"/> ² Renting with heat not included
<input type="checkbox"/> ³ Renting with heat included	<input type="checkbox"/> ⁴ Renting subsidized housing Section 8/Renters Assistance
<input type="checkbox"/> ⁵ A roomer	<input type="checkbox"/> ⁶ Other: _____

10 Mark (x) to show your race

<input type="checkbox"/> ¹ Black not Hispanic	<input type="checkbox"/> ² White not Hispanic	<input type="checkbox"/> ³ Hispanic
<input type="checkbox"/> ⁴ Asian or Pacific Islander	<input type="checkbox"/> ⁵ American Indian or Alaska Native	

Mark (x) all sources of income (including benefits) in your household and attach proof - if you receive Public Assistance (TANF or GA) or SSI, proof of these items does not need to be attached

11

<input type="checkbox"/> 1 Employment	<input type="checkbox"/> 2 Veteran's benefits	<input type="checkbox"/> 3 Unemployment compensation
<input type="checkbox"/> 4 Public assistance	<input type="checkbox"/> 5 Black lung	<input type="checkbox"/> 6 SSI
<input type="checkbox"/> 8 Child support	<input type="checkbox"/> 9 Interest/Dividends	<input type="checkbox"/> 7 Social Security
		<input type="checkbox"/> 10 Other: _____

12 Does anyone in your household receive financial assistance for a disability 1 Yes 2 No

13 LIST THE PEOPLE WHO LIVE WITH YOU. START WITH YOURSELF. INCLUDE ALL CHILDREN AND ADULTS. INCLUDE RELATED ROOMERS. INCLUDE ALL UNRELATED ROOMERS WHO SHARE HOUSEHOLD EXPENSES. If any of these persons have income, print the amount before taxes, and sources of income, such as employment, veteran's benefits, unemployment compensation, Public Assistance, SSI, Social Security, migrant or seasonal farm work, interest from bank accounts, or other. Attach proof of all income for the past 30 days, 90 days, or 12 months as applicable (see instructions for question 11). If anyone has no income or support - print "none". Add additional sheets, if needed.

NAME (Last, First, M.I.)	US Citizen		Social Security Number	Birthdate	Relationship	Monthly income before taxes or deductions	Source of income or DPW case number
	yes	no					
					SELF		
Total persons in household							

Certification

- My signature on this application grants permission to the Department of Public Welfare or its authorized agent to: (a) verify any information concerning residence, employment, income, resources, energy supply and energy supplier which I have given concerning this request for assistance; (b) obtain any information needed concerning shelter costs, heating costs, and heating usage; (c) complete any survey in connection with energy assistance.
- I authorize the release of limited information to approved agencies which provide other energy/weatherization assistance for which I may be eligible. Yes No
- I swear/affirm that all information contained in this application is true, correct, and complete, to the best of my ability, knowledge, and belief.
- I am aware that I can be penalized by fine and/or imprisonment for making false statements.
- I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.
- I affirm that Pennsylvania is my legal residence.
- I understand any social security number(s) given will be used in the administration of this program, including cross matches with other programs.
- I understand that I will be sent a notice of eligibility or ineligibility and if eligible it will state the amount of my benefit.

I further understand that if my household is eligible for a LIHEAP Cash Benefit it must be sent directly to my utility company or fuel dealer unless I am a renter and my heat is included in my rent or my fuel is supplied by a fuel dealer who does not accept vendor payment.

Please Sign Here - in ink

X _____ Date

Signature

DPW USE	_____	_____	_____	_____
	Worker's Signature	Date	Authorized Signature	Date

INSTRUCTIONS FOR COMPLETING APPLICATION LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

PLEASE READ THESE INSTRUCTIONS

If you do not understand these instructions, contact the local county assistance office.
Si usted no entiende estas instrucciones, comuníquese con su oficina de asistencia.

A lien will not be placed on your property for energy assistance benefits.

If you are eligible for energy assistance benefits, you do not have to repay those benefits.

