

**APPLICATION FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

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. **YOU CAN ALSO APPLY ONLINE AT WWW.COMPASS.STATE.PA.US.**

YOUR NAME AND ADDRESS

Your county assistance office address

**If you do not understand these instructions, contact your local county assistance office.**

**1** Please complete this section for the head of household.

*\*Use the codes from page 2 to help provide the details.*

Name (Include Last, First Middle Initial)		Date of Birth	Sex	Social Security Number	
Home Address (Include Street, Apt. Number, City, State & ZIP Code+4)					
Mailing Address if different (Include Street, Apt. Number, City, State & ZIP Code+4)					
County You Live In	Phone Number: ( ) ( ) ( )	Citizenship*	Race (Optional)*	Ethnicity (Optional)*	Marital Status*
Are you currently receiving Cash, Medical Assistance, or SNAP Benefits?			If yes, may we use the income you have on file for this application?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**DHS USE ONLY**

CRISIS  CASH

Application Registration Number

County

District

Record Number

Worker I.D.

Rejected  Approved

Date

**2** Do you read, write and understand English?  Yes  No If no, what language? \_\_\_\_\_

**3** Are You:

<input type="checkbox"/> Renting with heat included	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat included
<input type="checkbox"/> Renting with heat <b>not</b> included	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat <b>not</b> included
<input type="checkbox"/> An unrelated roomer	<input type="checkbox"/> An owner or are you buying your home <input type="checkbox"/> Other: _____

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

**4** What is your main heating source? Choose the type of energy that heats your home or is being used if your main heating source is not working. Attach a copy of your last bill or a statement from a utility or fuel dealer stating the type of fuel and that you are accepted as a customer.

Electric  Fuel Oil  Coal  Natural Gas  Kerosene  Propane or Bottled Gas  Blended Fuel  Wood/Other

**4a** Do you need electricity to run your main heating source (secondary heat)?  Yes  No

**5** Check if any of the following apply and provide explanation if needed:

<input type="checkbox"/> Electricity is shut off	<input type="checkbox"/> Have a shut-off notice for electricity	<input type="checkbox"/> Main heating source is not working
<input type="checkbox"/> Gas is shut off	<input type="checkbox"/> Have a shut-off notice for gas	Explain: _____
<input type="checkbox"/> Ran out of fuel	<input type="checkbox"/> Will run out of fuel within 15 days	_____



6 Write the name, address, account number, and name on the account of the utility company or fuel dealer to whom you want payment sent.

Name of Utility Company or Fuel Dealer	Account Number
Address (Include Street, City, State & ZIP Code+4)	Name on Account

7 Please list your electric company if not listed above

Name of Electric Company	Account Number
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8 Do you use any other heating source in your home?  Yes  No

If **yes**, please explain: \_\_\_\_\_

9 If you are in subsidized/public housing, do you receive a utility allowance check?  Yes  No

If **yes**, how much? \$ \_\_\_\_\_

10 Does anyone in your household receive financial assistance for a disability?  Yes  No

If **yes**, who? \_\_\_\_\_

11 List the people who live with you at this address. Include all children and adults. Include related roomers. Include all unrelated roomers who share household expenses. Do not include anyone in jail/prison. Do not include the household member listed in block 1. **See instructions on the last page.**

Use the codes below to help provide the details for each individual in your household.

**CITIZENSHIP\*:** (1) U.S. Citizen, (2) Permanent Alien, (3) Temporary Alien, (4) Refugee, (5) Other-not eligible for benefits (All non-U.S. citizens must provide proof of citizenship status.)

**RACE\*:** (optional) (1) Black or African American, (3) American Indian or Alaskan Native:, (4) Asian, (5) White, (7) Native Hawaiian or other Pacific Islander. List all groups that apply.

**ETHNICITY\*:** (optional) (1) Non-Hispanic, (2) Hispanic or Latino

**MARITAL STATUS\*:** (1) Single, (2) Married, (3) Common Law Marriage, (4) Separated, (5) Divorced, (6) Widow/Widower

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 1								
Does this person receive Cash, MA, or SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, may we use the income you have on file for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 2								
Does this person receive Cash, MA, or SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, may we use the income you have on file for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 3								
Does this person receive Cash, MA, or SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, may we use the income you have on file for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 4								
Does this person receive Cash, MA, or SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, may we use the income you have on file for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No				

If you have additional people in your house, please provide their information on a separate piece of paper and send it along with this application.

**If you answered yes** for everyone in question 11, skip to question 13. **If you answered no** for anyone in question 11, complete question 12 for that person.

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**Tell us about income for the people in your household.** Please tell us about all income, before taxes and deductions. **Types/sources of income include money from:** Employment, Veteran's Benefits, Unemployment Compensation, Black Lung benefits, Social Security, Support, Workers Compensation, Interest/Dividends, Rental Income.

Name of person with income	Type/source of income	Start Date	Date of First Paycheck	How much each month?
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We will use the income information you send us to see how much you earn in one year. Please send one of the following:

- **Send proof of income for prior month. (Example: If you are applying in November, send in October. This income will be converted to a yearly figure.)**
- **If you had significant changes in income over the past 12 months (Periods of Unemployment, Changes in Jobs, Seasonal Work, etc.), send proof of your income for the past 12 months.**
- **If you have no income for the past month, or if your income is less than the cost of your monthly basic living needs, you must tell us in writing how you are paying for your basic living needs (Food, Shelter, Personal Items, etc).**
- **Proof of income includes Pay Stubs, Award Letters, Employer Statements, etc.**

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Are you interested in being referred to a free weatherization service? Weatherization services include home insulation and heating system repair or replacement.

