LIHEAP ENERGY ASSISTANCE APPLICATION

1. **Complete the following for each person living in the household.** ***(PLEASE PRINT)***

Name (First, Middle, Last)	Age	Date of Birth	Gender M/F	Relationship to Applicant	Type of Income Documentation*	Total Annual Income

***Type of Income : Wages, self employment, social security, child support, unemployment compensation, retirement benefits, SSI, TANF/WAGES, pension, etc.**

2. **Have you or any member of your household received LIHEAP OR EHEAP assistance in the last 12 months? Yes_____ No_____. If yes, complete the following:**

_____ _____ _____

Name of Agency **Type of Assistance** **Date**

(LIHEAP Home Energy, Crisis, Disaster or EHEAP Crisis)

3. **ONLY IF APPLIYING FOR COVID ASSISTANCE, describe the crisis:**

4. **Telephone number where you can be reached: ( ) _____**

5. **Address where you are living:**

_____

(Street number and Name, Apt. or Lot No.)

_____, **Florida** _____ _____

City or Town **Zip Code** **County**

6. **Your mailing address <u>if different</u> from above: (WRITE SAME IF ADDRESS IS SAME AS #5)**

_____

(Street number and Name, Apt. Post Office Box No. or Lot No.)

_____, **Florida** _____ _____

City or Town **Zip Code** **County**

7. **Complete the following for your household:**

Number of elderly persons …… # ____

Number of disabled persons…….. # _____ (Must be receiving payment for Social Security)

Number of children 5 years of age or younger.. # _____

8. **Are you or anyone in you household related to any employee of this agency? Yes___ No____**

If yes, Name of Employee _____ Relationship _____

LIHEAP ENERGY APPLICATION CONTINUED

9.	**Utility/Energy Company Information** **Give the name, account number and telephone number of the company(s) you use to heat and/or cool your home:** **Heating: _____ _____ _____** **Energy Company Account Number Telephone Number** **Cooling: _____ _____ _____** **Energy Company Account Number Telephone Number** **If your cost of home energy is included in your rent, give the name and telephone number of your landlord.** **_____ _____ _____** **Utility/Energy Company or Landlord Account Number Telephone Number**
10.	**If you share your living or mailing address with others who are not part of your home, list their names: _____; _____; _____**
11.	**If you or anyone in your home is not a U.S. Citizen or an alien lawfully admitted for permanent residence, list the name and alien status under the Immigration and Naturalization Act below:** **Name: _____ Alien Status _____**
12.	**Are you or anyone in your household a member of the Poarch Indian Tribe:** **Yes: _____ No: _____**
13.	**If you live in government subsidized housing, Section 8 housing, a dormitory, assisted living facility or adult foster home, list the name of the place:** **_____.**
14.	**Indicate which of the following programs you are currently eligible for or are receiving assistance from:** **CSBG_____; Weatherization _____; TANF/WAGES _____; Food Stamps _____;** **LifeLine and Link-up Florida (Telephone) _____; None:_____**
15.	**Attach a copy of the bill or letter from your energy provider/landlord.**

The information above, is to the best of my knowledge, true and complete. I understand that priority will be given to applicant households with members who are elderly, disabled or have children under the age of five. 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=m 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 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 appeal hearing.

_____ _____ _____ _____ _____ _____

Applicant Signature Date Caseworker Date Supervisor/Edit Staff Date

Note: If signed with an AX@, two witnesses are required.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
BAY COUNTY COUNCIL ON AGNIG, INC.

Date _____

I certify that my household monthly gross income is $ _____

Food Stamps $ _____

RENT/MORTAGE	$
FOOD (**INCLUDE FOOD STAMPS**)	$
ELECTRIC (**AVERAGE MONTHLY BILL**)	$
GAS (**HOME**)	$
PHONE (**LANDLINE/CELL**)	$
CABLE	$
WATER (**CITY/COUNTY; WELL; INCLUDED IN RENT**)	$
CAR PAYMENT	$
INSURANCE (**CAR**)	$
CHILD CARE	$
TRANSPORTATION (**GAS FOR VECHICLE/PUBLIC TRANS**)	$
HEALTH MEDICAL	$

1. When did you last work or receive cash income? _____
   (Date last employed *or* Date you receive Social Security Income)

2. Do you receive any monies from others to sustain the household overhead cost?

   _____

3. I am unable to provide documentation because _____

4. Client Statement (**write why you need assistance**): _____

   _____

   _____

I confirm that the above answers are accurate. I understand that making a false statement could result in me being held responsible for all costs associated with the agency providing LIHEAP assistance for my household.

Client Signature: _____ Date: _____