Please answer all questions, 1 through 13, either by entering complete and correct information or by marking (X) the answer clearly. Do not write in the "DPW use only" area on the front and back of the application

- **Question 1** Add your name and address if they are not shown. If incorrect, cross out and print the correct information in the space provided.

LIHEAP funds remaining in your account with your fuel dealer or utility company after June 30 of the year following the program year in which LIHEAP benefits are granted will be returned to the Department of Public Welfare.

You can choose to have your LIHEAP payment made to your main heating source or your second heating source. (See Question 6). It is important for you to determine if there is any LIHEAP money remaining in your accounts with your fuel dealer and/or utility to help you decide whether you want your current LIHEAP payment to go to your main or second heating source.

- **Question 6** is asking to what fuel dealer you want payment sent. It can be the fuel dealer who provides fuel for the main heating source you identified in Question 7 or the fuel dealer who provides fuel for the second heating source you identified in Question 8.

- **Question 7** is asking what your main heating source is, that is, the one that heats your home. Attach a copy of your last bill.

If you have no previous bills but will be paying your own heat, attach a statement from a utility or fuel dealer stating the type of fuel and that you are accepted as a customer.

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

- **Question 8** is asking what your second heating source is, if you have one.

Note: A second heating source is energy for space heating to supplement the central heating system, a second energy source that is needed to operate the central heating system (in addition to the main fuel), or if the residence is not centrally heated, a source of energy that is used for home heating to a lesser degree than the main fuel type.

Example:

An applicant for LIHEAP lives in a house that has an oil furnace as the central heating source. However, sometimes the applicant uses an electric space heater to heat certain rooms in the house. In this example the applicant would choose fuel oil as the main source of heat for question 7 and electric as the second source of heat for question 8.

ANSWER QUESTION 8 ONLY IF YOU WANT YOUR LIHEAP PAYMENT SENT TO THE SUPPLIER OF YOUR SECOND HEATING SOURCE INSTEAD OF THE SUPPLIER OF YOUR MAIN HEATING SOURCE.

If you choose to have your LIHEAP payment sent to the supplier of your second heating source, attach a copy of your latest bill for your second heating source, **and** attach a copy of your main heating bill.

(REMOVE INSTRUCTION SHEET ALONG PERFORATED LINE BEFORE MAILING)

• **Question 11** is asking you to report your income. You may choose to use household income during the 12 months before the date of your application, or household income during the 90 days before the date of your application, or household income during the 30 days before the date of your application, converted to a yearly amount. Eligibility for a LIHEAP payment is based on the lesser amount.

Attach proof of income for the past 30 days, or 90 days or 12 months; if your household income has changed during the past 12 months, it may be to your advantage to attach proof of your income for the past 12 months (rather than proof for only the past 30 days or 90 days). Provide recent proof (copies, if possible) of all income of all members of your household (except unrelated roomers) as follows:

- Employment – Pay stubs or employer’s statement showing gross wages
- Veteran’s Benefits – Copy of check, award letter, bank statement showing direct deposit of benefit
- Unemployment Compensation – Eligibility Notice
- Cash Assistance – Nothing needed
- Black Lung Benefits – Copy of check, award letter, bank statement showing direct deposit of benefit
- SSI – Nothing needed
- Social Security – Copy of check, award letter, bank statement showing direct deposit of benefit
- Support – Copy of current statement from Domestic Relations
- Workers Compensation – Statement from employer’s insurance carrier
- Interest/Dividends – Copy of bank book or bank statement
- Rental Income – Rent receipt or tenant statement

• **Question 13** List unrelated persons and unrelated roomers who share household expenses..

For all household members who (1) did not receive energy benefits last year or (2) did not live in your household last year, attach copies of their Social Security cards or current Medical Assistance cards.

• **CERTIFICATION** Read the certification on the back of the application and check “yes” or “no” for item 2. **You must sign and date the application at the X.**

Although an application may have been mailed to you, payments will not be made until after the program starts. Wait at least 60 days after you mail your application before you contact your county assistance office.

To mail your application, use the enclosed return envelope. Make sure that the county assistance office address shows in the window. Make sure that you have included all items listed on the flap of the envelope to avoid delay in determining eligibility for benefits.