Yes  No

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Are you or anyone in your household fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime that would be classified as a felony?

Yes  No

If **yes**, who? \_\_\_\_\_

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Is anyone in the U.S. Military or has anyone been in the U.S. Military?

Yes  No

Is anyone a widow, spouse or child (under age 18) of anyone in the U.S. Military or anyone who has been in the U.S. Military?

Yes  No

If **yes**, who? \_\_\_\_\_

## Certification

- My signature on this application gives my permission to the Department of Human Services or its authorized agent to: (a) check any information I give about where I live, my jobs, income, resources, energy supply and energy supplier; (b) share information with my energy supplier and receive information from my energy supplier to allow DHS to obtain a record of my annual energy consumption, cost and billing information for purposes of program evaluation, operation, or reporting; and (c) complete any survey in connection with energy assistance.
- If you fail to provide a Social Security number or fail to complete the Energy Assistance Affidavit below, you are ineligible for benefits.

### Energy Assistance Affidavit

I certify that: (check all that apply)

- I provided Social Security numbers for all household members.
- To the best of my knowledge, these household members do not have Social Security numbers:

\_\_\_\_\_ Print Name                      \_\_\_\_\_ Print Name

\_\_\_\_\_ Print Name                      \_\_\_\_\_ Print Name

- The following household members are exercising their rights under Section 7 of the Privacy Act of 1974, and refuse to disclose their Social Security Number or may be unable to because they are a victim of domestic violence:

\_\_\_\_\_ Print Name                      \_\_\_\_\_ Print Name

\_\_\_\_\_ Print Name                      \_\_\_\_\_ Print Name

- I authorize the release of LIHEAP eligibility information to and from my energy suppliers or weatherization agencies and allow them to seek assistance for which I may be eligible. The assistance may include LIHEAP Cash, Crisis, or Weatherization benefits.
- 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, the notice 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.
- I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.
- I know that if I give false information, I can be penalized by fine and/or imprisonment.
- I understand by signing this application, I may not qualify because LIHEAP money has run out.

**Please Sign Here - Use Ink**

**X**

Signature

Date

## Did you remember to...

**\*\*Starting November 1, 2016 if you are without heat or in danger of being without heat, contact your CAO.**

- |   |   |
|---|---|
| <input type="checkbox"/> Fill out all required information clearly and completely.  | <input type="checkbox"/> Send proof of all household income.  |
| <input type="checkbox"/> Provide Social Security numbers for <b>all</b> household members or complete the Energy Assistance Affidavit in the Certification section on page 3.   | <b>Example:</b> If you apply in November 2016 and are sending:  |
| <input type="checkbox"/> Send proof of immigration status if you are a non-U.S. citizen.  | a) one month of income, send proof for October 2016.  |
| <input type="checkbox"/> If you rent with heat included, send a copy of your lease or a signed, written statement from your landlord explaining how you pay for heat and the type of heat used.   | b) 12 months of income, send proof for November 2015 through October 2016.  |
| <input type="checkbox"/> If you pay for heat, send a bill for your main heating source. Attach copy of your utility bill dated within 2 months of the date you submit your application. For other fuels provide a bill/receipt dated after January 1, 2016. | <b>PROOF INCLUDES PAY STUBS, AWARD LETTERS, EMPLOYER STATEMENTS, ETC.</b>   |
| <input type="checkbox"/> If you would like payment sent to your secondary heating provider, enclose a copy of your main <b>AND</b> secondary heating bills.   | <input type="checkbox"/> If you told us you have no income or if your income is less than the cost of your monthly basic living needs, send a statement explaining how your household pays for basic living needs (food, rent, etc.). |
|   | <input type="checkbox"/> Sign and date your application.  |
|   | <input type="checkbox"/> Mail your completed application and all documents to your local county assistance office. If you are not sure where that is, call 1-866-857-7095.  |

**IF YOU DO NOT SEND THE PROOF WE NEED WITH THIS FORM, WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.**

## Voter Registration (Optional)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  Yes  No

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

To register, you must: 1) Be at least 18 on the day of the next election; 2) Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION; 3) Reside in Pennsylvania and the voting district at least 30 days prior to the next election.

**Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.**

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Please contact the county assistance office if you would like help. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. (Toll-free telephone number 1-877-VOTESPA.)

### COUNTY ASSISTANCE OFFICE STAFF WILL COMPLETE THIS BOX BASED UPON YOUR RESPONSE ABOVE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Given to Client __/__/__          | <input type="checkbox"/> Sent to voter registration __/__/__ | <input type="checkbox"/> Mailed to Client __/__/__             |
| <input type="checkbox"/> Declined, not interested __/__/__ | <input type="checkbox"/> Not a U.S. citizen __/__/__         | <input type="checkbox"/> Declined, already registered __/__/__ |

If you have a disability and need this application in large print or another format, please call our **Helpline** at **1-800-692-7462**.  
**TDD Services** are available at **1-800-451-5886**.